

**ATTACHMENT K  
METLIFE 100% ER PAID  
GROUP AND 100%  
VOLUNTARY TERM LIFE**



June 5, 2023

Michelle Longino  
City of Baton Rouge/Parish of East Baton Rouge  
1755 Florida Street  
Baton Rouge, LA 70802-3841

Re: Life Insurance Renewal - January 1, 2024

Dear Michelle,

Metropolitan Life Insurance Company appreciates the opportunity to be a part of City of Baton Rouge/Parish of East Baton Rouge's benefit program. This letter confirms your Life insurance renewal for the 2024 plan year.

In determining the rates for the coming plan year, we are pleased to offer a continuation of your current rates for another four years in conjunction with an EnrollSmart enrollment campaign. Our objective in the renewal process is to identify rates that will maintain the overall financial stability of your benefit program.

The following page shows the renewal rates effective 1/1/2024-12/31/2027.

Please do not hesitate to contact me if I may answer any questions or assist in any way.

Thank you for the privilege you have extended to us. You are the reason we are in business. We look forward to continuing our relationship in the months and years ahead.

Sincerely,

Blake Scroggins  
Senior Account Executive

National Accounts  
MetLife Group Benefits  
9811 Katy Freeway, Suite 950  
Houston, TX 77024  
Tel (346) 718-6313  
Cell (832) 588-6089  
[bscroggins@metlife.com](mailto:bscroggins@metlife.com)

Some services in connection with the coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligations. Coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

<b>Coverage</b>	<b>Current Rate Per \$1,000</b>	<b>Renewal Rate Per \$1,000</b>	<b>Change in Rate</b>
Basic Life - Actives	\$0.161	\$0.161	0%
Basic Life - Retirees	\$2.199	\$2.199	0%
Optional Life			0%
• Age less than 25	\$0.088	\$0.088	
• 25-29	\$0.092	\$0.092	
• 30-34	\$0.109	\$0.109	
• 35-39	\$0.123	\$0.123	
• 40-44	\$0.136	\$0.136	
• 45-49	\$0.205	\$0.205	
• 50-54	\$0.314	\$0.314	
• 55-59	\$0.607	\$0.607	
• 60-64	\$0.862	\$0.862	
• 65-69	\$1.755	\$1.755	
• 70+	\$2.813	\$2.813	
Dependent Life			0%
• Spouse age less than 25	\$0.142	\$0.142	
• 25-29	\$0.148	\$0.148	
• 30-34	\$0.174	\$0.174	
• 35-39	\$0.196	\$0.196	
• 40-44	\$0.217	\$0.217	
• 45-49	\$0.321	\$0.321	
• 50-54	\$0.487	\$0.487	
• 55-59	\$0.905	\$0.905	
• 60-64	\$1.325	\$1.325	
• 65-69	\$2.689	\$2.689	
• 70+	\$4.307	\$4.307	
• Child(ren)	\$0.153	\$0.153	
Personal AD&D	\$0.015	\$0.015	0%
Optional AD&D	\$0.035	\$0.035	0%
Dependent AD&D			0%
• Spouse	\$0.015	\$0.015	
• Child	\$0.036	\$0.036	

## **U.S. Business Intermediary and Producer Compensation Notice**

Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, and Metropolitan General Insurance Company (collectively herein called "MetLife"), enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary for eligible Products. Under MetLife's current supplemental compensation plan (SCP), the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on one or more of: (1) the number of products sold through your Intermediary during a one-year period, or other defined period; (2) the amount of premium or fees with respect to products sold through your Intermediary during a one-year period; (3) the persistency percentage of products inforce through your Intermediary during a one-year period; (4) the block growth of the products inforce through your Intermediary during a one-year period; (5) premium growth during a one-year period; or (6) a flat amount, fixed percentage or sliding scale of the premium for products as set by MetLife. The supplemental compensation percentage will be set by MetLife based on the achievement of the outlined qualification criteria and it may not be changed until the following SCP plan year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, sales contests, consulting agreements, participation in an insurer panel, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Website at [www.metlife.com/business-and-brokers/broker-resources/broker-compensation](http://www.metlife.com/business-and-brokers/broker-resources/broker-compensation). Questions regarding Intermediary compensation can be directed to [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com), or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your representative. Compensation paid to your representative is for participating in the sale, servicing, and/or renewal of products, and the compensation paid may vary based on a number of factors including the type of product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your representative or calling (866) 796-1800.

## **Non-U.S. Coverage**

When providing you with information concerning an eligible group insurance policy issued or proposed to your affiliate or subsidiary outside the United States by a MetLife affiliate or by other locally licensed insurers that are members of the MAXIS Global Benefits Network (MAXIS GBN), New York insurance law requires the person providing the information to be licensed as an insurance broker. In this capacity, the information provided to you will only be on behalf of such insurers and not on behalf of MetLife or any other insurer that is not a member of MAXIS GBN. Please note that while MetLife is a member of MAXISGBN and is licensed to transact insurance business in New York, the other MAXIS GBN member insurers are not licensed or authorized to do business in New York. The group insurance policies they issue are for coverage outside the United States and are governed by the laws of the country they were issued in. These policies have not been approved by the New York Superintendent of Financial Services, are not subject to all of the laws of New York, and are not protected by the New York State Guaranty Fund.

## **YOUR BENEFIT PLAN**

**City of Baton Rouge/Parish of East Baton Rouge**

**All Full-Time Employees and Retired Employees  
Who Are Elected Officials**

**Basic Life Insurance**

**Supplemental Life Insurance**

**Dependent Life Insurance**

**Accidental Death and Dismemberment Insurance**

**Supplemental Accidental Death and Dismemberment Insurance**

**Dependent Accidental Death and Dismemberment Insurance**

**Certificate Date: January 1, 2010**

City of Baton Rouge/Parish of East Baton Rouge  
1755 Florida Blvd.  
Baton Rouge, LA 70802

TO OUR EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

City of Baton Rouge/Parish of East Baton Rouge



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

**Policyholder:** City of Baton Rouge/Parish of East Baton Rouge  
**Group Policy Number:** 143258-1-G  
**Type of Insurance:** Term Life (including the Accelerated Benefit Option) & Accidental Death and Dismemberment Insurance  
**MetLife Toll Free Number(s):**  
**For Claim Information** FOR LIFE CLAIMS: 1-800-638-6420

**THIS CERTIFICATE ONLY DESCRIBES TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.**

**THE BENEFITS OF THE POLICY PROVIDING YOU COVERAGE ARE GOVERNED PRIMARILY BY THE LAWS OF A STATE OTHER THAN FLORIDA.**

**THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.**

**For Residents of North Dakota:** If You are not satisfied with Your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of Our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if You elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under Your Certificate will not be covered.

**WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**

**For Texas Residents:**

**Para Residentes de Texas:**

**IMPORTANT NOTICE**

**AVISO IMPORTANTE**

To obtain information or make a complaint:

Para obtener informacion o para someter una queja:

You may call MetLife's toll free telephone number for information or to make a complaint at

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-638-6420

1-800-638-6420

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

1-800-252-3439

You may write the Texas Department of Insurance

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104  
Austin, TX 78714-9104  
Fax # (512) 475-1771

P.O. Box 149104  
Austin, TX 78714-9104  
Fax # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**PREMIUM OR CLAIM DISPUTES:** Should You have a dispute concerning Your premium or about a claim, You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**ATTACH THIS NOTICE TO YOUR CERTIFICATE:**

This notice is for information only and does not become a part or condition of the attached document.

**UNA ESTE AVISO A SU CERTIFICADO:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

## **NOTICE FOR RESIDENTS OF ALL STATES**

### **LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID**

**DISCLOSURE:** The Life Insurance accelerated benefit offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive an accelerated benefit excludable from income under federal law.

**DISCLOSURE:** Receipt of an accelerated benefit may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect Your, Your Spouse's and Your family's eligibility for public assistance.

## **NOTICE FOR RESIDENTS OF ARKANSAS**

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201  
(501) 371-2640 or (800) 852-5494

## **NOTICE FOR RESIDENTS OF CALIFORNIA**

### **IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.**

**IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:**

**DEPARTMENT OF INSURANCE  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
1 (800) 927-4357**

## **NOTICE FOR RESIDENTS OF GEORGIA**

### **IMPORTANT NOTICE**

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

## **NOTICE FOR RESIDENTS OF IDAHO**

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance  
Consumer Affairs  
700 West State Street, 3<sup>rd</sup> Floor  
PO Box 83720  
Boise, Idaho 83720-0043  
1-800-721-3272 or [www.DOI.Idaho.gov](http://www.DOI.Idaho.gov)

**NOTICE FOR RESIDENTS OF ILLINOIS**

**IMPORTANT NOTICE**

To make a complaint to MetLife, You may write to:

MetLife  
200 Park Avenue  
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance  
Public Services Division  
Springfield, Illinois 62767

## **NOTICE FOR MASSACHUSETTS RESIDENTS**

### **CONTINUATION OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

1. If Your AD&D Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your AD&D Insurance ends because:
  - You cease to be in an Eligible Class; or
  - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your AD&D Insurance under the CONTINUATION WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

**Plant Closing** and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

## **NOTICE FOR RESIDENTS OF MINNESOTA**

This is a life insurance policy which pays accelerated death benefits at your option under conditions specified in the policy. This policy is not a long-term care policy meeting the requirements of sections M.S.62A.46 to 62A.56 or chapter 62S.

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT**

### **AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE**

If Life Insurance for You and Life Insurance for Your Dependents would otherwise end because You:

- cease Active Work due to termination of Your employment;
- are laid off; or
- cease to be in an eligible class;

You may continue such insurance.

If You continue such insurance, You may also continue any Accidental Death and Dismemberment that would otherwise end.

If You are eligible to continue insurance Your employer will notify You of:

- Your right to elect to continue insurance for You and for Your Dependents;
- the amount You must pay each month to Us to keep such insurance in force;
- instructions for payment; and
- the time that payments are due.

For the first 18 months of continuation, the amount of the premium You will be required to pay will not exceed the amount of premium required to be paid for active employees for such insurance. (The amount that will be required includes any premium amounts previously paid by the employer as well as by You.) All premium payments must be made directly to Us. You will be provided with payment instructions.

You will have 60 days to elect to continue insurance under this subsection. The 60 day period begins on the date insurance would otherwise end or on the date notice of the right to continue insurance is received by You, whichever is later. If You or a Dependent die during the 60 day election period, we will consider You to have elected to continue insurance under this subsection.

If You continue insurance under this subsection, any reduction(s) in insurance or increase(s) in premiums that would have applied if You were Actively at Work will apply to the continued insurance.

At the end of 18 months You may choose to continue the insurance under this subsection. If you choose to continue the insurance, We reserve the right to change premiums at that time, and may change premiums from time to time thereafter. All premium payments must be made directly to Us. We will provide a schedule of the new premiums and payment instructions.

In the alternative, at any time after you have been covered under this subsection for at least 18 months, You may instead, by making written request to Us, choose to continue insurance under the following subsection entitled AT YOUR OPTION: OPTION 2 - PORTABILITY.

### **End of Continuation**

Continuation of insurance under this subsection will end on the earliest of:

- the date the group policy ends;
- the date You fail to make a required premium payment when due;
- the date You become covered as an employee for life insurance under this or any other group term life insurance plan;

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (Continued)**

- with respect to Your Spouse, the date Your marriage ends in divorce or annulment;
- with respect to a Child, the date the Child no longer meets the definition of Child; or
- with respect to You or Your Spouse, the date You or Your Spouse reach any applicable age limits.

When a continuation under this subsection ends (except if it is ending because you have become covered as an employee under this plan), the person(s) whose life insurance is ending may have the right to buy an individual policy of life insurance from Us. The details of this option are described in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS. For the purpose of those sections, the end of this continuation will be considered the end of Your employment.

### **Effect of Previous Conversion**

If You or a Dependent converted Life Insurance to an individual policy, and You die within the 60 day period to elect to continue insurance under this subsection, We will pay the insurance that could be continued under this subsection if such individual policy is returned to Us. If it is returned to Us, We will refund to You or Your Dependent's estate the premiums paid for such policy without interest, less any debt incurred under such policy.

If such individual policy is not returned to Us, We will only pay the Life Insurance in effect under the individual policy.

We will not pay insurance under both the Group Policy and the individual policy.

### **AT YOUR OPTION: OPTION 2 - PORTABILITY**

#### **For Life and Accidental Death and Dismemberment Insurance**

After insurance has been continued under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE for a period of 18 months You may, instead, choose to continue such insurance under this subsection as follows:

A written request to port coverage under this section must be sent to Us.

Evidence of insurability will not be required.

If a request is made under this subsection, We will issue a new certificate of insurance under a different group policy. The new certificate will explain the new insurance. The insurance under the new certificate may not be the same as the insurance that You were continuing under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE.

A request under this subsection may be made if, on the date of the request, the following requirements are met:

- continuation of insurance under the section entitled AT YOUR OPTION: OPTION 1 – CONTINUATION OF INSURANCE has not ended for any of the reasons stated in that subsection;
- We have not received notice from the Policyholder of its intent to end the Group Policy;
- no application has been made to convert the insurance that is to be ported to an individual policy of Life Insurance; and
- the person making the request resides in a jurisdiction that permits portability.

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (Continued)**

If You or Your Dependent die after written request to port has been received by Us but before the new certificate has been issued We will determine the benefits payable as if the new certificate has been issued.

### **Amount of the New Certificate**

The maximum amount of Your Supplemental Life Insurance that may be continued under this subsection is the lesser of:

- the total amount of all such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- \$1,000,000.

The minimum amount of Supplemental Life Insurance that may be continued is \$20,000.

The maximum Full Amount of Your Accidental Death and Dismemberment Insurance that may be continued under this subsection is the lesser of:

- the Full Amount of such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- \$1,000,000.

The minimum Full Amount of Accidental Death and Dismemberment Insurance that may be continued is \$20,000.

The maximum amount of Life Insurance for Your Dependents that may be continued under this subsection is:

- the amount of such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- the amount of such insurance which is being continued on Your life.

The maximum Full Amount of Accidental Death and Dismemberment Insurance for Your Dependents that may be continued under this subsection is:

- the Full Amount of such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- the Full Amount of such insurance which is being continued on Your life.

### **Premiums for the New Certificate**

All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

### **Right to Convert Life Insurance Amounts Not Continued**

Any amount of Life Insurance not ported under this subsection may be converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS. For the purpose of those sections, the end of the continuation under "AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE" will be considered the end of Your employment.

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (Continued)**

### **If You are Totally Disabled on the Date You Request to Port Insurance**

If You are Totally Disabled on the date You request to port Your or Your Dependents insurance under this subsection, You may at a later date become approved for the continuation of insurance under the section entitled **ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED**. If You are so approved, all insurance ported under this Portability subsection will end and We will return any premium paid by You for such insurance.

### **FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN**

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the Date Your Insurance For Your Dependents Ends subsection of the section entitled **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS**, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

### **FOR FAMILY AND MEDICAL LEAVE**

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of insurance. Please contact the Policyholder for information regarding the FMLA.

### **AT THE POLICYHOLDER'S OPTION**

The Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below.

1. for the period You cease Active Work in an eligible class due to injury or sickness, up to 12 months;
2. for the period You cease Active Work in an eligible class due to any other Policyholder approved leave of absence, up to 12 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the **DATE YOUR INSURANCE ENDS** subsection of the section entitled **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the **DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS** subsection of the section entitled **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS**.

**NOTICE FOR RESIDENTS OF MISSOURI**

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

**EXCLUSIONS**

If You reside in Missouri the exclusion for "suicide or attempted suicide" is as follows:

"suicide or attempted suicide while sane"

## **NOTICE FOR RESIDENTS OF NEW MEXICO**

If a Child is insured for Accidental Death and Dismemberment Insurance under this certificate and You are not the custodial parent, notify Us that such is the case and provide Us with the name and address of the custodial parent. After receipt of such notice We will:

- (1) provide such information to the custodial parent as may be necessary for the Child to obtain benefits through that insurance;
- (2) permit the custodial parent or the provider, with the custodial parent's approval, to submit claims for covered services without the approval of the non-custodial parent; and
- (3) make payments on claims submitted in accordance with Paragraph (2) of this subsection directly to the custodial parent, the provider or the state Medicaid agency.

If You are required by a court or administrative order to provide Accidental Death and Dismemberment Insurance for a Child, and You are eligible to provide such insurance for that child, We will:

- (1) permit You to enroll a Child who is otherwise eligible for such insurance without regard to any enrollment season restrictions;
- (2) if You are enrolled but fail to make application to obtain insurance for such Child, We will enroll the Child for insurance upon application of the Child's other parent, the state agency administering the Medicaid program or the state agency administering 42 U.S.C. Sections 651 through 669, the child support enforcement program; and
- (3) We will not disenroll or eliminate insurance for such Child unless the insurer is provided satisfactory written evidence that:
  - (a) the court or administrative order is no longer in effect; or
  - (b) the Child is or will be enrolled in comparable health insurance through another insurer that will take effect not later than the effective date of disenrollment.

We will not impose requirements on a state agency that has been assigned the rights of an individual eligible for medical assistance under the Medicaid program and insured for Accidental Death and Dismemberment Insurance with Us that are different from requirements applicable to an agent or assignee of any other individual so insured.

**NOTICE FOR RESIDENTS OF NORTH CAROLINA**

**Read your Certificate Carefully.**

**IMPORTANT CANCELLATION INFORMATION**

**Please Read The Provisions Entitled**

**DATE YOUR INSURANCE ENDS and DATE YOUR INSURANCE FOR  
YOUR DEPENDENTS ENDS**

**Found on Pages e/ee and e/dep**

## **NOTICE FOR RESIDENTS OF NORTH CAROLINA**

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

- (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND
- (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

## **NOTICE FOR RESIDENTS OF PENNSYLVANIA**

Accidental Death and Dismemberment Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

## **NOTICE FOR RESIDENTS OF UTAH**

### **NOTICE TO POLICYHOLDERS**

Insurance companies licensed to sell life insurance, health insurance, or annuities in the State of Utah are required by law to be members of an organization called the Utah Life and Health Insurance Guaranty Association ("ULHIGA"). If an insurance company that is licensed to sell insurance in Utah becomes insolvent (bankrupt), and is unable to pay claims to its policyholders, the law requires ULHIGA to pay some of the insurance company's claims. The purpose of this notice is to briefly describe some of the benefits and limitations provided to Utah insureds by ULHIGA.

### **PEOPLE ENTITLED TO COVERAGE**

- You must be a Utah resident.
- You must have insurance coverage under an individual or group policy.

### **POLICIES COVERED**

- ULHIGA provides coverage for certain life, health and annuity insurance policies.

### **EXCLUSIONS AND LIMITATIONS**

Several kinds of insurance policies are specifically excluded from coverage. There are also a number of limitations to coverage. The following are not covered by ULHIGA:

- Coverage through an HMO.
- Coverage by insurance companies not licensed in Utah.
- Self-funded and self-insured coverage provided by an employer that is only administered by an insurance company.
- Policies protected by another state's Guaranty Association.
- Policies where the insurance company does not guarantee the benefits.
- Policies where the policyholder bears the risk under the policy.
- Re-insurance contracts.
- Annuity policies that are not issued to and owned by an individual, unless the annuity policy is issued to a pension benefit plan that is covered.
- Policies issued to pension benefit plans protected by the Federal Pension Benefit Guaranty Corporation.
- Policies issued to entities that are not members of the ULHIGA, including health plans, fraternal benefit societies, state pooling plans and mutual assessment companies.

## **NOTICE FOR RESIDENTS OF UTAH (continued)**

### **LIMITS ON AMOUNT OF COVERAGE**

Caps are placed on the amount ULHIGA will pay. These caps apply even if you are insured by more than one policy issued by the insolvent company. The maximum ULHIGA will pay is the amount of your coverage or \$500,000 — whichever is lower. Other caps also apply:

- \$100,000 in net cash surrender values.
- \$500,000 in life insurance death benefits (including cash surrender values).
- \$500,000 in health insurance benefits.
- \$200,000 in annuity benefits — if the annuity is issued to and owned by an individual or the annuity is issued to a pension plan covering government employees.
- \$5,000,000 in annuity benefits to the contract holder of annuities issued to pension plans covered by the law. (Other limitations apply.)
- Interest rates on some policies may be adjusted downward.

### **DISCLAIMER**

#### ***PLEASE READ CAREFULLY:***

**COVERAGE FROM ULHIGA MAY BE UNAVAILABLE UNDER THIS POLICY. OR, IF AVAILABLE, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS OR EXCLUSIONS. THE DESCRIPTION OF COVERAGES CONTAINED IN THIS DOCUMENT IS AN OVERVIEW. IT IS NOT A COMPLETE DESCRIPTION. YOU CANNOT RELY ON THIS DOCUMENT AS A DESCRIPTION OF COVERAGE. FOR A COMPLETE DESCRIPTION OF COVERAGE, CONSULT THE UTAH CODE, TITLE 31A, CHAPTER 28.**

**COVERAGE IS CONDITIONED ON CONTINUED RESIDENCY IN THE STATE OF UTAH.**

**THE PROTECTION THAT MAY BE PROVIDED BY ULHIGA IS NOT A SUBSTITUTE FOR CONSUMERS' CARE IN SELECTING AN INSURANCE COMPANY THAT IS WELL-MANAGED AND FINANCIALLY STABLE.**

**INSURANCE COMPANIES AND INSURANCE AGENTS ARE REQUIRED BY LAW TO GIVE YOU THIS NOTICE. THE LAW DOES, HOWEVER, PROHIBIT THEM FROM USING THE EXISTENCE OF ULHIGA AS AN INDUCEMENT TO SELL YOU INSURANCE.**

**THE ADDRESS OF ULHIGA AND THE INSURANCE DEPARTMENT ARE PROVIDED BELOW.**

Utah Life and Health Insurance  
Guaranty Association  
955 E. Pioneer Rd.  
Draper, Utah 84114

Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114

## FOR RESIDENTS OF VIRGINIA

### 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:

MetLife  
200 Park Avenue  
New York, New York 10166  
Attn: Corporate Customer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:  
1-800-275-4638

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:

The Office of the Managed Care Ombudsman  
Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23209  
1-877-310-6560 - toll-free  
1-804-371-9032 - locally  
[www.scc.virginia.gov](http://www.scc.virginia.gov) - web address  
[ombudsman@scc.virginia.gov](mailto:ombudsman@scc.virginia.gov) - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)  
3600 West Broad St  
Suite 216  
Richmond, VA 23230  
1-800-955-1819

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.

**NOTICE FOR RESIDENTS OF WEST VIRGINIA**

**FREE LOOK PERIOD:**

If You are not satisfied with Your certificate, You may return it to Us within 10 days after You receive it, unless a claim has previously been received by Us under Your certificate. We will refund within 10 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if You elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under Your certificate will not be covered.

## NOTICE FOR RESIDENTS OF WISCONSIN

### KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

**PROBLEMS WITH YOUR INSURANCE?** - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

MetLife  
Attn: Corporate Consumer Relations Department  
200 Park Avenue  
New York, NY 10166-0188  
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

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## SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

### BENEFIT

### BENEFIT AMOUNTS AND HIGHLIGHTS

#### Life Insurance For You

##### Basic Life Insurance

For Active Employees .....	\$50,000
Accelerated Benefit Option .....	Up to 80% of Your Basic Life amount not to exceed \$40,000
For Retirees .....	\$5,000

##### Supplemental Life Insurance

For Active Employees .....	An amount, elected by You, which is a multiple of \$10,000
Maximum Supplemental Life Benefit .....	The lesser of 6 times Your Basic Annual Earnings or \$800,000
Non-Medical Issue Amount .....	The lesser of 3 times Your Basic Annual Earnings or \$250,000
Accelerated Benefit Option .....	Up to 80% of Your Supplemental Life amount not to exceed \$500,000

#### ESTATE RESOLUTION SERVICES

The following Estate Resolution Services are provided at no additional cost to individuals insured for Group Supplemental Life Insurance coverage as described below. If You are eligible to receive these Estate Resolution Services and You or Your Spouse (for the Will Preparation Service) or You or a Beneficiary (for the Probate Service) would like to speak with a representative from Hyatt Legal Services or get the name of a Plan Attorney that you can speak with about these Services, please call (800) 821-6400.

## **SCHEDULE OF BENEFITS (continued)**

### **THE FOLLOWING APPLIES TO RESIDENTS OF ALL STATES OTHER THAN TEXAS**

#### **Will Preparation Service**

If You elect Group Supplemental Life Insurance coverage, a will preparation service (the "Service") will be made available to You, through a MetLife affiliate (the "Affiliate"), while Your Group Supplemental Life Insurance coverage is in effect. This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

#### **Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate, through a MetLife affiliate ("Affiliate").

The Benefit provides for certain probate services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney's services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount Your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

### **THE FOLLOWING APPLIES TO RESIDENTS OF TEXAS ONLY**

#### **Will Preparation Service**

If You elect Group Supplemental Life Insurance coverage, a Will Preparation Service (the "Service") will be made available to You through a MetLife affiliate (the "Affiliate"), as agreed to by the Policyholder and MetLife, while Your Group Supplemental Life Insurance coverage is in effect under this Policy.

Will Preparation Service means a service covering the preparation of wills and codicils for You and Your Spouse. The creation of any testamentary trust is covered. The Will Preparation Service does not include tax planning.

This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

#### **Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate, through a MetLife affiliate ("Affiliate").

## **SCHEDULE OF BENEFITS (continued)**

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of insured employee's estate including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate to insured employee's heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney's services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount Your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

## SCHEDULE OF BENEFITS (continued)

### Accidental Death and Dismemberment Insurance (AD&D) for You

#### Full Amount for Basic AD&D

For Active Employees .....	An amount equal to Your Basic Life Insurance
Maximum Accidental Death and Dismemberment Full Amount .....	\$50,000

#### Additional Benefits:

Seat Belt Benefit.....	Yes
Air Bag Use Benefit .....	Yes
Child Care Benefit .....	NONE
Child Education Benefit .....	NONE
Spouse Education Benefit .....	NONE
Hospital Confinement Benefit .....	NONE
Common Carrier Benefit.....	Yes

#### Schedule of Covered Losses for Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	75%
Loss of a leg permanently severed at or above the knee .....	75%
Loss of sight in one eye.....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

**SCHEDULE OF BENEFITS (continued)**

Loss of speech and loss of hearing.....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs .....	100%
Paralysis of both legs .....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg.....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage .....	100%
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**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma .....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

**SCHEDULE OF BENEFITS (continued)**

**Full Amount for Supplemental AD&D**

For Active Employees .....	An amount equal to Your Supplemental Life Insurance
Maximum Supplemental Accidental Death and Dismemberment Full Amount.....	The lesser of 6 times Your Basic Annual Earnings or \$800,000

**Additional Benefits:**

Seat Belt Benefit.....	Yes
Air Bag Use Benefit .....	Yes
Child Care Benefit .....	Yes
Child Education Benefit .....	Yes
Spouse Education Benefit .....	Yes
Hospital Confinement Benefit .....	Yes
Common Carrier Benefit.....	Yes

**Schedule of Covered Losses for Supplemental Accidental Death and Dismemberment Insurance**

All amounts listed are stated as percentages of the Full Amount.

**Covered Losses**

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	75%
Loss of a leg permanently severed at or above the knee .....	75%
Loss of sight in one eye.....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

## SCHEDULE OF BENEFITS (continued)

Loss of speech and loss of hearing.....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs .....	100%
Paralysis of both legs .....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg.....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage .....	100%
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**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma .....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

## SCHEDULE OF BENEFITS (continued)

### Life Insurance For Your Dependents

For Your Spouse.....	An amount, elected by You, which is a multiple of \$5,000
Maximum Spouse Dependent Life Benefit .....	The lesser of 50% of Your Life Insurance or \$250,000
Non-Medical Issue Amount.....	\$25,000
Accelerated Benefit Option .....	Up to 80% of Your Dependent Life amount not to exceed \$200,000
For each of Your Children.....	An amount, elected by You, which is a multiple of \$1,000
Maximum Child Dependent Life Benefit .....	\$10,000

### Accidental Death and Dismemberment Insurance (AD&D) For Your Dependents

#### Full Amount for Dependent AD&D

For Your Spouse and Child(ren).....	An amount equal to the amount of Life Insurance for Your Dependents
Maximum Dependent Accidental Death and Dismemberment Full Amount for Your Spouse .....	The lesser of 50% of Your Life Insurance or \$250,000
Maximum Dependent Accidental Death and Dismemberment Full Amount for Your Child(ren) .....	\$10,000

#### Additional Benefits:

Seat Belt Benefit .....	Yes
Air Bag Use Benefit.....	Yes
Common Carrier Benefit .....	Yes

#### Schedule of Covered Losses

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life.....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow .....	50%
Loss of a foot permanently severed at or above the ankle but below the knee.....	50%
Loss of an arm permanently severed at or above the elbow.....	75%
Loss of a leg permanently severed at or above the knee.....	75%
Loss of sight in one eye .....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

**SCHEDULE OF BENEFITS (continued)**

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
Loss of the thumb and index finger of same hand.....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing .....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body.....	50%
Paralysis of one arm or leg .....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage .....	100%
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**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma.....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

## DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Actively at Work or Active Work** means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

**Basic Annual Earnings** means Your gross annual rate of pay as determined by Your Policyholder, excluding overtime and other extra pay. "Basic Annual Earnings" for You if You are a salesman includes commissions and/or bonuses which shall be averaged for the most recent 12 month period.

**Beneficiary** means the person(s) to whom We will pay insurance as determined in accordance with the GENERAL PROVISIONS section.

**Child** means the following:

**for Life Insurance**, Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption) or stepchild who is:

- at least 15 days old, under age 21, unmarried and supported by You; or
- under age 24 and who is:
  - a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
  - unmarried;
  - supported by You; and
  - not employed on a full-time basis.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

**for Dependent Accidental Death and Dismemberment Insurance**, Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption), grandchild residing with You who is:

- under age 21, unmarried and supported by You.
- under age 24 and who is:
  - a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located; and
  - unmarried; and
  - supported by You; and
  - not employed on a full-time basis.

## DEFINITIONS (continued)

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

For Texas residents **Child** means the following for **Life Insurance**:

- Your natural child, adopted child or stepchild who is under age 25 and unmarried. **The term also includes** Your grandchild who is under age 25, unmarried and who was able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Life Insurance.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

For Texas residents **Child** means the following for **Accidental Death and Dismemberment Insurance**:

- Your natural child, adopted child or stepchild who is under age 25 and unmarried. **The term also includes** Your grandchild who is under age 25, unmarried and who was able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Accidental Death and Dismemberment Insurance.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

**The term does not include** any person who is insured under the Group Policy as an employee.

For New Mexico residents **Child** means the following for **Accidental Death and Dismemberment Insurance**:

- Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption), or stepchild who in each case is:
  - under age 25,
  - unmarried, and
  - supported by You.

An adopted child includes a child placed in Your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from Your custody, the child's status as an adopted child will end.

No child will be denied Accidental Death and Dismemberment Insurance because such child was born out of wedlock, is not residing with You, or is not claimed by You as a deduction for Federal Income Taxes.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

## **DEFINITIONS (continued)**

For Utah residents **Child** means the following for **Accidental Death and Dismemberment Insurance**:

Your natural child, adopted child or stepchild who is unmarried and under age 26.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

**Common Carrier** means a government regulated entity that is in the business of transporting fare paying passengers.

**The term does not include:**

- chartered or other privately arranged transportation;
- taxis; or
- limousines.

**Contributory Insurance** means insurance for which the Policyholder requires You to pay any part of the premium.

Contributory Insurance includes: Supplemental Life Insurance, Supplemental Accidental Death and Dismemberment Insurance, Dependent Life Insurance and Dependent Accidental Death and Dismemberment Insurance.

**Dependent(s)** means Your Spouse and/or Child.

**Full-Time** means Active Work on the Policyholder's regular work schedule for the eligible class of employees to which You belong. The work schedule must be at least 30 hours a week.

**Hospital** means a facility which is licensed as such in the jurisdiction in which it is located and:

- provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
- provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

**Hospitalized** means:

- admission for inpatient care in a Hospital;
- receipt of care in the following:
  - a hospice facility;
  - an intermediate care facility; or
  - a long term care facility; or
- receipt of the following treatment, wherever performed:
  - chemotherapy;
  - radiation therapy; or
  - dialysis.

## **DEFINITIONS (continued)**

**Noncontributory Insurance** means insurance for which the Policyholder does not require You to pay any part of the premium.

**Physician** means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

**The term does not include:**

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
  - parents;
  - children (natural, step or adopted);
  - siblings;
  - grandparents; or
  - grandchildren.

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful spouse.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

**We, Us and Our** mean MetLife.

**Written or Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**You and Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**

### **ELIGIBLE CLASS(ES)**

**All Full-Time employees and retired employees of the Policyholder who are elected officials.**

### **DATE YOU ARE ELIGIBLE FOR INSURANCE**

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for insurance described in this certificate on the later of:

1. January 1, 2010; and
2. the first day of the calendar month following the date You complete the Waiting Period of 60 days.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

### **Previous Employment With The Policyholder**

If You were employed by the Policyholder and insured by Us under a policy of group life insurance when Your employment ended, You will not be eligible for life insurance under this Group Policy if You are re-hired by the Policyholder within 2 years after such employment ended, unless You surrender:

- any individual policy of life insurance to which You converted when Your employment ended; and
- any certificate of insurance continued as ported insurance when such employment ended.

The cash value, if any, of such surrendered insurance will be paid to You.

### **ENROLLMENT PROCESS**

If You are eligible for insurance, You may enroll for such insurance by completing the required form. In addition, You must give evidence of Your Insurability satisfactory to Us at Your expense if You are required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Supplemental Life Insurance; and
- Supplemental Accidental Death and Dismemberment Insurance;

only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

### **DATE YOUR INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT**

#### **Enrollment When First Eligible**

If You complete the enrollment process within 31 days of becoming eligible for insurance, such insurance will take effect as follows:

- If You are **not required** to give evidence of Your insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work on that date.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

- If You are **required** to give evidence of Your insurability and We determine that You are insurable, the insurance will take effect on the date We state in Writing, provided You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for insurance until the next annual enrollment period, as determined by the Policyholder, following the date You first became eligible. At that time You will be able to enroll for insurance for which You are then eligible.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. In addition to having been Actively at Work on the date Your Contributory Life Insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### **Enrollment During An Annual Enrollment Period**

During any annual enrollment period as determined by the Policyholder, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. The insurance enrolled for or changes to Your insurance made during an annual enrollment period will take effect as follows:

- For any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work on that date.
- For any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You are not Actively at Work on the date an amount of insurance would otherwise take effect, that amount of insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### **Enrollment Due to a Qualifying Event**

Under the rules of the flexible benefit plan, You may enroll for insurance for which You are eligible or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

**Qualifying Event** includes:

- marriage;
- the birth, adoption or placement for adoption of a Dependent child;
- divorce or annulment;
- the death of a Dependent;
- a change in Your or Your Dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your Dependent to gain or lose eligibility for group coverage.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for, or changes to Your insurance, made as a result of a Qualifying Event will take effect as follows:

- For any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date.
- For any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You are not Actively at Work on the date an amount of insurance would otherwise take effect, that amount of insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### **DATE YOUR INSURANCE THAT IS NOT PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT**

#### **Rules for Noncontributory Insurance**

When You complete the enrollment process for Noncontributory Insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the Noncontributory Insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **DATE YOUR INSURANCE ENDS**

Your insurance will end on the earliest of:

#### **for all coverages**

1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the end of the period for which the last premium has been paid for You; or

#### **for Basic Life Insurance**

4. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or

#### **for Supplemental Life Insurance**

5. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
6. the date You retire in accordance with the Policyholder's retirement plan; or

#### **for Basic Accidental Death and Dismemberment Insurance**

7. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
8. the date You retire in accordance with the Policyholder's retirement plan; or

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

### **for Supplemental Accidental Death and Dismemberment Insurance**

9. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
10. the date You retire in accordance with the Policyholder's retirement plan.

Please refer to the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED for information concerning continuation of Your Life Insurance if insurance ends while You are Totally Disabled. Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU for information concerning the option to convert to an individual policy of life insurance if Your Life Insurance ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS**

### **ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE**

**All Full-Time employees and retired employees of the Policyholder who are elected officials.**

### **DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE**

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for Dependent insurance described in this certificate on the latest of:

1. January 1, 2010;
2. the date You enter a class eligible for insurance;
3. the date You obtain a Dependent; and
4. the first day of the calendar month following the date You complete the Waiting Period of 60 days.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

No person may be insured as a Dependent of more than one employee.

### **ENROLLMENT PROCESS**

In order to enroll for Life Insurance for Your Dependents, You must either (a) already be enrolled for Life Insurance for You or (b) enroll at the same time for Life Insurance for You.

If You are eligible for Dependent insurance, You may enroll for such insurance by completing an enrollment form for each Dependent to be insured. In addition, each of Your Dependents must give evidence of insurability satisfactory to Us at Your expense if required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Dependent Life Insurance; and
- Dependent Accidental Death and Dismemberment Insurance;

only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

When You become eligible under the flexible benefits plan, You may choose an option for Dependent Life Insurance and Dependent Accidental Death and Dismemberment Insurance.

### **DATE INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT FOR YOUR DEPENDENTS**

#### **Enrollment When First Eligible**

If You complete the enrollment process for Dependent insurance within 31 days of becoming eligible for insurance, such insurance will take effect for each enrolled Dependent as follows:

- If the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)**

- If the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below. The Dependent is not required to give evidence of insurability for Dependent Accidental Death and Dismemberment Insurance, but such insurance will not take effect until the day the Dependent Life Insurance takes effect.

If You do not complete the enrollment process for any Dependent within 31 days of becoming eligible, You will not be able to enroll for Dependent insurance until the next annual enrollment period, as determined by the Policyholder, in accordance with the rules of the flexible benefits plan. At that time You will be able to enroll for Dependent insurance:

- for which You are then eligible; and
- for Your Dependents who are then eligible.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Enrollment During An Annual Enrollment Period**

During any annual enrollment period, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance. The insurance enrolled for or changes to Your insurance made during the annual enrollment period will take effect for each enrolled Dependent as follows:

- If the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.
- If the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below. The Dependent is not required to give evidence of insurability for Dependent Accidental Death and Dismemberment Insurance, but such insurance will not take effect until the day the Dependent Life Insurance takes effect.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Enrollment Due to a Qualifying Event**

Under the rules of the flexible benefit plan, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance between annual enrollment periods only if You have a Qualifying Event.

**Qualifying Event** includes:

- marriage;
- the birth, adoption or placement for adoption of a Dependent child;
- divorce or annulment;
- the death of a Dependent;
- a change in Your or Your Dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your Dependent to gain or lose eligibility for group coverage.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect for each enrolled Dependent as follows:

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)**

- If the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.
- If the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Additional Requirement**

On the date Dependent insurance is scheduled to take effect, the Dependent must not be:

- confined at home under a Physician's care;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

If the Dependent does not meet this requirement on such date, insurance for the Dependent will take effect on the date that Dependent is no longer:

- confined;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

### **DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS**

A Dependent's insurance will end on the earliest of:

1. for Dependent Life Insurance, the date all of the Life Insurance under the Group Policy ends; or
2. for Dependent Accidental Death and Dismemberment Insurance, the date all of Your Accidental Death and Dismemberment Insurance under the Group Policy ends; or
3. the date You die; or
4. the date the Group Policy ends; or
5. the date Your Employee Life Insurance under the Group Policy ends; or
6. the date Insurance for Your Dependents ends under the Group Policy; or
7. the date Insurance for Your Dependents ends for Your class; or
8. the date the person ceases to be a Dependent; or
9. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
10. for Dependent Life Insurance and Accidental Death and Dismemberment Insurance, the date You retire in accordance with the Policyholder's retirement plan; or
11. the end of the period for which the last premium has been paid for the Dependent.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS for information concerning the option to convert to an individual policy of life insurance if Life Insurance for a Dependent ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page)**

### **FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN**

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

### **FOR FAMILY AND MEDICAL LEAVE**

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of insurance. Please contact the Policyholder for information regarding the FMLA.

### **AT YOUR OPTION: PORTABILITY**

#### **For Life and Accidental Death and Dismemberment Insurance**

For purposes of this subsection the term "Portability Eligible Insurance" refers to Supplemental Life and Supplemental Accidental Death and Dismemberment Insurance. If insurance for Your Dependents is in effect, the term "Portability Eligible Dependent Insurance" refers to Life Insurance For Your Dependents and Accidental Death and Dismemberment Insurance for Your Dependents.

1. You may request in Writing during the Request Period specified below to continue Portability Eligible Insurance and Portability Eligible Dependent Insurance under another group policy if such insurance ends because:
  - Your employment ends; or
  - You cease to be in a class that is eligible for such insurance.
2. Your Dependent Spouse may request in Writing during the Request Period specified below to continue Portability Eligible Dependent Insurance on their life under another group policy if such insurance ends because Your marriage ends in divorce or annulment.
3. Your Dependent Spouse may request in Writing during the Request Period specified below to continue Portability Eligible Dependent Insurance on their life and Portability Eligible Dependent Insurance on the life of their Child(ren) under another group policy if such insurance ends because You die.

If a request is made under this subsection, We will issue a new certificate of insurance which will explain the new insurance benefits. The insurance benefits under the new certificate may not be the same as those that ended under the Group Policy.

A request under this subsection may be made if, on the date of the request, the following requirements are met:

- the Group Policy is in effect;
- We have not received notice from the Policyholder of its intent to end the Group Policy;

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page) (continued)**

- no application has been made to convert the insurance that is to be continued to an individual policy of life insurance as provided in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS; and
- the person making the request resides in a jurisdiction that permits portability.

### **Request Period**

To continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance under a different group policy, We must receive a completed request form within the Request Period described below.

If written notice of the option to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is given within 15 days before or after the date such insurance ends, the Request Period begins on the date the insurance ends and expires 31 days after such date.

If written notice of the option to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is given more than 15 days after but within 90 days of the date such insurance ends, the Request Period begins on the date the insurance ends and expires 45 days after the date of the notice.

If written notice of the option to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is not given within 90 days after the date such insurance ends, the Request Period begins on the date the insurance ends and expires at the end of such 90 day period.

### **Amount of the New Certificate**

The maximum amount of Supplemental Life Insurance that may be continued is the lesser of:

- the total amount of all such insurance in effect immediately prior to the date it ends; and
- \$1,000,000.

The minimum amount of Supplemental Life Insurance that may be continued is \$20,000.

The maximum Full Amount of Supplemental Accidental Death and Dismemberment Insurance that may be continued is the lesser of:

- the Full Amount of such insurance in effect immediately prior to the date it ends; and
- \$1,000,000.

The minimum Full Amount of Supplemental Accidental Death and Dismemberment Insurance that may be continued is \$20,000.

The maximum amount of Life Insurance for Your Dependents that may be continued is:

- if You are making the request to continue such insurance, the lesser of:
  - the amount of such insurance in effect immediately prior to the date it ends; and
  - the amount of such Portability Eligible Insurance which is being continued on Your life.
- if Your Dependent is making the request to continue such insurance, the amount of such insurance in effect immediately prior to the date it ends.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page) (continued)**

The maximum amount of Accidental Death and Dismemberment Insurance for Your Dependents that may be continued is:

- If You are making the request to continue such insurance, the lesser of:
  - the Full Amount of such insurance in effect immediately prior to the date it ends; and
  - the Full Amount of Dependent Accidental Death and Dismemberment Insurance which is being continued on Your life.
- If Your Dependent is making the request to continue such insurance, the Full Amount of such insurance in effect immediately prior to the date it ends.

### **Premiums for the New Certificate**

When a request to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is made under this subsection, the first premium must be paid during the Request Period. All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

### **Right to Convert Life Insurance Amounts Not Continued**

Any amount of Life Insurance not continued under this subsection may be converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

### **If You Die Within 31 Days of the Date Portability Eligible Insurance Ends**

If You die within 31 days of the date Portability Eligible Insurance ends and an application for a new certificate is not received by Us during such period, We will determine whether to pay insurance in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU. If an application for a new certificate was received by Us during such period, We will only pay benefits for the Portability Eligible Insurance applied for in accordance with this subsection.

### **If a Dependent Dies Within 31 Days of the Date Portability Eligible Dependent Insurance Ends**

If a Dependent dies within 31 days of the date Portability Eligible Dependent Insurance ends and an application for a new certificate is not received by Us during such period, We will determine whether to pay insurance in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS. If an application for a new certificate was received by Us during such period, We will only pay benefits for the Portability Eligible Dependent Insurance applied for in accordance with this subsection.

### **If You are Totally Disabled on the Date Your Employment Ends**

If You are Totally Disabled on the date Your employment ends and You elect to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance as provided in this subsection, You may at a later date become approved for continuation of insurance under the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED. If You are so approved, any insurance continued under this subsection or any new certificate provided under this subsection will end and We will return any premium paid by You for such insurance.

**CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page) (continued)**

**AT THE POLICYHOLDER'S OPTION**

The Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below.

1. for the period You cease Active Work in an eligible class due to injury or sickness, up to 12 months;
2. for the period You cease Active Work in an eligible class due to any other Policyholder approved leave of absence, up to 12 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

## EVIDENCE OF INSURABILITY

We require evidence of insurability satisfactory to Us as follows:

1. in order to become covered for an amount of Supplemental Life Insurance greater than the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.  
If You do not give Us evidence of Your insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will be limited to the Non-Medical Issue Amount.
2. if You make a request within **31 days of a Qualifying Event** to increase the amount of Your Supplemental Life Insurance.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased.
3. if You make a request during an annual enrollment period to increase the amount of Your Supplemental Life Insurance.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased.
4. if You make a late request for Supplemental Life Insurance. A late request is one made more than 31 days after You become eligible.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, You will not be covered for Supplemental Life Insurance.
5. in order to become covered for an amount of Life Insurance for Your Dependent Spouse greater than the Non-Medical Issue Amount for Your Dependent Spouse as shown in the SCHEDULE OF BENEFITS.  
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will be limited to the Non-Medical Issue Amount for Your Dependent Spouse.
6. if You make a request during an annual enrollment period to increase the amount of Life Insurance for Your Dependent Spouse.  
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will not be increased.
7. if You make a request within **31 days of a Qualifying Event** to increase the amount of Life Insurance for Your Dependent Spouse.  
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will not be increased.
8. if You make a late request for Life Insurance for Your Dependents. A late request is one made more than 31 days after Your Dependent becomes eligible.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, Your Dependents will not be covered for Life Insurance.

The evidence of insurability is to be given at Your expense.

## **LIFE INSURANCE: FOR YOU**

If You die, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the date of Your death.

### **PAYMENT OPTIONS**

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

## **LIFE INSURANCE: FOR YOUR DEPENDENTS**

If a Dependent dies, Proof of the Dependent's death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the life of such Dependent on the date of death.

### **PAYMENT OPTIONS**

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU**

For purposes of this section, the term "ABO Eligible Life Insurance" refers to each of Your Life Insurance benefits for which the Accelerated Benefit Option is shown as available in the SCHEDULE OF BENEFITS.

If You become Terminally Ill, You or Your legal representative have the option to request Us to pay ABO Eligible Life Insurance before Your death. This is called an accelerated benefit. The request must be made while ABO Eligible Life Insurance is in effect.

**Terminally Ill or Terminal Illness** means that due to injury or sickness, You are expected to die within 12 months.

### **Requirements For Payment of an Accelerated Benefit**

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of each ABO Eligible Life Insurance benefit to be accelerated equals or exceeds \$20,000; and
- the ABO Eligible Life Insurance to be accelerated has not been assigned; and
- We have received Proof that You are Terminally Ill.

We will only pay an accelerated benefit for each ABO Eligible Life Insurance benefit once.

### **Proof of Your Terminal Illness**

We will require the following Proof of Your Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that You are Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Life Insurance remaining after the accelerated benefit is paid.

### **Accelerated Benefit Amount**

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for each ABO Eligible Life Insurance benefit in effect for You, subject to the following:

**Maximum Accelerated Benefit Amount.** The maximum amount We will pay for each ABO Eligible Life Insurance benefit is shown in the SCHEDULE OF BENEFITS.

**Scheduled Reduction of an ABO Eligible Life Insurance Benefit.** If an ABO Eligible Life Insurance benefit is scheduled to reduce within the 12 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of such ABO Eligible Life Insurance that will be in effect immediately after the reduction(s) scheduled for such period.

**Scheduled End of an ABO Eligible Life Insurance Benefit.** If an ABO Eligible Life Insurance benefit is scheduled to end within 12 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit for such ABO Eligible Life Insurance benefit.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU (continued)**

**Previous Conversion of an ABO Eligible Life Insurance Benefit.** We will not pay an accelerated benefit for any amount of ABO Eligible Life Insurance which You previously converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

### **Effect of Payment of an Accelerated Benefit**

**On premium for Your Life Insurance.** After We pay the accelerated benefit, any premium You are required to pay will be based upon the amount of Your Life Insurance remaining after the accelerated benefit is paid.

**On Your Life Insurance at Your death.** The amount of Life Insurance that We will pay at Your death will be decreased by the amount of the accelerated benefit paid by Us.

**On Your Life Insurance at conversion.** The amount to which You are entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU will be decreased by the amount of the accelerated benefit paid by Us.

**On Your Accidental Death and Dismemberment Insurance.** Payment of an accelerated benefit will not affect Your Accidental Death and Dismemberment Insurance.

### **Date Your Option to Accelerate Benefits Ends**

The accelerated benefit option will end on the earliest of:

- the date the ABO Eligible Life Insurance ends;
- the date You or Your legal representative assign all ABO Eligible Life Insurance; or
- the date You or Your legal representative have accelerated all ABO Eligible Life Insurance benefits.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE**

If Your Spouse becomes Terminally Ill, You or Your legal representative have the option to request Us to pay Life Insurance for Your Spouse before their death. This is called an accelerated benefit. The request must be made while Life Insurance for Your Spouse is in effect.

**Terminally Ill or Terminal Illness** means that due to injury or sickness, Your Spouse is expected to die within 12 months.

### **Requirements For Payment of an Accelerated Benefit**

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of Life Insurance for the Terminally Ill Spouse equals or exceeds \$20,000; and
- the ABO Eligible Life Insurance to be accelerated has not been assigned; and
- We have received Proof that Your Spouse is Terminally Ill.

We will only pay an accelerated benefit for Life Insurance for Your Spouse once.

### **Proof of Your Spouse's Terminal Illness**

We will require the following Proof of Your Spouse's Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that Your Spouse is Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Life Insurance remaining after the accelerated benefit is paid.

### **Accelerated Benefit Amount**

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for the amount of Life Insurance in effect for a Terminally Ill Spouse, subject to the following:

**Maximum Accelerated Benefit Amount.** The maximum amount We will pay is shown in the SCHEDULE OF BENEFITS.

**Scheduled Reduction of Life Insurance for a Terminally Ill Spouse.** If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to reduce within the 12 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of Life Insurance that will be in effect for Your Spouse immediately after the reduction(s) scheduled for such period.

**Scheduled end of Life Insurance for a Terminally Ill Spouse.** If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to end within 12 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE (continued)**

### **Effect of Payment of an Accelerated Benefit**

**On Premium for Life Insurance.** Any premium You are required to pay for Life Insurance for Your Spouse for whom We paid an accelerated benefit will be based upon the amount of Life Insurance for Your Spouse remaining after payment of the accelerated benefit.

**On Payment of Life Insurance at a Dependent's death.** The amount of Life Insurance that We will pay at death of Your Spouse for whom We paid an accelerated benefit will be decreased by the amount of the accelerated benefit paid by Us for such Dependent.

**On Life Insurance at conversion.** The amount to which Your Spouse for whom We paid an accelerated benefit is entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS provision will be decreased by the amount of the accelerated benefit paid by Us for Your Spouse.

**On Your Dependents' Accidental Death and Dismemberment Insurance.** Payment of an accelerated benefit will not affect Your Dependents' Accidental Death and Dismemberment Insurance.

### **Date Your Option to Accelerate Benefits Ends**

The accelerated benefit option for Your Spouse will end on the earliest of:

- the date Life Insurance for Your Spouse ends;
- the date Your rights in Life Insurance for Your Spouse are assigned; or
- the date You or Your legal representative have accelerated all Dependent Life Insurance benefits.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU**

If Your Life Insurance ends or is reduced for any of the reasons stated below, You have the option to buy an individual policy of life insurance ("new policy") from Us during the Application Period in accordance with the conditions and requirements of this section. This is referred to as the "option to convert". Evidence of Your insurability will not be required.

### **When You Will Have the Option to Convert**

You will have the option to convert when:

- Your Life Insurance ends because:
  - You cease to be in an eligible class;
  - Your employment ends;
  - the Group Policy ends, provided You have been insured for Life Insurance for at least 5 years; or
  - the Group Policy is amended to end Life Insurance for an eligible class of which You are a member, provided You have been insured for Life Insurance for at least 5 years; or
- Your Life Insurance is reduced:
  - on or after the date You attain age 60;
  - because You change from one eligible class to another; or
  - due to an amendment of the Group Policy.

If You opt not to convert a reduction in the amount of Your Life Insurance as described above, You will not have the option to convert that amount at a later date.

A reduction in the amount of Your Life Insurance as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

### **Application Period**

If You opt to convert Your Life Insurance for any of the reasons stated above, We must receive a completed conversion application form from You within 31 days after the date Your Life Insurance ends or is reduced.

### **Option Conditions**

The option to convert is subject to these conditions:

1. Our receipt within the Application Period of:
  - Your Written application for the new policy; and
  - the premium due for such new policy;
2. the premium rates for the new policy will be based on:
  - Our rates then in use;
  - the form and amount of insurance;
  - Your class of risk; and
  - Your attained age when Your Life Insurance ends or is reduced;
3. the new policy may be on any form then customarily offered by Us excluding term insurance;
4. the new policy will be issued without an accidental death and dismemberment benefit, a continuation benefit, an accelerated benefit option, a waiver of premium benefit or any other rider or additional benefit; and
5. the new policy will take effect on the 32<sup>nd</sup> day after the date Your Life Insurance ends or is reduced; this will be the case regardless of the duration of the Application Period.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU (continued)**

### **Maximum Amount of the New Policy**

If Your Life Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end Life Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may elect for the new policy is the lesser of:

- the amount of Your Life Insurance that ends under the Group Policy less the amount of life insurance for which You become eligible under any group policy within 31 days after the date insurance ends under the Group Policy; or
- \$2,000.

If Your Life Insurance ends for any other reason or is reduced, the maximum amount of insurance that You may elect for the new policy is the amount of Your Life Insurance which ends under the Group Policy.

### **If You Die Within 31 Days After Your Life Insurance Ends**

If You die within 31 days after Your Life Insurance ends, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and if We approve it will pay the Beneficiary the amount of Life Insurance You were entitled to convert.

### **Effect of Previous Conversion**

If You obtained a new policy under this conversion option because Your Life Insurance ended and such insurance is later continued under the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED, We will only pay Your Life Insurance under such section if the new policy is returned to Us. If the new policy is returned to Us, We will refund to Your estate the premium paid for such policy without interest, less any debt incurred under such policy. If the new policy is not returned to Us, We will only pay the life insurance in effect under such new policy.

We will not pay insurance under both the Group Policy and such new policy.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS**

If Life Insurance for a Dependent ends or is reduced for any of the reasons stated below, You or the Dependent will have the option to buy from Us an individual policy of life insurance on the life of the Dependent ("new policy") during the Application Period in accordance with the conditions and requirements of this section. This is referred to as "the option to convert". Evidence of the Dependent's insurability will not be required.

### **When You or a Dependent Will Have the Option to Convert**

You will have the option to convert Life Insurance for a Dependent when:

- Life Insurance for the Dependent ends because:
  - You cease to be in an eligible class;
  - Your employment ends;
  - the Group Policy ends, provided You have been insured for Life Insurance for the Dependent for at least 5 years; or
  - the Group Policy is amended to end Life Insurance for Dependents for an eligible class of which You are a member, provided You have been insured for Life Insurance for the Dependent for at least 5 years; or
- Life Insurance for the Dependent is reduced:
  - on or after the date You attain age 60;
  - because You change from one eligible class to another; or
  - due to an amendment of the Group Policy.

If You opt not to convert a reduction in the amount of Life Insurance for a Dependent, You will not have the option to convert that amount at a later date.

A Dependent will have the option to convert when Life Insurance ends because such Dependent ceases to qualify as a Dependent as defined in this certificate.

A reduction in the amount of Life Insurance for a Dependent as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

You must notify the Policyholder in the event that a Dependent ceases to qualify as a Dependent as defined in this certificate.

### **Application Period**

If You or a Dependent opt to convert as stated above, We must receive a completed conversion application form within 31 days of the date Life Insurance for the Dependent ends or is reduced.

### **Option Conditions**

The option to convert is subject to these conditions:

1. Our receipt within the Application Period of:
  - a Written application for the new policy for the Dependent; and
  - the premium due for such new policy;
2. the premium rates for the new policy will be based on:
  - Our rates then in use;
  - the form and amount of insurance;
  - the Dependent's class of risk; and
  - the Dependent's attained age when Life Insurance for such Dependent ends or is reduced;

## **LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS (continued)**

3. the new policy may be on any form then customarily offered by Us excluding term insurance;
4. the new policy will be issued without an accidental death and dismemberment benefit, a continuation benefit, an accelerated benefit option, waiver of premium benefit or any other rider or additional benefit; and
5. the new policy will take effect on the 32<sup>nd</sup> day after the date Life Insurance for the Dependent ends or is reduced; this will be the case regardless of the duration of the Application Period.

### **Maximum Amount of the New Policy**

If Life Insurance for a Dependent ends due to the end of the Group Policy or the amendment of the Group Policy to end Life Insurance for Dependents for an eligible class of which You are a member, the maximum amount of insurance that may be elected for the new policy is the lesser of:

- the amount of Life Insurance for the Dependent that ends under the Group Policy less the amount of Life Insurance for Dependents for which You become eligible under any group policy within 31 days after the date insurance ends under the Group Policy; or
- \$2,000.

If Life Insurance for a Dependent ends for any other reason or is reduced, the maximum amount of insurance that may be elected for the new policy is the amount of Life Insurance for the Dependent that ends under the Group Policy.

### **If a Dependent Dies Within the 31 Days After Life Insurance for a Dependent Ends**

If a Dependent dies within 31 days after the date Life Insurance for the Dependent ends, Proof of the Dependent's death must be sent to Us. When we receive such Proof with the claim, We will review the claim and if We approve it, will pay the Beneficiary the amount of Life Insurance for the Dependent that could have been converted.

## **ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED**

If You become Totally Disabled while You are insured for Continuation Eligible Insurance under this policy, You may qualify to continue certain insurance under this section. If continued, premium payment will not be required. We will determine if You qualify for this continuation after We receive Proof that You have satisfied the conditions of this section.

Total Disability must start before You attain age 60 and while You are insured for Continuation Eligible Insurance.

Your Total Disability must continue without interruption from the date You became Totally Disabled through the end of the Continuation Waiting Period.

### **DEFINITIONS**

For the purpose of this section, "Continuation Eligible Insurance" means

- Basic Life Insurance; and
- Supplemental Life Insurance, if You were insured for Supplemental Life Insurance for 12 months before Total Disability began;

to the extent that such insurance was in effect for You on the date Your Total Disability began.

Continuation Eligible Insurance does not include Life Insurance amounts accelerated under the section entitled LIFE INSURANCE: ACCELERATED BENEFIT OPTION FOR YOU.

**Continuation Waiting Period** means the period which starts on the date You become Totally Disabled and ends 9 consecutive months later.

**Total Disability** or **Totally Disabled** means, for purpose of this section, that due to an injury or sickness:

- You are unable to perform the material duties of Your regular job; and
- You are unable to perform any other job for which You are fit by education, training or experience.

### **TOTAL DISABILITY AND PROOF REQUIREMENTS**

If You become disabled You should contact Us as soon as reasonably possible. After the Continuation Waiting Period ends, You must send Us Proof that You were Totally Disabled with no interruption throughout the Continuation Waiting Period. You must do this within the time frame specified in the section entitled FILING A CLAIM.

As part of such Proof, We may choose a Physician to examine You to verify that You are Totally Disabled. We will pay for the exam.

After We receive and review Your Proof, We will determine if You qualify. We will notify You in writing of Our decision.

To verify that You continue to be Totally Disabled without interruption, We may require from time to time that You send Us Proof that You continue to be Totally Disabled. We will not ask for Proof more than once each year.

### **IF YOU DIE DURING CONTINUATION**

If You die during the continuation, Proof of the death must be sent to Us. In addition to the Proof which is otherwise required for the insurance, the Proof must show that Your Total Disability continued with no interruption from the date We informed You that the continuation was approved until the date of the death.

When We receive such Proof with the claim, We will review the claim and if We approve it, will pay any benefit payable under the insurance continued under this section.

## **ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED (Continued)**

### **EFFECT OF PREVIOUS CONVERSION**

If You converted any portion of Your Continuation Eligible Life Insurance to an individual policy, We will only pay the life insurance under this section if the individual policy is returned to Us. If it is returned to Us, We will refund to Your estate the premiums paid for such policy without interest, less any debt incurred under such policy.

If such individual policy is not returned to Us, We will pay the life insurance in effect under the individual policy.

We will not pay insurance under both the Group Policy and the individual policy.

### **EFFECT OF PREVIOUS ELECTION TO PORT COVERAGE**

If You ported any portion of Your Continuation Eligible Insurance to a certificate under another policy, We will only pay insurance under this section if the other policy's certificate is surrendered to Us. If it is returned to Us, We will refund to Your estate the premiums paid under such policy without interest.

If that certificate is not returned to Us, We will pay any insurance which applies under the other policy's certificate.

We will not pay insurance under both this Group Policy and the other policy.

### **DATE CONTINUATION ENDS**

The Continuation Eligible Insurance continued under this section may be continued in a reduced amount on account of Your age or the payment of accelerated benefits and will end at the earliest of:

1. the date You die;
2. the date Your Total Disability ends;
3. the date You do not give Us Proof of Total Disability, as required;
4. the date You refuse to be examined by Our Physician, as required; or
5. the date You attain age 65.

### **Option To Convert Your Continuation Eligible Life Insurance**

When a continuation under this section ends, You may buy an individual policy of life insurance from Us. The details of this option are described in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU. For the purpose of that section, the end of this continuation will be considered the end of Your employment. You may not use the conversion option described in those sections if before the end of the Application Period for conversion You return to Active Work in an eligible class and become insured under the Group Policy. You will not be able to convert any of Your Continuation Eligible Life Insurance which You have already converted to an individual policy.

### **Option To Port Your Continuation Eligible Insurance**

When a continuation under this section ends, You may elect to port to a different policy the insurance which has been continued under this section. The details of this option are described in the At Your Option: Portability subsection of the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section. For the purpose of that section, the end of this continuation will be considered the end of Your employment. You may not use the portability option described in that section if before the end of the Portability Request Period, You return to Active Work in an eligible class and become insured under the Group Policy. You will not be able to port any of Your Continuation Eligible Insurance which You have already converted to an individual policy.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If You or a Dependent sustain an accidental injury that is the Direct and Sole Cause of a Covered Loss described in the SCHEDULE OF BENEFITS, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof We will review the claim and, if We approve it, will pay the insurance in effect on the date of the injury.

**Direct and Sole Cause** means that the Covered Loss occurs within 12 months of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

### PRESUMPTION OF DEATH

You and/or a Dependent will be presumed to have died as a result of an accidental injury if:

- the aircraft or other vehicle in which You and/or a Dependent were traveling disappears, sinks, or is wrecked; and
- the body of the person who has disappeared is not found within 1 year of:
  - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
  - the date the person is reported missing to the authorities, if traveling in any other aircraft or other vehicle.

### EXCLUSIONS (See notice page for residents of Missouri)

We will not pay benefits under this section for any loss caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. infection, other than infection occurring in an external accidental wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority, except the United States National Guard;
6. any incident related to:
  - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  - parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation;
  - travel in an aircraft or device used:
    - for testing or experimental purposes;
    - by or for any military authority; or
    - for travel or designed for travel beyond the earth's atmosphere;
7. committing or attempting to commit a felony;

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

8. the voluntary intake or use by any means of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an "over the counter" drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes; or
9. war, whether declared or undeclared; or act of war, insurrection, rebellion, riot, or terrorist act.

### **Exclusion for Intoxication**

We will not pay benefits under this section for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

**Intoxicated** means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For any other loss sustained by You, or for any loss sustained by a Dependent, We will pay benefits to You.

If You or a Dependent sustain more than one Covered Loss due to an accidental injury, the amount We will pay, on behalf of any such injured person, will not exceed the Full Amount.

We will pay benefits in one sum. Other modes of payment may be available upon request. For details call Our toll free number shown on the Certificate Face Page.

### **APPLICABILITY OF PROVISIONS**

The provisions set forth in this ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section apply to all Accidental Death and Dismemberment Insurance – Additional Benefit sections included in this certificate except as may otherwise be provided in such Additional Benefit sections.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SEAT BELT USE**

If You or a Dependent die as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**The term includes** any child restraint device that meets the requirements of state law.

### **BENEFIT AMOUNT**

The Seat Belt Use benefit is an additional benefit equal to 10% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For loss of a Dependent's life, We will pay benefits to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: AIR BAG USE**

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
  - was riding in a seat protected by an Air Bag;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**The term includes** any child restraint device that meets the requirements of state law.

**Air Bag** means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

### **BENEFIT AMOUNT**

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary. For a loss of a Dependent's life, We will pay benefits to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD CARE**

If You die as a result of an accidental injury, We will pay this additional Child Care benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of Your death a Child was enrolled in a Child Care Center; or
  - within 12 months after the date of Your death a Child was enrolled in a Child Care Center.

**Child Care Center** means a facility that:

- is operated and licensed according to the law of the jurisdiction where it is located; and
- provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

- an annual maximum of \$5,000; and
- an overall maximum of 12% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We will not pay for Child Care Center charges incurred after the date a Child attains age 12.

We may require Proof of the Child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit quarterly when We receive Proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Child Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that on the date of Your death a Child was:
  - enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or
  - at the 12th grade level and, within one year after the date of Your death, enrolls as a full-time student in an accredited college, university or vocational school.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- an academic year maximum of \$10,000; and
- an overall maximum of 20% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Child's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SPOUSE EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Spouse Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of Your death, Your Spouse was enrolled as a full-time student in an accredited school; or
  - within 12 months after the date of Your death, Your Spouse enrolls as a full-time student in an accredited school.

### **BENEFIT AMOUNT**

We will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed:

- an academic year maximum of \$5,000; and
- an overall maximum of 3% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Spouse's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the Spouse.

If this benefit is in effect on the date You die and there is no Spouse who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: HOSPITAL CONFINEMENT**

Subject to the provisions of the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, We will pay this additional benefit if:

1. We receive Proof that You or a Dependent are confined in a Hospital as a result of an accidental injury which is the Direct and Sole Cause of such confinement; and
2. This benefit is in effect on the date of the injury.

### **BENEFIT AMOUNT**

We will pay an amount for each full month of Hospital Confinement equal to the lesser of:

- 1% of the Full Amount shown in the SCHEDULE OF BENEFITS; and
- \$2,500.

We will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.

We will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

### **BENEFIT PAYMENT**

Benefit payments will be made monthly. Payment will be made to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: COMMON CARRIER**

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

### **BENEFIT AMOUNT**

The Common Carrier Benefit is an amount equal to the Full Amount shown in the SCHEDULE OF BENEFITS.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary. For a loss of a Dependent's life, We will pay benefits to You.

## FILING A CLAIM

The Policyholder should have a supply of claim forms. Obtain a claim form from the Policyholder and fill it out carefully. Return the completed claim form with the required Proof to the Policyholder. The Policyholder will certify Your insurance under the Group Policy and send the certified claim form and Proof to Us.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

### CLAIMS FOR LIFE INSURANCE BENEFITS

**When a claimant files a claim for Life Insurance benefits**, Proof should be sent to Us as soon as is reasonably possible after the death of an insured.

When a claimant files a claim to continue Life Insurance while being Totally Disabled, Proof should be sent to Us as soon as reasonably possible, but in all events must be received by Us within 12 months of the date the claimant became Totally Disabled, except in the case of legal incapacity of the claimant.

### CLAIMS FOR OTHER INSURANCE BENEFITS

**When a claimant files a claim for any other insurance benefits described in this certificate**, both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Notice of claim and Proof may also be given to Us by following the steps set forth below:

#### **Step 1**

A claimant may give Us notice by calling Us at the toll free number shown in the Certificate Face Page within 20 days of the date of a loss.

#### **Step 2**

We will send a claim form to the claimant and explain how to complete it. The claimant should receive the claim form within 15 days of giving Us notice of claim.

#### **Step 3**

When the claimant receives the claim form, the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

If the claimant does not receive a claim form within 15 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

#### **Step 4**

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

## GENERAL PROVISIONS

### Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

### Beneficiary

You may designate a Beneficiary in Your application or enrollment form. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated, Written request to the Policyholder using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to the Policyholder within 30 days of the date You Sign such request.

You do not need the Beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s);or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

For Your Life Insurance for Your Dependents, We may pay You as the Beneficiary if alive. If you are not alive, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s);or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment.

If You and any Dependent die within a 24 hour period, We will pay the Dependent's Life Insurance to the Beneficiary receiving payment of your Life Insurance or We may pay Your estate. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

### Suicide

#### For Supplemental Life

If You commit suicide within 2 years from the date Life Insurance for You takes effect We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

## **GENERAL PROVISIONS (continued)**

If You commit suicide within 2 years from the date an increase in Your Life Insurance takes effect We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

### **For Dependent Life**

If a Dependent commits suicide within 2 years from the date Life Insurance for such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

If a Dependent commits suicide within 2 years from the date an increase in Life Insurance for such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

### **Entire Contract**

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

### **Incontestability: Statements Made by You**

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid life insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

#### **For Life Insurance**

We will not use Your statements which relate to insurability to contest life insurance after it has been in force for 2 years during Your life. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life.

#### **For All Other Insurance**

We will not use Your statements which relate to insurability to contest Accidental Death and Dismemberment Insurance after it has been in force for 2 years during Your life, unless the statement is fraudulent. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life, unless the statement is fraudulent.

### **Misstatement of Age**

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

### **Conformity with Law**

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

## **GENERAL PROVISIONS (continued)**

### **Physical Exams**

If a claim is submitted for insurance benefits other than life insurance benefits, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

### **Autopsy**

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

**For information about the Will Preparation Service and Estate Resolution Service, you may contact the provider, Hyatt Legal Plans, Inc. by phone.**

**Phone: 1-800-821-6400**

## **YOUR BENEFIT PLAN**

**City of Baton Rouge/Parish of East Baton Rouge**

**All Full-Time Employees and Retired Employees  
Who Are Not Elected Officials**

**Basic Life Insurance**

**Supplemental Life Insurance**

**Dependent Life Insurance**

**Accidental Death and Dismemberment Insurance**

**Supplemental Accidental Death and Dismemberment Insurance**

**Dependent Accidental Death and Dismemberment Insurance**

**Certificate Date: January 1, 2010**

City of Baton Rouge/Parish of East Baton Rouge  
1755 Florida Blvd.  
Baton Rouge, LA 70802

TO OUR EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

City of Baton Rouge/Parish of East Baton Rouge



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

**Policyholder:** City of Baton Rouge/Parish of East Baton Rouge

**Group Policy Number:** 143258-1-G

**Type of Insurance:** Term Life (including the Accelerated Benefit Option) & Accidental Death and Dismemberment Insurance

**MetLife Toll Free Number(s):**  
**For Claim Information** FOR LIFE CLAIMS: 1-800-638-6420

**THIS CERTIFICATE ONLY DESCRIBES TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.**

**THE BENEFITS OF THE POLICY PROVIDING YOU COVERAGE ARE GOVERNED PRIMARILY BY THE LAWS OF A STATE OTHER THAN FLORIDA.**

**THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.**

**For Residents of North Dakota:** If You are not satisfied with Your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of Our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if You elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under Your Certificate will not be covered.

**WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**

**For Texas Residents:**

**Para Residentes de Texas:**

**IMPORTANT NOTICE**

**AVISO IMPORTANTE**

To obtain information or make a complaint:

Para obtener informacion o para someter una queja:

You may call MetLife's toll free telephone number for information or to make a complaint at

Usted puede llamar al numero de telefono gratis de MetLife para informacion o para someter una queja al

1-800-638-6420

1-800-638-6420

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

1-800-252-3439

You may write the Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
Fax # (512) 475-1771  
Web: <http://www.tdi.state.tx.us>

Puede escribir al Departamento de Seguros de Texas  
P.O. Box 149104  
Austin, TX 78714-9104  
Fax # (512) 475-1771  
Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**PREMIUM OR CLAIM DISPUTES:** Should You have a dispute concerning Your premium or about a claim, You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**ATTACH THIS NOTICE TO YOUR CERTIFICATE:**  
This notice is for information only and does not become a part or condition of the attached document.

**UNA ESTE AVISO A SU CERTIFICADO:**  
Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

## **NOTICE FOR RESIDENTS OF ALL STATES**

### **LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID**

**DISCLOSURE:** The Life Insurance accelerated benefit offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive an accelerated benefit excludable from income under federal law.

**DISCLOSURE:** Receipt of an accelerated benefit may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect Your, Your Spouse's and Your family's eligibility for public assistance.

## **NOTICE FOR RESIDENTS OF ARKANSAS**

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201  
(501) 371-2640 or (800) 852-5494

## **NOTICE FOR RESIDENTS OF CALIFORNIA**

### **IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.**

**IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:**

**DEPARTMENT OF INSURANCE  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013  
1 (800) 927-4357**

## **NOTICE FOR RESIDENTS OF GEORGIA**

### **IMPORTANT NOTICE**

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

## **NOTICE FOR RESIDENTS OF IDAHO**

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance  
Consumer Affairs  
700 West State Street, 3<sup>rd</sup> Floor  
PO Box 83720  
Boise, Idaho 83720-0043  
1-800-721-3272 or [www.DOI.Idaho.gov](http://www.DOI.Idaho.gov)

**NOTICE FOR RESIDENTS OF ILLINOIS**

**IMPORTANT NOTICE**

To make a complaint to MetLife, You may write to:

**MetLife**  
200 Park Avenue  
New York, New York 10166

The address of the Illinois Department of Insurance is:

**Illinois Department of Insurance**  
Public Services Division  
Springfield, Illinois 62767

## **NOTICE FOR MASSACHUSETTS RESIDENTS**

### **CONTINUATION OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

1. If Your AD&D Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your AD&D Insurance ends because:
  - You cease to be in an Eligible Class; or
  - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your AD&D Insurance under the CONTINUATION WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

**Plant Closing** and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

## **NOTICE FOR RESIDENTS OF MINNESOTA**

This is a life insurance policy which pays accelerated death benefits at your option under conditions specified in the policy. This policy is not a long-term care policy meeting the requirements of sections M.S.62A.46 to 62A.56 or chapter 62S.

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT**

### **AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE**

If Life Insurance for You and Life Insurance for Your Dependents would otherwise end because You:

- cease Active Work due to termination of Your employment;
- are laid off; or
- cease to be in an eligible class;

You may continue such insurance.

If You continue such insurance, You may also continue any Accidental Death and Dismemberment that would otherwise end.

If You are eligible to continue insurance Your employer will notify You of:

- Your right to elect to continue insurance for You and for Your Dependents;
- the amount You must pay each month to Us to keep such insurance in force;
- instructions for payment; and
- the time that payments are due.

For the first 18 months of continuation, the amount of the premium You will be required to pay will not exceed the amount of premium required to be paid for active employees for such insurance. (The amount that will be required includes any premium amounts previously paid by the employer as well as by You.) All premium payments must be made directly to Us. You will be provided with payment instructions.

You will have 60 days to elect to continue insurance under this subsection. The 60 day period begins on the date insurance would otherwise end or on the date notice of the right to continue insurance is received by You, whichever is later. If You or a Dependent die during the 60 day election period, we will consider You to have elected to continue insurance under this subsection.

If You continue insurance under this subsection, any reduction(s) in insurance or increase(s) in premiums that would have applied if You were Actively at Work will apply to the continued insurance.

At the end of 18 months You may choose to continue the insurance under this subsection. If you choose to continue the insurance, We reserve the right to change premiums at that time, and may change premiums from time to time thereafter. All premium payments must be made directly to Us. We will provide a schedule of the new premiums and payment instructions.

In the alternative, at any time after you have been covered under this subsection for at least 18 months, You may instead, by making written request to Us, choose to continue insurance under the following subsection entitled AT YOUR OPTION: OPTION 2 - PORTABILITY.

### **End of Continuation**

Continuation of insurance under this subsection will end on the earliest of:

- the date the group policy ends;
- the date You fail to make a required premium payment when due;
- the date You become covered as an employee for life insurance under this or any other group term life insurance plan;

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (Continued)**

- with respect to Your Spouse, the date Your marriage ends in divorce or annulment;
- with respect to a Child, the date the Child no longer meets the definition of Child; or
- with respect to You or Your Spouse, the date You or Your Spouse reach any applicable age limits.

When a continuation under this subsection ends (except if it is ending because you have become covered as an employee under this plan), the person(s) whose life insurance is ending may have the right to buy an individual policy of life insurance from Us. The details of this option are described in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS. For the purpose of those sections, the end of this continuation will be considered the end of Your employment.

### **Effect of Previous Conversion**

If You or a Dependent converted Life Insurance to an individual policy, and You die within the 60 day period to elect to continue insurance under this subsection, We will pay the insurance that could be continued under this subsection if such individual policy is returned to Us. If it is returned to Us, We will refund to You or Your Dependent's estate the premiums paid for such policy without interest, less any debt incurred under such policy.

If such individual policy is not returned to Us, We will only pay the Life Insurance in effect under the individual policy.

We will not pay insurance under both the Group Policy and the individual policy.

### **AT YOUR OPTION: OPTION 2 - PORTABILITY**

#### **For Life and Accidental Death and Dismemberment Insurance**

After insurance has been continued under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE for a period of 18 months You may, instead, choose to continue such insurance under this subsection as follows:

A written request to port coverage under this section must be sent to Us.

Evidence of insurability will not be required.

If a request is made under this subsection, We will issue a new certificate of insurance under a different group policy. The new certificate will explain the new insurance. The insurance under the new certificate may not be the same as the insurance that You were continuing under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE.

A request under this subsection may be made if, on the date of the request, the following requirements are met:

- continuation of insurance under the section entitled AT YOUR OPTION: OPTION 1 – CONTINUATION OF INSURANCE has not ended for any of the reasons stated in that subsection;
- We have not received notice from the Policyholder of its intent to end the Group Policy;
- no application has been made to convert the insurance that is to be ported to an individual policy of Life Insurance; and
- the person making the request resides in a jurisdiction that permits portability.

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (Continued)**

If You or Your Dependent die after written request to port has been received by Us but before the new certificate has been issued We will determine the benefits payable as if the new certificate has been issued.

### **Amount of the New Certificate**

The maximum amount of Your Supplemental Life Insurance that may be continued under this subsection is the lesser of:

- the total amount of all such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- \$1,000,000.

The minimum amount of Supplemental Life Insurance that may be continued is \$20,000.

The maximum Full Amount of Your Accidental Death and Dismemberment Insurance that may be continued under this subsection is the lesser of:

- the Full Amount of such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- \$1,000,000.

The minimum Full Amount of Accidental Death and Dismemberment Insurance that may be continued is \$20,000.

The maximum amount of Life Insurance for Your Dependents that may be continued under this subsection is:

- the amount of such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- the amount of such insurance which is being continued on Your life.

The maximum Full Amount of Accidental Death and Dismemberment Insurance for Your Dependents that may be continued under this subsection is:

- the Full Amount of such insurance under the subsection entitled AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE; and
- the Full Amount of such insurance which is being continued on Your life.

### **Premiums for the New Certificate**

All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

### **Right to Convert Life Insurance Amounts Not Continued**

Any amount of Life Insurance not ported under this subsection may be converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS. For the purpose of those sections, the end of the continuation under "AT YOUR OPTION: OPTION 1 - CONTINUATION OF INSURANCE" will be considered the end of Your employment.

## **NOTICE FOR RESIDENTS OF MINNESOTA CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (Continued)**

### **If You are Totally Disabled on the Date You Request to Port Insurance**

If You are Totally Disabled on the date You request to port Your or Your Dependents insurance under this subsection, You may at a later date become approved for the continuation of insurance under the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED. If You are so approved, all insurance ported under this Portability subsection will end and We will return any premium paid by You for such insurance.

### **FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN**

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the Date Your Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

### **FOR FAMILY AND MEDICAL LEAVE**

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of insurance. Please contact the Policyholder for information regarding the FMLA.

### **AT THE POLICYHOLDER'S OPTION**

The Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below.

1. for the period You cease Active Work in an eligible class due to injury or sickness, up to 12 months;
2. for the period You cease Active Work in an eligible class due to any other Policyholder approved leave of absence, up to 12 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

**NOTICE FOR RESIDENTS OF MISSOURI**

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

**EXCLUSIONS**

If You reside in Missouri the exclusion for "suicide or attempted suicide" is as follows:  
"suicide or attempted suicide while sane"

## **NOTICE FOR RESIDENTS OF NEW MEXICO**

If a Child is insured for Accidental Death and Dismemberment Insurance under this certificate and You are not the custodial parent, notify Us that such is the case and provide Us with the name and address of the custodial parent. After receipt of such notice We will:

- (1) provide such information to the custodial parent as may be necessary for the Child to obtain benefits through that insurance;
- (2) permit the custodial parent or the provider, with the custodial parent's approval, to submit claims for covered services without the approval of the non-custodial parent; and
- (3) make payments on claims submitted in accordance with Paragraph (2) of this subsection directly to the custodial parent, the provider or the state Medicaid agency.

If You are required by a court or administrative order to provide Accidental Death and Dismemberment Insurance for a Child, and You are eligible to provide such insurance for that child, We will:

- (1) permit You to enroll a Child who is otherwise eligible for such insurance without regard to any enrollment season restrictions;
- (2) if You are enrolled but fail to make application to obtain insurance for such Child, We will enroll the Child for insurance upon application of the Child's other parent, the state agency administering the Medicaid program or the state agency administering 42 U.S.C. Sections 651 through 669, the child support enforcement program; and
- (3) We will not disenroll or eliminate insurance for such Child unless the insurer is provided satisfactory written evidence that:
  - (a) the court or administrative order is no longer in effect; or
  - (b) the Child is or will be enrolled in comparable health insurance through another insurer that will take effect not later than the effective date of disenrollment.

We will not impose requirements on a state agency that has been assigned the rights of an individual eligible for medical assistance under the Medicaid program and insured for Accidental Death and Dismemberment Insurance with Us that are different from requirements applicable to an agent or assignee of any other individual so insured.

**NOTICE FOR RESIDENTS OF NORTH CAROLINA**

**Read your Certificate Carefully.**

**IMPORTANT CANCELLATION INFORMATION**

**Please Read The Provisions Entitled**

**DATE YOUR INSURANCE ENDS and DATE YOUR INSURANCE FOR  
YOUR DEPENDENTS ENDS**

**Found on Pages e/ee and e/dep**

## **NOTICE FOR RESIDENTS OF NORTH CAROLINA**

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

- (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND
- (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

## **NOTICE FOR RESIDENTS OF PENNSYLVANIA**

Accidental Death and Dismemberment Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

## **NOTICE FOR RESIDENTS OF UTAH**

### **NOTICE TO POLICYHOLDERS**

Insurance companies licensed to sell life insurance, health insurance, or annuities in the State of Utah are required by law to be members of an organization called the Utah Life and Health Insurance Guaranty Association ("ULHIGA"). If an insurance company that is licensed to sell insurance in Utah becomes insolvent (bankrupt), and is unable to pay claims to its policyholders, the law requires ULHIGA to pay some of the insurance company's claims. The purpose of this notice is to briefly describe some of the benefits and limitations provided to Utah insureds by ULHIGA.

### **PEOPLE ENTITLED TO COVERAGE**

- You must be a Utah resident.
- You must have insurance coverage under an individual or group policy.

### **POLICIES COVERED**

- ULHIGA provides coverage for certain life, health and annuity insurance policies.

### **EXCLUSIONS AND LIMITATIONS**

Several kinds of insurance policies are specifically excluded from coverage. There are also a number of limitations to coverage. The following are not covered by ULHIGA:

- Coverage through an HMO.
- Coverage by insurance companies not licensed in Utah.
- Self-funded and self-insured coverage provided by an employer that is only administered by an insurance company.
- Policies protected by another state's Guaranty Association.
- Policies where the insurance company does not guarantee the benefits.
- Policies where the policyholder bears the risk under the policy.
- Re-insurance contracts.
- Annuity policies that are not issued to and owned by an individual, unless the annuity policy is issued to a pension benefit plan that is covered.
- Policies issued to pension benefit plans protected by the Federal Pension Benefit Guaranty Corporation.
- Policies issued to entities that are not members of the ULHIGA, including health plans, fraternal benefit societies, state pooling plans and mutual assessment companies.

## **NOTICE FOR RESIDENTS OF UTAH (continued)**

### **LIMITS ON AMOUNT OF COVERAGE**

Caps are placed on the amount ULHIGA will pay. These caps apply even if you are insured by more than one policy issued by the insolvent company. The maximum ULHIGA will pay is the amount of your coverage or \$500,000 — whichever is lower. Other caps also apply:

- \$100,000 in net cash surrender values.
- \$500,000 in life insurance death benefits (including cash surrender values).
- \$500,000 in health insurance benefits.
- \$200,000 in annuity benefits — if the annuity is issued to and owned by an individual or the annuity is issued to a pension plan covering government employees.
- \$5,000,000 in annuity benefits to the contract holder of annuities issued to pension plans covered by the law. (Other limitations apply.)
- Interest rates on some policies may be adjusted downward.

### **DISCLAIMER**

#### ***PLEASE READ CAREFULLY:***

**COVERAGE FROM ULHIGA MAY BE UNAVAILABLE UNDER THIS POLICY. OR, IF AVAILABLE, IT MAY BE SUBJECT TO SUBSTANTIAL LIMITATIONS OR EXCLUSIONS. THE DESCRIPTION OF COVERAGES CONTAINED IN THIS DOCUMENT IS AN OVERVIEW. IT IS NOT A COMPLETE DESCRIPTION. YOU CANNOT RELY ON THIS DOCUMENT AS A DESCRIPTION OF COVERAGE. FOR A COMPLETE DESCRIPTION OF COVERAGE, CONSULT THE UTAH CODE, TITLE 31A, CHAPTER 28.**

**COVERAGE IS CONDITIONED ON CONTINUED RESIDENCY IN THE STATE OF UTAH.**

**THE PROTECTION THAT MAY BE PROVIDED BY ULHIGA IS NOT A SUBSTITUTE FOR CONSUMERS' CARE IN SELECTING AN INSURANCE COMPANY THAT IS WELL-MANAGED AND FINANCIALLY STABLE.**

**INSURANCE COMPANIES AND INSURANCE AGENTS ARE REQUIRED BY LAW TO GIVE YOU THIS NOTICE. THE LAW DOES, HOWEVER, PROHIBIT THEM FROM USING THE EXISTENCE OF ULHIGA AS AN INDUCEMENT TO SELL YOU INSURANCE.**

**THE ADDRESS OF ULHIGA AND THE INSURANCE DEPARTMENT ARE PROVIDED BELOW.**

Utah Life and Health Insurance  
Guaranty Association  
955 E. Pioneer Rd.  
Draper, Utah 84114

Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114

## FOR RESIDENTS OF VIRGINIA

### 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:

MetLife  
200 Park Avenue  
New York, New York 10166  
Attn: Corporate Customer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:  
1-800-275-4638

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:

The Office of the Managed Care Ombudsman  
Bureau of Insurance  
P.O. Box 1157  
Richmond, VA 23209  
1-877-310-6560 - toll-free  
1-804-371-9032 - locally  
[www.scc.virginia.gov](http://www.scc.virginia.gov) - web address  
[ombudsman@scc.virginia.gov](mailto:ombudsman@scc.virginia.gov) - email

Or:

The Virginia Department of Health (The Center for Quality Health Care Services and Consumer Protection)  
3600 West Broad St  
Suite 216  
Richmond, VA 23230  
1-800-955-1819

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.

**NOTICE FOR RESIDENTS OF WEST VIRGINIA**

**FREE LOOK PERIOD:**

If You are not satisfied with Your certificate, You may return it to Us within 10 days after You receive it, unless a claim has previously been received by Us under Your certificate. We will refund within 10 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if You elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under Your certificate will not be covered.

## NOTICE FOR RESIDENTS OF WISCONSIN

### KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

**PROBLEMS WITH YOUR INSURANCE?** - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

MetLife  
Attn: Corporate Consumer Relations Department  
200 Park Avenue  
New York, NY 10166-0188  
1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

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## SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

### BENEFIT

### BENEFIT AMOUNTS AND HIGHLIGHTS

#### Life Insurance For You

##### Basic Life Insurance

For Active Employees .....	\$25,000
Accelerated Benefit Option .....	Up to 80% of Your Basic Life amount not to exceed \$20,000
For Retirees .....	\$5,000

##### Supplemental Life Insurance

For Active Employees .....	An amount, elected by You, which is a multiple of \$10,000
Maximum Supplemental Life Benefit .....	The lesser of 6 times Your Basic Annual Earnings or \$800,000
Non-Medical Issue Amount .....	The lesser of 3 times Your Basic Annual Earnings or \$250,000
Accelerated Benefit Option .....	Up to 80% of Your Supplemental Life amount not to exceed \$500,000

#### ESTATE RESOLUTION SERVICES

The following Estate Resolution Services are provided at no additional cost to individuals insured for Group Supplemental Life Insurance coverage as described below. If You are eligible to receive these Estate Resolution Services and You or Your Spouse (for the Will Preparation Service) or You or a Beneficiary (for the Probate Service) would like to speak with a representative from Hyatt Legal Services or get the name of a Plan Attorney that you can speak with about these Services, please call (800) 821-6400.

## **SCHEDULE OF BENEFITS (continued)**

### **THE FOLLOWING APPLIES TO RESIDENTS OF ALL STATES OTHER THAN TEXAS**

#### **Will Preparation Service**

If You elect Group Supplemental Life Insurance coverage, a will preparation service (the "Service") will be made available to You, through a MetLife affiliate (the "Affiliate"), while Your Group Supplemental Life Insurance coverage is in effect. This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

#### **Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate, through a MetLife affiliate ("Affiliate").

The Benefit provides for certain probate services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney's services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount Your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

### **THE FOLLOWING APPLIES TO RESIDENTS OF TEXAS ONLY**

#### **Will Preparation Service**

If You elect Group Supplemental Life Insurance coverage, a Will Preparation Service (the "Service") will be made available to You through a MetLife affiliate (the "Affiliate"), as agreed to by the Policyholder and MetLife, while Your Group Supplemental Life Insurance coverage is in effect under this Policy.

Will Preparation Service means a service covering the preparation of wills and codicils for You and Your Spouse. The creation of any testamentary trust is covered. The Will Preparation Service does not include tax planning.

This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

#### **Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate, through a MetLife affiliate ("Affiliate").

## **SCHEDULE OF BENEFITS (continued)**

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of insured employee's estate including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate to insured employee's heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney's services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount Your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

## SCHEDULE OF BENEFITS (continued)

### Accidental Death and Dismemberment Insurance (AD&D) for You

#### Full Amount for Basic AD&D

For Active Employees .....	An amount equal to Your Basic Life Insurance
Maximum Accidental Death and Dismemberment Full Amount .....	\$25,000

#### Additional Benefits:

Seat Belt Benefit .....	Yes
Air Bag Use Benefit .....	Yes
Child Care Benefit .....	NONE
Child Education Benefit .....	NONE
Spouse Education Benefit .....	NONE
Hospital Confinement Benefit .....	NONE
Common Carrier Benefit .....	Yes

#### Schedule of Covered Losses for Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow .....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	75%
Loss of a leg permanently severed at or above the knee .....	75%
Loss of sight in one eye .....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

## SCHEDULE OF BENEFITS (continued)

Loss of speech and loss of hearing.....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs .....	100%
Paralysis of both legs .....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg.....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage .....	100%
--------------------	------

**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma .....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

## SCHEDULE OF BENEFITS (continued)

### Full Amount for Supplemental AD&D

For Active Employees .....	An amount equal to Your Supplemental Life Insurance
Maximum Supplemental Accidental Death and Dismemberment Full Amount.....	The lesser of 6 times Your Basic Annual Earnings or \$800,000

### Additional Benefits:

Seat Belt Benefit.....	Yes
Air Bag Use Benefit .....	Yes
Child Care Benefit .....	Yes
Child Education Benefit .....	Yes
Spouse Education Benefit .....	Yes
Hospital Confinement Benefit .....	Yes
Common Carrier Benefit.....	Yes

### Schedule of Covered Losses for Supplemental Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	75%
Loss of a leg permanently severed at or above the knee .....	75%
Loss of sight in one eye.....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above.....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

## SCHEDULE OF BENEFITS (continued)

Loss of speech and loss of hearing .....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs .....	100%
Paralysis of both legs .....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg .....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage .....	100%
--------------------	------

**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma .....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
------------	---

**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

## SCHEDULE OF BENEFITS (continued)

### Life Insurance For Your Dependents

For Your Spouse.....	An amount, elected by You, which is a multiple of \$5,000
Maximum Spouse Dependent Life Benefit .....	The lesser of 50% of Your Life Insurance or \$250,000
Non-Medical Issue Amount.....	\$25,000
Accelerated Benefit Option .....	Up to 80% of Your Dependent Life amount not to exceed \$200,000
For each of Your Children.....	An amount, elected by You, which is a multiple of \$1,000
Maximum Child Dependent Life Benefit .....	\$10,000

### Accidental Death and Dismemberment Insurance (AD&D) For Your Dependents

#### Full Amount for Dependent AD&D

For Your Spouse and Child(ren).....	An amount equal to the amount of Life Insurance for Your Dependents
Maximum Dependent Accidental Death and Dismemberment Full Amount for Your Spouse .....	The lesser of 50% of Your Life Insurance or \$250,000
Maximum Dependent Accidental Death and Dismemberment Full Amount for Your Child(ren) .....	\$10,000

#### Additional Benefits:

Seat Belt Benefit .....	Yes
Air Bag Use Benefit.....	Yes
Common Carrier Benefit .....	Yes

#### Schedule of Covered Losses

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life.....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow .....	50%
Loss of a foot permanently severed at or above the ankle but below the knee.....	50%
Loss of an arm permanently severed at or above the elbow.....	75%
Loss of a leg permanently severed at or above the knee.....	75%
Loss of sight in one eye.....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

## SCHEDULE OF BENEFITS (continued)

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
Loss of the thumb and index finger of same hand.....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing .....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body.....	50%
Paralysis of one arm or leg .....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage .....	100%
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**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma.....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

## DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Actively at Work or Active Work** means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

**Basic Annual Earnings** means Your gross annual rate of pay as determined by Your Policyholder, excluding overtime and other extra pay. "Basic Annual Earnings" for You if You are a salesman includes commissions and/or bonuses which shall be averaged for the most recent 12 month period.

**Beneficiary** means the person(s) to whom We will pay insurance as determined in accordance with the GENERAL PROVISIONS section.

**Child** means the following:

**for Life Insurance**, Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption) or stepchild who is:

- at least 15 days old, under age 21, unmarried and supported by You; or
- under age 24 and who is:
  - a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
  - unmarried;
  - supported by You; and
  - not employed on a full-time basis.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

**for Dependent Accidental Death and Dismemberment Insurance**, Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption), grandchild residing with You who is:

- under age 21, unmarried and supported by You.
- under age 24 and who is:
  - a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located; and
  - unmarried; and
  - supported by You; and
  - not employed on a full-time basis.

## DEFINITIONS (continued)

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

For Texas residents **Child** means the following for **Life Insurance**:

- Your natural child, adopted child or stepchild who is under age 25 and unmarried. **The term also includes** Your grandchild who is under age 25, unmarried and who was able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Life Insurance.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

For Texas residents **Child** means the following for **Accidental Death and Dismemberment Insurance**:

- Your natural child, adopted child or stepchild who is under age 25 and unmarried. **The term also includes** Your grandchild who is under age 25, unmarried and who was able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Accidental Death and Dismemberment Insurance.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

**The term does not include** any person who is insured under the Group Policy as an employee.

For New Mexico residents **Child** means the following for **Accidental Death and Dismemberment Insurance**:

- Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption), or stepchild who in each case is:
  - under age 25,
  - unmarried, and
  - supported by You.

An adopted child includes a child placed in Your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from Your custody, the child's status as an adopted child will end.

No child will be denied Accidental Death and Dismemberment Insurance because such child was born out of wedlock, is not residing with You, or is not claimed by You as a deduction for Federal Income Taxes.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

## **DEFINITIONS (continued)**

For Utah residents **Child** means the following for **Accidental Death and Dismemberment Insurance**:

Your natural child, adopted child or stepchild who is unmarried and under age 26.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

**Common Carrier** means a government regulated entity that is in the business of transporting fare paying passengers.

**The term does not include:**

- chartered or other privately arranged transportation;
- taxis; or
- limousines.

**Contributory Insurance** means insurance for which the Policyholder requires You to pay any part of the premium.

Contributory Insurance includes: Supplemental Life Insurance, Supplemental Accidental Death and Dismemberment Insurance, Dependent Life Insurance and Dependent Accidental Death and Dismemberment Insurance.

**Dependent(s)** means Your Spouse and/or Child.

**Full-Time** means Active Work on the Policyholder's regular work schedule for the eligible class of employees to which You belong. The work schedule must be at least 30 hours a week.

**Hospital** means a facility which is licensed as such in the jurisdiction in which it is located and:

- provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
- provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

**Hospitalized** means:

- admission for inpatient care in a Hospital;
- receipt of care in the following:
  - a hospice facility;
  - an intermediate care facility; or
  - a long term care facility; or
- receipt of the following treatment, wherever performed:
  - chemotherapy;
  - radiation therapy; or
  - dialysis.

## **DEFINITIONS (continued)**

**Noncontributory Insurance** means insurance for which the Policyholder does not require You to pay any part of the premium.

**Physician** means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

**The term does not include:**

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
  - parents;
  - children (natural, step or adopted);
  - siblings;
  - grandparents; or
  - grandchildren.

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful spouse.

**The term does not include** any person who:

- is in the military of any country or subdivision of any country; or
- is insured under the Group Policy as an employee.

**We, Us and Our** mean MetLife.

**Written or Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**You and Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**

### **ELIGIBLE CLASS(ES)**

**All Full-Time employees and retired employees of the Policyholder who are not elected officials.**

### **DATE YOU ARE ELIGIBLE FOR INSURANCE**

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for insurance described in this certificate on the later of:

1. January 1, 2010; and
2. the first day of the calendar month following the date You complete the Waiting Period of 60 days.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

### **Previous Employment With The Policyholder**

If You were employed by the Policyholder and insured by Us under a policy of group life insurance when Your employment ended, You will not be eligible for life insurance under this Group Policy if You are re-hired by the Policyholder within 2 years after such employment ended, unless You surrender:

- any individual policy of life insurance to which You converted when Your employment ended; and
- any certificate of insurance continued as ported insurance when such employment ended.

The cash value, if any, of such surrendered insurance will be paid to You.

### **ENROLLMENT PROCESS**

If You are eligible for insurance, You may enroll for such insurance by completing the required form. In addition, You must give evidence of Your Insurability satisfactory to Us at Your expense if You are required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Supplemental Life Insurance; and
- Supplemental Accidental Death and Dismemberment Insurance;

only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

### **DATE YOUR INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT**

#### **Enrollment When First Eligible**

If You complete the enrollment process within 31 days of becoming eligible for insurance, such insurance will take effect as follows:

- If You are **not required** to give evidence of Your insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work on that date.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

- If You are **required** to give evidence of Your insurability and We determine that You are insurable, the insurance will take effect on the date We state in Writing, provided You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for insurance until the next annual enrollment period, as determined by the Policyholder, following the date You first became eligible. At that time You will be able to enroll for insurance for which You are then eligible.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. In addition to having been Actively at Work on the date Your Contributory Life Insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### **Enrollment During An Annual Enrollment Period**

During any annual enrollment period as determined by the Policyholder, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. The insurance enrolled for or changes to Your insurance made during an annual enrollment period will take effect as follows:

- For any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work on that date.
- For any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You are not Actively at Work on the date an amount of insurance would otherwise take effect, that amount of insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### **Enrollment Due to a Qualifying Event**

Under the rules of the flexible benefit plan, You may enroll for insurance for which You are eligible or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

**Qualifying Event** includes:

- marriage;
- the birth, adoption or placement for adoption of a Dependent child;
- divorce or annulment;
- the death of a Dependent;
- a change in Your or Your Dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your Dependent to gain or lose eligibility for group coverage.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for, or changes to Your insurance, made as a result of a Qualifying Event will take effect as follows:

- For any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date.
- For any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date. Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability but such insurance will not take effect until the day Your Supplemental Life Insurance takes effect.

If You are not Actively at Work on the date an amount of insurance would otherwise take effect, that amount of insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### **DATE YOUR INSURANCE THAT IS NOT PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT**

#### **Rules for Noncontributory Insurance**

When You complete the enrollment process for Noncontributory Insurance, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.

If You are not Actively at Work on the date the Noncontributory Insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **DATE YOUR INSURANCE ENDS**

Your insurance will end on the earliest of:

#### **for all coverages**

1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the end of the period for which the last premium has been paid for You; or

#### **for Basic Life Insurance**

4. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or

#### **for Supplemental Life Insurance**

5. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
6. the date You retire in accordance with the Policyholder's retirement plan; or

#### **for Basic Accidental Death and Dismemberment Insurance**

7. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
8. the date You retire in accordance with the Policyholder's retirement plan; or

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

### **for Supplemental Accidental Death and Dismemberment Insurance**

9. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
10. the date You retire in accordance with the Policyholder's retirement plan.

Please refer to the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED for information concerning continuation of Your Life Insurance if insurance ends while You are Totally Disabled. Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU for information concerning the option to convert to an individual policy of life insurance if Your Life Insurance ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS**

### **ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE**

**All Full-Time employees and retired employees of the Policyholder who are not elected officials.**

### **DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE**

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for Dependent insurance described in this certificate on the latest of:

1. January 1, 2010;
2. the date You enter a class eligible for insurance;
3. the date You obtain a Dependent; and
4. the first day of the calendar month following the date You complete the Waiting Period of 60 days.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

No person may be insured as a Dependent of more than one employee.

### **ENROLLMENT PROCESS**

In order to enroll for Life Insurance for Your Dependents, You must either (a) already be enrolled for Life Insurance for You or (b) enroll at the same time for Life Insurance for You.

If You are eligible for Dependent insurance, You may enroll for such insurance by completing an enrollment form for each Dependent to be insured. In addition, each of Your Dependents must give evidence of insurability satisfactory to Us at Your expense if required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Dependent Life Insurance; and
- Dependent Accidental Death and Dismemberment Insurance;

only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

When You become eligible under the flexible benefits plan, You may choose an option for Dependent Life Insurance and Dependent Accidental Death and Dismemberment Insurance.

### **DATE INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT FOR YOUR DEPENDENTS**

#### **Enrollment When First Eligible**

If You complete the enrollment process for Dependent insurance within 31 days of becoming eligible for insurance, such insurance will take effect for each enrolled Dependent as follows:

- If the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)**

- If the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below. The Dependent is not required to give evidence of insurability for Dependent Accidental Death and Dismemberment Insurance, but such insurance will not take effect until the day the Dependent Life Insurance takes effect.

If You do not complete the enrollment process for any Dependent within 31 days of becoming eligible, You will not be able to enroll for Dependent insurance until the next annual enrollment period, as determined by the Policyholder, in accordance with the rules of the flexible benefits plan. At that time You will be able to enroll for Dependent insurance:

- for which You are then eligible; and
- for Your Dependents who are then eligible.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Enrollment During An Annual Enrollment Period**

During any annual enrollment period, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance. The insurance enrolled for or changes to Your insurance made during the annual enrollment period will take effect for each enrolled Dependent as follows:

- If the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.
- If the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below. The Dependent is not required to give evidence of insurability for Dependent Accidental Death and Dismemberment Insurance, but such insurance will not take effect until the day the Dependent Life Insurance takes effect.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Enrollment Due to a Qualifying Event**

Under the rules of the flexible benefit plan, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance between annual enrollment periods only if You have a Qualifying Event.

**Qualifying Event** includes:

- marriage;
- the birth, adoption or placement for adoption of a Dependent child;
- divorce or annulment;
- the death of a Dependent;
- a change in Your or Your Dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your Dependent to gain or lose eligibility for group coverage.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect for each enrolled Dependent as follows:

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)**

- If the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the first day of the month following the date of Your request, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.
- If the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Additional Requirement**

On the date Dependent insurance is scheduled to take effect, the Dependent must not be:

- confined at home under a Physician's care;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

If the Dependent does not meet this requirement on such date, insurance for the Dependent will take effect on the date that Dependent is no longer:

- confined;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

### **DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS**

A Dependent's insurance will end on the earliest of:

1. for Dependent Life Insurance, the date all of the Life Insurance under the Group Policy ends; or
2. for Dependent Accidental Death and Dismemberment Insurance, the date all of Your Accidental Death and Dismemberment Insurance under the Group Policy ends; or
3. the date You die; or
4. the date the Group Policy ends; or
5. the date Your Employee Life Insurance under the Group Policy ends; or
6. the date Insurance for Your Dependents ends under the Group Policy; or
7. the date Insurance for Your Dependents ends for Your class; or
8. the date the person ceases to be a Dependent; or
9. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
10. for Dependent Life Insurance and Accidental Death and Dismemberment Insurance, the date You retire in accordance with the Policyholder's retirement plan; or
11. the end of the period for which the last premium has been paid for the Dependent.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS for information concerning the option to convert to an individual policy of life insurance if Life Insurance for a Dependent ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page)**

### **FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN**

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

### **FOR FAMILY AND MEDICAL LEAVE**

Certain leaves of absence may qualify under the Family and Medical Leave Act of 1993 (FMLA) for continuation of insurance. Please contact the Policyholder for information regarding the FMLA.

### **AT YOUR OPTION: PORTABILITY**

#### **For Life and Accidental Death and Dismemberment Insurance**

For purposes of this subsection the term "Portability Eligible Insurance" refers to Supplemental Life and Supplemental Accidental Death and Dismemberment Insurance. If insurance for Your Dependents is in effect, the term "Portability Eligible Dependent Insurance" refers to Life Insurance For Your Dependents and Accidental Death and Dismemberment Insurance for Your Dependents.

1. You may request in Writing during the Request Period specified below to continue Portability Eligible Insurance and Portability Eligible Dependent Insurance under another group policy if such insurance ends because:
  - Your employment ends; or
  - You cease to be in a class that is eligible for such insurance.
2. Your Dependent Spouse may request in Writing during the Request Period specified below to continue Portability Eligible Dependent Insurance on their life under another group policy if such insurance ends because Your marriage ends in divorce or annulment.
3. Your Dependent Spouse may request in Writing during the Request Period specified below to continue Portability Eligible Dependent Insurance on their life and Portability Eligible Dependent Insurance on the life of their Child(ren) under another group policy if such insurance ends because You die.

If a request is made under this subsection, We will issue a new certificate of insurance which will explain the new insurance benefits. The insurance benefits under the new certificate may not be the same as those that ended under the Group Policy.

A request under this subsection may be made if, on the date of the request, the following requirements are met:

- the Group Policy is in effect;
- We have not received notice from the Policyholder of its intent to end the Group Policy;

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page) (continued)**

- no application has been made to convert the insurance that is to be continued to an individual policy of life insurance as provided in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS; and
- the person making the request resides in a jurisdiction that permits portability.

### **Request Period**

To continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance under a different group policy, We must receive a completed request form within the Request Period described below.

If written notice of the option to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is given within 15 days before or after the date such insurance ends, the Request Period begins on the date the insurance ends and expires 31 days after such date.

If written notice of the option to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is given more than 15 days after but within 90 days of the date such insurance ends, the Request Period begins on the date the insurance ends and expires 45 days after the date of the notice.

If written notice of the option to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is not given within 90 days after the date such insurance ends, the Request Period begins on the date the insurance ends and expires at the end of such 90 day period.

### **Amount of the New Certificate**

The maximum amount of Supplemental Life Insurance that may be continued is the lesser of:

- the total amount of all such insurance in effect immediately prior to the date it ends; and
- \$1,000,000.

The minimum amount of Supplemental Life Insurance that may be continued is \$20,000.

The maximum Full Amount of Supplemental Accidental Death and Dismemberment Insurance that may be continued is the lesser of:

- the Full Amount of such insurance in effect immediately prior to the date it ends; and
- \$1,000,000.

The minimum Full Amount of Supplemental Accidental Death and Dismemberment Insurance that may be continued is \$20,000.

The maximum amount of Life Insurance for Your Dependents that may be continued is:

- if You are making the request to continue such insurance, the lesser of:
  - the amount of such insurance in effect immediately prior to the date it ends; and
  - the amount of such Portability Eligible Insurance which is being continued on Your life.
- if Your Dependent is making the request to continue such insurance, the amount of such insurance in effect immediately prior to the date it ends.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page) (continued)**

The maximum amount of Accidental Death and Dismemberment Insurance for Your Dependents that may be continued is:

- If You are making the request to continue such insurance, the lesser of:
  - the Full Amount of such insurance in effect immediately prior to the date it ends; and
  - the Full Amount of Dependent Accidental Death and Dismemberment Insurance which is being continued on Your life.
- If Your Dependent is making the request to continue such insurance, the Full Amount of such insurance in effect immediately prior to the date it ends.

### **Premiums for the New Certificate**

When a request to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance is made under this subsection, the first premium must be paid during the Request Period. All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

### **Right to Convert Life Insurance Amounts Not Continued**

Any amount of Life Insurance not continued under this subsection may be converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

### **If You Die Within 31 Days of the Date Portability Eligible Insurance Ends**

If You die within 31 days of the date Portability Eligible Insurance ends and an application for a new certificate is not received by Us during such period, We will determine whether to pay insurance in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU. If an application for a new certificate was received by Us during such period, We will only pay benefits for the Portability Eligible Insurance applied for in accordance with this subsection.

### **If a Dependent Dies Within 31 Days of the Date Portability Eligible Dependent Insurance Ends**

If a Dependent dies within 31 days of the date Portability Eligible Dependent Insurance ends and an application for a new certificate is not received by Us during such period, We will determine whether to pay insurance in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS. If an application for a new certificate was received by Us during such period, We will only pay benefits for the Portability Eligible Dependent Insurance applied for in accordance with this subsection.

### **If You are Totally Disabled on the Date Your Employment Ends**

If You are Totally Disabled on the date Your employment ends and You elect to continue Portability Eligible Insurance and/or Portability Eligible Dependent Insurance as provided in this subsection, You may at a later date become approved for continuation of insurance under the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED. If You are so approved, any insurance continued under this subsection or any new certificate provided under this subsection will end and We will return any premium paid by You for such insurance.

**CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page) (continued)**

**AT THE POLICYHOLDER'S OPTION**

The Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below.

1. for the period You cease Active Work in an eligible class due to injury or sickness, up to 12 months;
2. for the period You cease Active Work in an eligible class due to any other Policyholder approved leave of absence, up to 12 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

## EVIDENCE OF INSURABILITY

We require evidence of insurability satisfactory to Us as follows:

1. in order to become covered for an amount of Supplemental Life Insurance greater than the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.  
If You do not give Us evidence of Your insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will be limited to the Non-Medical Issue Amount.
2. if You make a request within **31 days of a Qualifying Event** to increase the amount of Your Supplemental Life Insurance.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased.
3. if You make a request during an annual enrollment period to increase the amount of Your Supplemental Life Insurance.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased.
4. if You make a late request for Supplemental Life Insurance. A late request is one made more than 31 days after You become eligible.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, You will not be covered for Supplemental Life Insurance.
5. in order to become covered for an amount of Life Insurance for Your Dependent Spouse greater than the Non-Medical Issue Amount for Your Dependent Spouse as shown in the SCHEDULE OF BENEFITS.  
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will be limited to the Non-Medical Issue Amount for Your Dependent Spouse.
6. if You make a request during an annual enrollment period to increase the amount of Life Insurance for Your Dependent Spouse.  
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will not be increased.
7. if You make a request within **31 days of a Qualifying Event** to increase the amount of Life Insurance for Your Dependent Spouse.  
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will not be increased.
8. if You make a late request for Life Insurance for Your Dependents. A late request is one made more than 31 days after Your Dependent becomes eligible.  
If You do not give Us evidence of insurability, or if such evidence of insurability is not accepted by Us as satisfactory, Your Dependents will not be covered for Life Insurance.

The evidence of insurability is to be given at Your expense.

## **LIFE INSURANCE: FOR YOU**

If You die, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the date of Your death.

## **PAYMENT OPTIONS**

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

## **LIFE INSURANCE: FOR YOUR DEPENDENTS**

If a Dependent dies, Proof of the Dependent's death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the life of such Dependent on the date of death.

### **PAYMENT OPTIONS**

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU**

For purposes of this section, the term "ABO Eligible Life Insurance" refers to each of Your Life Insurance benefits for which the Accelerated Benefit Option is shown as available in the SCHEDULE OF BENEFITS.

If You become Terminally Ill, You or Your legal representative have the option to request Us to pay ABO Eligible Life Insurance before Your death. This is called an accelerated benefit. The request must be made while ABO Eligible Life Insurance is in effect.

**Terminally Ill or Terminal Illness** means that due to injury or sickness, You are expected to die within 12 months.

### **Requirements For Payment of an Accelerated Benefit**

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of each ABO Eligible Life Insurance benefit to be accelerated equals or exceeds \$20,000; and
- the ABO Eligible Life Insurance to be accelerated has not been assigned; and
- We have received Proof that You are Terminally Ill.

We will only pay an accelerated benefit for each ABO Eligible Life Insurance benefit once.

### **Proof of Your Terminal Illness**

We will require the following Proof of Your Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that You are Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Life Insurance remaining after the accelerated benefit is paid.

### **Accelerated Benefit Amount**

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for each ABO Eligible Life Insurance benefit in effect for You, subject to the following:

**Maximum Accelerated Benefit Amount.** The maximum amount We will pay for each ABO Eligible Life Insurance benefit is shown in the SCHEDULE OF BENEFITS.

**Scheduled Reduction of an ABO Eligible Life Insurance Benefit.** If an ABO Eligible Life Insurance benefit is scheduled to reduce within the 12 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of such ABO Eligible Life Insurance that will be in effect immediately after the reduction(s) scheduled for such period.

**Scheduled End of an ABO Eligible Life Insurance Benefit.** If an ABO Eligible Life Insurance benefit is scheduled to end within 12 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit for such ABO Eligible Life Insurance benefit.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU (continued)**

**Previous Conversion of an ABO Eligible Life Insurance Benefit.** We will not pay an accelerated benefit for any amount of ABO Eligible Life Insurance which You previously converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

### **Effect of Payment of an Accelerated Benefit**

**On premium for Your Life Insurance.** After We pay the accelerated benefit, any premium You are required to pay will be based upon the amount of Your Life Insurance remaining after the accelerated benefit is paid.

**On Your Life Insurance at Your death.** The amount of Life Insurance that We will pay at Your death will be decreased by the amount of the accelerated benefit paid by Us.

**On Your Life Insurance at conversion.** The amount to which You are entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU will be decreased by the amount of the accelerated benefit paid by Us.

**On Your Accidental Death and Dismemberment Insurance.** Payment of an accelerated benefit will not affect Your Accidental Death and Dismemberment Insurance.

### **Date Your Option to Accelerate Benefits Ends**

The accelerated benefit option will end on the earliest of:

- the date the ABO Eligible Life Insurance ends;
- the date You or Your legal representative assign all ABO Eligible Life Insurance; or
- the date You or Your legal representative have accelerated all ABO Eligible Life Insurance benefits.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE**

If Your Spouse becomes Terminally Ill, You or Your legal representative have the option to request Us to pay Life Insurance for Your Spouse before their death. This is called an accelerated benefit. The request must be made while Life Insurance for Your Spouse is in effect.

**Terminally Ill or Terminal Illness** means that due to injury or sickness, Your Spouse is expected to die within 12 months.

### **Requirements For Payment of an Accelerated Benefit**

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of Life Insurance for the Terminally Ill Spouse equals or exceeds \$20,000; and
- the ABO Eligible Life Insurance to be accelerated has not been assigned; and
- We have received Proof that Your Spouse is Terminally Ill.

We will only pay an accelerated benefit for Life Insurance for Your Spouse once.

### **Proof of Your Spouse's Terminal Illness**

We will require the following Proof of Your Spouse's Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that Your Spouse is Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Life Insurance remaining after the accelerated benefit is paid.

### **Accelerated Benefit Amount**

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for the amount of Life Insurance in effect for a Terminally Ill Spouse, subject to the following:

**Maximum Accelerated Benefit Amount.** The maximum amount We will pay is shown in the SCHEDULE OF BENEFITS.

**Scheduled Reduction of Life Insurance for a Terminally Ill Spouse.** If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to reduce within the 12 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of Life Insurance that will be in effect for Your Spouse immediately after the reduction(s) scheduled for such period.

**Scheduled end of Life Insurance for a Terminally Ill Spouse.** If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to end within 12 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE (continued)**

### **Effect of Payment of an Accelerated Benefit**

**On Premium for Life Insurance.** Any premium You are required to pay for Life Insurance for Your Spouse for whom We paid an accelerated benefit will be based upon the amount of Life Insurance for Your Spouse remaining after payment of the accelerated benefit.

**On Payment of Life Insurance at a Dependent's death.** The amount of Life Insurance that We will pay at death of Your Spouse for whom We paid an accelerated benefit will be decreased by the amount of the accelerated benefit paid by Us for such Dependent.

**On Life Insurance at conversion.** The amount to which Your Spouse for whom We paid an accelerated benefit is entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS provision will be decreased by the amount of the accelerated benefit paid by Us for Your Spouse.

**On Your Dependents' Accidental Death and Dismemberment Insurance.** Payment of an accelerated benefit will not affect Your Dependents' Accidental Death and Dismemberment Insurance.

### **Date Your Option to Accelerate Benefits Ends**

The accelerated benefit option for Your Spouse will end on the earliest of:

- the date Life Insurance for Your Spouse ends;
- the date Your rights in Life Insurance for Your Spouse are assigned; or
- the date You or Your legal representative have accelerated all Dependent Life Insurance benefits.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU**

If Your Life Insurance ends or is reduced for any of the reasons stated below, You have the option to buy an individual policy of life insurance ("new policy") from Us during the Application Period in accordance with the conditions and requirements of this section. This is referred to as the "option to convert". Evidence of Your insurability will not be required.

### **When You Will Have the Option to Convert**

You will have the option to convert when:

- Your Life Insurance ends because:
  - You cease to be in an eligible class;
  - Your employment ends;
  - the Group Policy ends, provided You have been insured for Life Insurance for at least 5 years; or
  - the Group Policy is amended to end Life Insurance for an eligible class of which You are a member, provided You have been insured for Life Insurance for at least 5 years; or
- Your Life Insurance is reduced:
  - on or after the date You attain age 60;
  - because You change from one eligible class to another; or
  - due to an amendment of the Group Policy.

If You opt not to convert a reduction in the amount of Your Life Insurance as described above, You will not have the option to convert that amount at a later date.

A reduction in the amount of Your Life Insurance as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

### **Application Period**

If You opt to convert Your Life Insurance for any of the reasons stated above, We must receive a completed conversion application form from You within 31 days after the date Your Life Insurance ends or is reduced.

### **Option Conditions**

The option to convert is subject to these conditions:

1. Our receipt within the Application Period of:
  - Your Written application for the new policy; and
  - the premium due for such new policy;
2. the premium rates for the new policy will be based on:
  - Our rates then in use;
  - the form and amount of insurance;
  - Your class of risk; and
  - Your attained age when Your Life Insurance ends or is reduced;
3. the new policy may be on any form then customarily offered by Us excluding term insurance;
4. the new policy will be issued without an accidental death and dismemberment benefit, a continuation benefit, an accelerated benefit option, a waiver of premium benefit or any other rider or additional benefit; and
5. the new policy will take effect on the 32<sup>nd</sup> day after the date Your Life Insurance ends or is reduced; this will be the case regardless of the duration of the Application Period.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU (continued)**

### **Maximum Amount of the New Policy**

If Your Life Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end Life Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may elect for the new policy is the lesser of:

- the amount of Your Life Insurance that ends under the Group Policy less the amount of life insurance for which You become eligible under any group policy within 31 days after the date insurance ends under the Group Policy; or
- \$2,000.

If Your Life Insurance ends for any other reason or is reduced, the maximum amount of insurance that You may elect for the new policy is the amount of Your Life Insurance which ends under the Group Policy.

### **If You Die Within 31 Days After Your Life Insurance Ends**

If You die within 31 days after Your Life Insurance ends, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and if We approve it will pay the Beneficiary the amount of Life Insurance You were entitled to convert.

### **Effect of Previous Conversion**

If You obtained a new policy under this conversion option because Your Life Insurance ended and such insurance is later continued under the section entitled ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED, We will only pay Your Life Insurance under such section if the new policy is returned to Us. If the new policy is returned to Us, We will refund to Your estate the premium paid for such policy without interest, less any debt incurred under such policy. If the new policy is not returned to Us, We will only pay the life insurance in effect under such new policy.

We will not pay insurance under both the Group Policy and such new policy.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS**

If Life Insurance for a Dependent ends or is reduced for any of the reasons stated below, You or the Dependent will have the option to buy from Us an individual policy of life insurance on the life of the Dependent ("new policy") during the Application Period in accordance with the conditions and requirements of this section. This is referred to as "the option to convert". Evidence of the Dependent's insurability will not be required.

### **When You or a Dependent Will Have the Option to Convert**

You will have the option to convert Life Insurance for a Dependent when:

- Life Insurance for the Dependent ends because:
  - You cease to be in an eligible class;
  - Your employment ends;
  - the Group Policy ends, provided You have been insured for Life Insurance for the Dependent for at least 5 years; or
  - the Group Policy is amended to end Life Insurance for Dependents for an eligible class of which You are a member, provided You have been insured for Life Insurance for the Dependent for at least 5 years; or
- Life Insurance for the Dependent is reduced:
  - on or after the date You attain age 60;
  - because You change from one eligible class to another; or
  - due to an amendment of the Group Policy.

If You opt not to convert a reduction in the amount of Life Insurance for a Dependent, You will not have the option to convert that amount at a later date.

A Dependent will have the option to convert when Life Insurance ends because such Dependent ceases to qualify as a Dependent as defined in this certificate.

A reduction in the amount of Life Insurance for a Dependent as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

You must notify the Policyholder in the event that a Dependent ceases to qualify as a Dependent as defined in this certificate.

### **Application Period**

If You or a Dependent opt to convert as stated above, We must receive a completed conversion application form within 31 days of the date Life Insurance for the Dependent ends or is reduced.

### **Option Conditions**

The option to convert is subject to these conditions:

1. Our receipt within the Application Period of:
  - a Written application for the new policy for the Dependent; and
  - the premium due for such new policy;
2. the premium rates for the new policy will be based on:
  - Our rates then in use;
  - the form and amount of insurance;
  - the Dependent's class of risk; and
  - the Dependent's attained age when Life Insurance for such Dependent ends or is reduced;

## **LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS (continued)**

3. the new policy may be on any form then customarily offered by Us excluding term insurance;
4. the new policy will be issued without an accidental death and dismemberment benefit, a continuation benefit, an accelerated benefit option, waiver of premium benefit or any other rider or additional benefit; and
5. the new policy will take effect on the 32<sup>nd</sup> day after the date Life Insurance for the Dependent ends or is reduced; this will be the case regardless of the duration of the Application Period.

### **Maximum Amount of the New Policy**

If Life Insurance for a Dependent ends due to the end of the Group Policy or the amendment of the Group Policy to end Life Insurance for Dependents for an eligible class of which You are a member, the maximum amount of insurance that may be elected for the new policy is the lesser of:

- the amount of Life Insurance for the Dependent that ends under the Group Policy less the amount of Life Insurance for Dependents for which You become eligible under any group policy within 31 days after the date insurance ends under the Group Policy; or
- \$2,000.

If Life Insurance for a Dependent ends for any other reason or is reduced, the maximum amount of insurance that may be elected for the new policy is the amount of Life Insurance for the Dependent that ends under the Group Policy.

### **If a Dependent Dies Within the 31 Days After Life Insurance for a Dependent Ends**

If a Dependent dies within 31 days after the date Life Insurance for the Dependent ends, Proof of the Dependent's death must be sent to Us. When we receive such Proof with the claim, We will review the claim and if We approve it, will pay the Beneficiary the amount of Life Insurance for the Dependent that could have been converted.

## **ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED**

If You become Totally Disabled while You are insured for Continuation Eligible Insurance under this policy, You may qualify to continue certain insurance under this section. If continued, premium payment will not be required. We will determine if You qualify for this continuation after We receive Proof that You have satisfied the conditions of this section.

Total Disability must start before You attain age 60 and while You are insured for Continuation Eligible Insurance.

Your Total Disability must continue without interruption from the date You became Totally Disabled through the end of the Continuation Waiting Period.

### **DEFINITIONS**

For the purpose of this section, "Continuation Eligible Insurance" means

- Basic Life Insurance; and
- Supplemental Life Insurance, if You were insured for Supplemental Life Insurance for 12 months before Total Disability began;

to the extent that such insurance was in effect for You on the date Your Total Disability began.

Continuation Eligible Insurance does not include Life Insurance amounts accelerated under the section entitled LIFE INSURANCE: ACCELERATED BENEFIT OPTION FOR YOU.

**Continuation Waiting Period** means the period which starts on the date You become Totally Disabled and ends 9 consecutive months later.

**Total Disability** or **Totally Disabled** means, for purpose of this section, that due to an injury or sickness:

- You are unable to perform the material duties of Your regular job; and
- You are unable to perform any other job for which You are fit by education, training or experience.

### **TOTAL DISABILITY AND PROOF REQUIREMENTS**

If You become disabled You should contact Us as soon as reasonably possible. After the Continuation Waiting Period ends, You must send Us Proof that You were Totally Disabled with no interruption throughout the Continuation Waiting Period. You must do this within the time frame specified in the section entitled FILING A CLAIM.

As part of such Proof, We may choose a Physician to examine You to verify that You are Totally Disabled. We will pay for the exam.

After We receive and review Your Proof, We will determine if You qualify. We will notify You in writing of Our decision.

To verify that You continue to be Totally Disabled without interruption, We may require from time to time that You send Us Proof that You continue to be Totally Disabled. We will not ask for Proof more than once each year.

### **IF YOU DIE DURING CONTINUATION**

If You die during the continuation, Proof of the death must be sent to Us. In addition to the Proof which is otherwise required for the insurance, the Proof must show that Your Total Disability continued with no interruption from the date We informed You that the continuation was approved until the date of the death.

When We receive such Proof with the claim, We will review the claim and if We approve it, will pay any benefit payable under the insurance continued under this section.

## **ELIGIBILITY FOR CONTINUATION OF CERTAIN INSURANCE WHILE YOU ARE TOTALLY DISABLED (Continued)**

### **EFFECT OF PREVIOUS CONVERSION**

If You converted any portion of Your Continuation Eligible Life Insurance to an individual policy, We will only pay the life insurance under this section if the individual policy is returned to Us. If it is returned to Us, We will refund to Your estate the premiums paid for such policy without interest, less any debt incurred under such policy.

If such individual policy is not returned to Us, We will pay the life insurance in effect under the individual policy.

We will not pay insurance under both the Group Policy and the individual policy.

### **EFFECT OF PREVIOUS ELECTION TO PORT COVERAGE**

If You ported any portion of Your Continuation Eligible Insurance to a certificate under another policy, We will only pay insurance under this section if the other policy's certificate is surrendered to Us. If it is returned to Us, We will refund to Your estate the premiums paid under such policy without interest.

If that certificate is not returned to Us, We will pay any insurance which applies under the other policy's certificate.

We will not pay insurance under both this Group Policy and the other policy.

### **DATE CONTINUATION ENDS**

The Continuation Eligible Insurance continued under this section may be continued in a reduced amount on account of Your age or the payment of accelerated benefits and will end at the earliest of:

1. the date You die;
2. the date Your Total Disability ends;
3. the date You do not give Us Proof of Total Disability, as required;
4. the date You refuse to be examined by Our Physician, as required; or
5. the date You attain age 65.

### **Option To Convert Your Continuation Eligible Life Insurance**

When a continuation under this section ends, You may buy an individual policy of life insurance from Us. The details of this option are described in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU. For the purpose of that section, the end of this continuation will be considered the end of Your employment. You may not use the conversion option described in those sections if before the end of the Application Period for conversion You return to Active Work in an eligible class and become insured under the Group Policy. You will not be able to convert any of Your Continuation Eligible Life Insurance which You have already converted to an individual policy.

### **Option To Port Your Continuation Eligible Insurance**

When a continuation under this section ends, You may elect to port to a different policy the insurance which has been continued under this section. The details of this option are described in the At Your Option: Portability subsection of the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT section. For the purpose of that section, the end of this continuation will be considered the end of Your employment. You may not use the portability option described in that section if before the end of the Portability Request Period, You return to Active Work in an eligible class and become insured under the Group Policy. You will not be able to port any of Your Continuation Eligible Insurance which You have already converted to an individual policy.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If You or a Dependent sustain an accidental injury that is the Direct and Sole Cause of a Covered Loss described in the SCHEDULE OF BENEFITS, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof We will review the claim and, if We approve it, will pay the insurance in effect on the date of the injury.

**Direct and Sole Cause** means that the Covered Loss occurs within 12 months of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

### PRESUMPTION OF DEATH

You and/or a Dependent will be presumed to have died as a result of an accidental injury if:

- the aircraft or other vehicle in which You and/or a Dependent were traveling disappears, sinks, or is wrecked; and
- the body of the person who has disappeared is not found within 1 year of:
  - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
  - the date the person is reported missing to the authorities, if traveling in any other aircraft or other vehicle.

### EXCLUSIONS (See notice page for residents of Missouri)

We will not pay benefits under this section for any loss caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. infection, other than infection occurring in an external accidental wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority, except the United States National Guard;
6. any incident related to:
  - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  - parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation;
  - travel in an aircraft or device used:
    - for testing or experimental purposes;
    - by or for any military authority; or
    - for travel or designed for travel beyond the earth's atmosphere;
7. committing or attempting to commit a felony;

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

8. the voluntary intake or use by any means of:
  - any drug, medication or sedative, unless it is:
    - taken or used as prescribed by a Physician; or
    - an “over the counter” drug, medication or sedative taken as directed;
  - alcohol in combination with any drug, medication, or sedative; or
  - poison, gas, or fumes; or
9. war, whether declared or undeclared; or act of war, insurrection, rebellion, riot, or terrorist act.

### **Exclusion for Intoxication**

We will not pay benefits under this section for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

**Intoxicated** means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For any other loss sustained by You, or for any loss sustained by a Dependent, We will pay benefits to You.

If You or a Dependent sustain more than one Covered Loss due to an accidental injury, the amount We will pay, on behalf of any such injured person, will not exceed the Full Amount.

We will pay benefits in one sum. Other modes of payment may be available upon request. For details call Our toll free number shown on the Certificate Face Page.

### **APPLICABILITY OF PROVISIONS**

The provisions set forth in this ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section apply to all Accidental Death and Dismemberment Insurance – Additional Benefit sections included in this certificate except as may otherwise be provided in such Additional Benefit sections.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SEAT BELT USE**

If You or a Dependent die as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**The term includes** any child restraint device that meets the requirements of state law.

### **BENEFIT AMOUNT**

The Seat Belt Use benefit is an additional benefit equal to 10% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For loss of a Dependent's life, We will pay benefits to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: AIR BAG USE**

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
  - was riding in a seat protected by an Air Bag;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**The term includes** any child restraint device that meets the requirements of state law.

**Air Bag** means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

### **BENEFIT AMOUNT**

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary. For a loss of a Dependent's life, We will pay benefits to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD CARE**

If You die as a result of an accidental injury, We will pay this additional Child Care benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of Your death a Child was enrolled in a Child Care Center; or
  - within 12 months after the date of Your death a Child was enrolled in a Child Care Center.

**Child Care Center** means a facility that:

- is operated and licensed according to the law of the jurisdiction where it is located; and
- provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

- an annual maximum of \$5,000; and
- an overall maximum of 12% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We will not pay for Child Care Center charges incurred after the date a Child attains age 12.

We may require Proof of the Child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit quarterly when We receive Proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Child Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that on the date of Your death a Child was:
  - enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or
  - at the 12th grade level and, within one year after the date of Your death, enrolls as a full-time student in an accredited college, university or vocational school.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- an academic year maximum of \$10,000; and
- an overall maximum of 20% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Child's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SPOUSE EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Spouse Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of Your death, Your Spouse was enrolled as a full-time student in an accredited school; or
  - within 12 months after the date of Your death, Your Spouse enrolls as a full-time student in an accredited school.

### **BENEFIT AMOUNT**

We will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed:

- an academic year maximum of \$5,000; and
- an overall maximum of 3% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Spouse's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the Spouse.

If this benefit is in effect on the date You die and there is no Spouse who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: HOSPITAL CONFINEMENT**

Subject to the provisions of the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, We will pay this additional benefit if:

1. We receive Proof that You or a Dependent are confined in a Hospital as a result of an accidental injury which is the Direct and Sole Cause of such confinement; and
2. This benefit is in effect on the date of the injury.

### **BENEFIT AMOUNT**

We will pay an amount for each full month of Hospital Confinement equal to the lesser of:

- 1% of the Full Amount shown in the SCHEDULE OF BENEFITS; and
- \$2,500.

We will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.

We will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

### **BENEFIT PAYMENT**

Benefit payments will be made monthly. Payment will be made to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: COMMON CARRIER**

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

### **BENEFIT AMOUNT**

The Common Carrier Benefit is an amount equal to the Full Amount shown in the SCHEDULE OF BENEFITS.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary. For a loss of a Dependent's life, We will pay benefits to You.

## **FILING A CLAIM**

The Policyholder should have a supply of claim forms. Obtain a claim form from the Policyholder and fill it out carefully. Return the completed claim form with the required Proof to the Policyholder. The Policyholder will certify Your insurance under the Group Policy and send the certified claim form and Proof to Us.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

### **CLAIMS FOR LIFE INSURANCE BENEFITS**

**When a claimant files a claim for Life Insurance benefits**, Proof should be sent to Us as soon as is reasonably possible after the death of an insured.

When a claimant files a claim to continue Life Insurance while being Totally Disabled, Proof should be sent to Us as soon as reasonably possible, but in all events must be received by Us within 12 months of the date the claimant became Totally Disabled, except in the case of legal incapacity of the claimant.

### **CLAIMS FOR OTHER INSURANCE BENEFITS**

**When a claimant files a claim for any other insurance benefits described in this certificate**, both the notice of claim and the required Proof should be sent to Us within 90 days of the date of a loss.

Notice of claim and Proof may also be given to Us by following the steps set forth below:

#### **Step 1**

A claimant may give Us notice by calling Us at the toll free number shown in the Certificate Face Page within 20 days of the date of a loss.

#### **Step 2**

We will send a claim form to the claimant and explain how to complete it. The claimant should receive the claim form within 15 days of giving Us notice of claim.

#### **Step 3**

When the claimant receives the claim form, the claimant should fill it out as instructed and return it with the required Proof described in the claim form.

If the claimant does not receive a claim form within 15 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

#### **Step 4**

The claimant must give Us Proof not later than 90 days after the date of the loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

## GENERAL PROVISIONS

### Assignment

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

### Beneficiary

You may designate a Beneficiary in Your application or enrollment form. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated, Written request to the Policyholder using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to the Policyholder within 30 days of the date You Sign such request.

You do not need the Beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s);or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

For Your Life Insurance for Your Dependents, We may pay You as the Beneficiary if alive. If you are not alive, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s);or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment.

If You and any Dependent die within a 24 hour period, We will pay the Dependent's Life Insurance to the Beneficiary receiving payment of your Life Insurance or We may pay Your estate. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

### Suicide

#### For Supplemental Life

If You commit suicide within 2 years from the date Life Insurance for You takes effect We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

## **GENERAL PROVISIONS (continued)**

If You commit suicide within 2 years from the date an increase in Your Life Insurance takes effect We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

### **For Dependent Life**

If a Dependent commits suicide within 2 years from the date Life Insurance for such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

If a Dependent commits suicide within 2 years from the date an increase in Life Insurance for such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

### **Entire Contract**

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

### **Incontestability: Statements Made by You**

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid life insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

### **For Life Insurance**

We will not use Your statements which relate to insurability to contest life insurance after it has been in force for 2 years during Your life. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life.

### **For All Other Insurance**

We will not use Your statements which relate to insurability to contest Accidental Death and Dismemberment Insurance after it has been in force for 2 years during Your life, unless the statement is fraudulent. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life, unless the statement is fraudulent.

### **Misstatement of Age**

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

### **Conformity with Law**

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

## **GENERAL PROVISIONS (continued)**

### **Physical Exams**

If a claim is submitted for insurance benefits other than life insurance benefits, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

### **Autopsy**

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.

**For information about the Will Preparation Service and Estate Resolution Service, you may contact the provider, Hyatt Legal Plans, Inc. by phone.**

**Phone: 1-800-821-6400**



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CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE

**The Marketplace Report**

Date Range(s) Selected:

From: 01/01/2025 To: 03/31/2025  
From: 01/01/2024 To: 12/31/2024  
From: 01/01/2023 To: 12/31/2023

**Report Parameters:**

Customer #: 0143258  
Experience #: 0143258  
Coverage(s): LIFE  
Organized By: Experience Number

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CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Summary Information

LIFE

Start Date	End Date	Months	Average Lives	Average Volume	Premium	Death Paid Claims	Accelerated Benefit Option Claims	Death Pendlings	Total Waiver Face Amount	Interest Paid	Conversion Charge	Portability Charge
Experience #: 0143258												
Basic Life												
01/01/2025	03/31/2025	3	6,542	\$98,588,333	\$146,899	\$117,520	-	\$128,333	-	\$230	-	-
01/01/2024	12/31/2024	12	6,540	\$100,434,167	\$584,795	\$606,500	-	-	-	\$2,929	-	-
01/01/2023	12/31/2023	12	6,544	\$101,411,667	\$582,234	\$632,318	-	-	\$25,000	\$1,547	-	-
Optional Life												
01/01/2025	03/31/2025	3	465	\$45,896,786	\$48,336	-	-	-	-	-	-	-
01/01/2024	12/31/2024	12	498	\$51,622,649	\$214,141	\$100,000	-	-	-	-	-	-
01/01/2023	12/31/2023	12	545	\$65,079,863	\$230,159	\$190,000	-	-	\$40,000	\$2,325	-	-
Dependent Life												
01/01/2025	03/31/2025	3	355	\$7,639,611	\$10,915	-	-	-	-	-	-	-
01/01/2024	12/31/2024	12	378	\$8,290,540	\$47,913	-	-	-	-	-	-	-
01/01/2023	12/31/2023	12	394	\$9,755,369	\$52,316	\$50,000	-	-	-	-	-	-
Personal Accidental Death and Dismemberment (AD&D)												
01/01/2025	03/31/2025	3	3,294	\$82,350,000	\$3,706	-	-	-	-	-	-	-
01/01/2024	12/31/2024	12	3,345	\$85,649,167	\$15,202	\$25,000	-	-	-	\$12	-	-
01/01/2023	12/31/2023	12	3,381	\$85,372,917	\$15,367	-	-	-	-	-	-	-
Optional Accidental Death and Dismemberment (AD&D)												
01/01/2025	03/31/2025	3	465	\$45,896,786	\$4,819	-	-	-	-	-	-	-
01/01/2024	12/31/2024	12	498	\$51,622,649	\$20,808	-	-	-	-	-	-	-
01/01/2023	12/31/2023	12	545	\$65,079,863	\$22,389	-	-	-	-	-	-	-
Dependent Accidental Death and Dismemberment (AD&D)												
01/01/2025	03/31/2025	3	355	\$7,639,611	\$467	-	-	-	-	-	-	-
01/01/2024	12/31/2024	12	378	\$8,290,540	\$1,844	-	-	-	-	-	-	-
01/01/2023	12/31/2023	12	394	\$9,755,369	\$1,983	-	-	-	-	-	-	-

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Life - Monthly

Coverage	Experience #	Month	Employee Lives	Dependent Lives	Employee Volume	Dependent Volume	Premium	Death Paid Claims	Accelerated Benefit Option Claims	Interest Paid	Conversion Charge	Portability Charge
Basic Life	0143258	03/01/2025	6,550	-	\$98,390,000	-	\$49,142	\$60,000	-	\$5	-	-
Basic Life		02/01/2025	6,550	-	\$98,390,000	-	\$49,142	\$40,020	-	\$224	-	-
Basic Life		01/01/2025	6,525	-	\$98,985,000	-	\$48,616	\$17,500	-	\$2	-	-
Basic Life		12/01/2024	6,535	-	\$100,000,000	-	\$48,810	\$21,250	-	\$1	-	-
Basic Life		11/01/2024	6,506	-	\$99,355,000	-	\$48,665	\$33,333	-	\$31	-	-
Basic Life		10/01/2024	6,532	-	\$100,325,000	-	\$48,658	\$56,250	-	\$1	-	-
Basic Life		09/01/2024	6,554	-	\$100,815,000	-	\$48,768	\$79,583	-	\$161	-	-
Basic Life		08/01/2024	6,561	-	\$101,215,000	-	\$48,730	\$10,000	-	\$47	-	-
Basic Life		07/01/2024	6,558	-	\$100,720,000	-	\$48,865	\$61,250	-	\$357	-	-
Basic Life		06/01/2024	6,574	-	\$101,380,000	-	\$48,838	\$25,000	-	\$2	-	-
Basic Life		05/01/2024	6,541	-	\$100,315,000	-	\$48,789	\$50,000	-	\$0	-	-
Basic Life		04/01/2024	6,521	-	\$99,915,000	-	\$48,674	\$57,500	-	\$1,785	-	-
Basic Life		03/01/2024	6,522	-	\$99,960,000	-	\$48,671	\$110,000	-	\$284	-	-
Basic Life		02/01/2024	6,535	-	\$100,405,000	-	\$48,682	\$64,417	-	\$253	-	-
Basic Life		01/01/2024	6,543	-	\$100,805,000	-	\$48,644	\$37,917	-	\$8	-	-
Basic Life		12/01/2023	6,534	-	\$103,675,000	-	\$48,457	\$30,000	-	-	-	-
Basic Life		11/01/2023	6,538	-	\$100,675,000	-	\$48,613	\$30,000	-	-	-	-
Basic Life		10/01/2023	6,517	-	\$100,370,000	-	\$48,452	\$75,000	-	\$1	-	-
Basic Life		09/01/2023	6,535	-	\$100,700,000	-	\$48,452	\$92,500	-	\$298	-	-
Basic Life		08/01/2023	6,535	-	\$100,640,000	-	\$48,566	\$50,000	-	\$50	-	-
Basic Life		07/01/2023	6,565	-	\$101,430,000	-	\$48,587	\$27,500	-	\$168	-	-
Basic Life		06/01/2023	6,562	-	\$101,560,000	-	\$48,623	\$65,000	-	\$459	-	-
Basic Life		05/01/2023	6,523	-	\$100,765,000	-	\$48,403	\$62,500	-	\$253	-	-
Basic Life		04/01/2023	6,530	-	\$100,980,000	-	\$48,417	\$11,667	-	-	-	-
Basic Life		03/01/2023	6,557	-	\$101,920,000	-	\$48,446	\$62,500	-	\$2	-	-
Basic Life		02/01/2023	6,559	-	\$102,010,000	-	\$48,441	\$63,152	-	\$302	-	-
Basic Life		01/01/2023	6,572	-	\$102,215,000	-	\$48,535	\$62,500	-	\$14	-	-
Optional Life		03/01/2025	463	-	\$45,819,992	-	\$15,959	-	-	-	-	-
Optional Life		02/01/2025	463	-	\$45,819,992	-	\$15,959	-	-	-	-	-
Optional Life		01/01/2025	468	-	\$46,050,375	-	\$16,419	-	-	-	-	-
Optional Life		12/01/2024	490	-	\$47,542,550	-	\$17,157	-	-	-	-	-
Optional Life		11/01/2024	485	-	\$47,955,718	-	\$17,088	-	-	-	-	-
Optional Life		10/01/2024	493	-	\$48,792,699	-	\$17,466	-	-	-	-	-
Optional Life		09/01/2024	495	-	\$49,066,180	-	\$17,525	-	-	-	-	-
Optional Life		08/01/2024	490	-	\$44,891,728	-	\$17,461	-	-	-	-	-
Optional Life		07/01/2024	492	-	\$49,425,006	-	\$17,537	-	-	-	-	-

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Life - Monthly

Coverage	Month	Employee Lives	Dependent Lives	Employee Volume	Dependent Volume	Premium	Death Paid Claims	Accelerated Benefit Option Claims	Interest Paid	Conversion Charge	Portability Charge
Optional Life	06/01/2024	501	-	\$50,538,254	-	\$18,126	-	-	-	-	-
Optional Life	05/01/2024	506	-	\$50,580,111	-	\$18,432	-	-	-	-	-
Optional Life	04/01/2024	502	-	\$50,343,040	-	\$18,315	-	-	-	-	-
Optional Life	03/01/2024	507	-	\$50,983,275	-	\$18,772	\$100,000	-	-	-	-
Optional Life	02/01/2024	508	-	\$64,736,613	-	\$18,706	-	-	-	-	-
Optional Life	01/01/2024	511	-	\$64,616,614	-	\$17,555	-	-	-	-	-
Optional Life	12/01/2023	528	-	\$64,986,612	-	\$18,288	-	-	-	-	-
Optional Life	11/01/2023	532	-	\$65,066,612	-	\$18,718	-	-	-	-	-
Optional Life	10/01/2023	535	-	\$65,066,613	-	\$18,509	-	-	-	-	-
Optional Life	09/01/2023	536	-	\$65,066,613	-	\$18,690	\$160,000	-	\$2,310	-	-
Optional Life	08/01/2023	530	-	\$65,066,613	-	\$18,451	-	-	-	-	-
Optional Life	07/01/2023	536	-	\$65,066,613	-	\$18,885	-	-	-	-	-
Optional Life	06/01/2023	547	-	\$65,181,613	-	\$19,337	-	-	-	-	-
Optional Life	05/01/2023	552	-	\$65,151,613	-	\$19,391	-	-	-	-	-
Optional Life	04/01/2023	554	-	\$64,990,613	-	\$19,712	-	-	-	-	-
Optional Life	03/01/2023	559	-	\$65,151,613	-	\$19,962	-	-	-	-	-
Optional Life	02/01/2023	563	-	\$65,041,613	-	\$19,967	-	-	-	-	-
Optional Life	01/01/2023	569	-	\$65,121,613	-	\$20,250	\$30,000	-	\$15	-	-
Dependent Life	03/01/2025	-	353	-	\$7,617,672	\$3,583	-	-	-	-	-
Dependent Life	02/01/2025	-	353	-	\$7,617,672	\$3,583	-	-	-	-	-
Dependent Life	01/01/2025	-	358	-	\$7,683,489	\$3,749	-	-	-	-	-
Dependent Life	12/01/2024	-	370	-	\$7,835,490	\$3,999	-	-	-	-	-
Dependent Life	11/01/2024	-	364	-	\$7,741,669	\$3,817	-	-	-	-	-
Dependent Life	10/01/2024	-	373	-	\$7,888,176	\$3,928	-	-	-	-	-
Dependent Life	09/01/2024	-	375	-	\$8,030,034	\$3,991	-	-	-	-	-
Dependent Life	08/01/2024	-	370	-	\$7,926,094	\$3,956	-	-	-	-	-
Dependent Life	07/01/2024	-	371	-	\$8,021,663	\$3,902	-	-	-	-	-
Dependent Life	06/01/2024	-	380	-	\$8,233,089	\$4,053	-	-	-	-	-
Dependent Life	05/01/2024	-	383	-	\$8,106,956	\$4,056	-	-	-	-	-
Dependent Life	04/01/2024	-	383	-	\$8,158,166	\$4,073	-	-	-	-	-
Dependent Life	03/01/2024	-	385	-	\$8,223,149	\$4,192	-	-	-	-	-
Dependent Life	02/01/2024	-	390	-	\$9,660,994	\$4,082	-	-	-	-	-
Dependent Life	01/01/2024	-	389	-	\$9,660,994	\$3,865	-	-	-	-	-
Dependent Life	12/01/2023	-	376	-	\$9,683,494	\$3,981	-	-	-	-	-
Dependent Life	11/01/2023	-	381	-	\$9,693,494	\$4,118	\$50,000	-	-	-	-
Dependent Life	10/01/2023	-	386	-	\$9,693,494	\$4,058	-	-	-	-	-
Dependent Life	09/01/2023	-	386	-	\$9,693,494	\$4,227	-	-	-	-	-

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Life - Monthly

Coverage	Month	Employee Lives	Dependent Lives	Employee Volume	Dependent Volume	Premium	Death Paid Claims	Accelerated Benefit Option Claims	Interest Paid	Conversion Charge	Portability Charge
Dependent Life	08/01/2023	-	383	-	\$9,693,494	\$4,112	-	-	-	-	-
Dependent Life	07/01/2023	-	387	-	\$9,693,494	\$4,316	-	-	-	-	-
Dependent Life	06/01/2023	-	397	-	\$9,832,994	\$4,566	-	-	-	-	-
Dependent Life	05/01/2023	-	402	-	\$9,842,994	\$4,507	-	-	-	-	-
Dependent Life	04/01/2023	-	401	-	\$9,708,494	\$4,509	-	-	-	-	-
Dependent Life	03/01/2023	-	404	-	\$9,842,994	\$4,564	-	-	-	-	-
Dependent Life	02/01/2023	-	412	-	\$9,842,994	\$4,648	-	-	-	-	-
Dependent Life	01/01/2023	-	412	-	\$9,842,994	\$4,710	-	-	-	-	-
Personal AD&D	03/01/2025	3,282	-	\$82,050,000	-	\$1,231	-	-	-	-	-
Personal AD&D	02/01/2025	3,282	-	\$82,050,000	-	\$1,231	-	-	-	-	-
Personal AD&D	01/01/2025	3,318	-	\$82,950,000	-	\$1,244	-	-	-	-	-
Personal AD&D	12/01/2024	3,325	-	\$83,950,000	-	\$1,259	-	-	-	-	-
Personal AD&D	11/01/2024	3,300	-	\$83,325,000	-	\$1,250	\$25,000	-	\$12	-	-
Personal AD&D	10/01/2024	3,342	-	\$84,375,000	-	\$1,266	-	-	-	-	-
Personal AD&D	09/01/2024	3,361	-	\$84,850,000	-	\$1,273	-	-	-	-	-
Personal AD&D	08/01/2024	3,378	-	\$85,300,000	-	\$1,280	-	-	-	-	-
Personal AD&D	07/01/2024	3,354	-	\$84,700,000	-	\$1,271	-	-	-	-	-
Personal AD&D	06/01/2024	3,383	-	\$85,425,000	-	\$1,281	-	-	-	-	-
Personal AD&D	05/01/2024	3,338	-	\$86,615,000	-	\$1,265	-	-	-	-	-
Personal AD&D	04/01/2024	3,323	-	\$83,925,000	-	\$1,259	-	-	-	-	-
Personal AD&D	03/01/2024	3,325	-	\$83,975,000	-	\$1,260	-	-	-	-	-
Personal AD&D	02/01/2024	3,344	-	\$84,450,000	-	\$1,267	-	-	-	-	-
Personal AD&D	01/01/2024	3,362	-	\$84,900,000	-	\$1,274	-	-	-	-	-
Personal AD&D	12/01/2023	3,374	-	\$85,175,000	-	\$1,278	-	-	-	-	-
Personal AD&D	11/01/2023	3,358	-	\$84,775,000	-	\$1,272	-	-	-	-	-
Personal AD&D	10/01/2023	3,348	-	\$84,525,000	-	\$1,268	-	-	-	-	-
Personal AD&D	09/01/2023	3,360	-	\$84,825,000	-	\$1,272	-	-	-	-	-
Personal AD&D	08/01/2023	3,357	-	\$84,750,000	-	\$1,271	-	-	-	-	-
Personal AD&D	07/01/2023	3,389	-	\$85,550,000	-	\$1,283	-	-	-	-	-
Personal AD&D	06/01/2023	3,395	-	\$85,725,000	-	\$1,286	-	-	-	-	-
Personal AD&D	05/01/2023	3,365	-	\$84,975,000	-	\$1,275	-	-	-	-	-
Personal AD&D	04/01/2023	3,374	-	\$85,200,000	-	\$1,278	-	-	-	-	-
Personal AD&D	03/01/2023	3,413	-	\$86,200,000	-	\$1,293	-	-	-	-	-
Personal AD&D	02/01/2023	3,417	-	\$86,300,000	-	\$1,295	-	-	-	-	-
Personal AD&D	01/01/2023	3,424	-	\$86,475,000	-	\$1,297	-	-	-	-	-
Optional AD&D	03/01/2025	463	-	\$45,819,992	-	\$1,604	-	-	-	-	-
Optional AD&D	02/01/2025	463	-	\$45,819,992	-	\$1,604	-	-	-	-	-

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Life - Monthly

Coverage	Month	Employee Lives	Dependent Lives	Employee Volume	Dependent Volume	Premium	Death Paid Claims	Accelerated Benefit Option Claims	Interest Paid	Conversion Charge	Portability Charge
Optional AD&D	01/01/2025	468	-	\$46,050,375	-	\$1,612	-	-	-	-	-
Optional AD&D	12/01/2024	490	-	\$47,542,550	-	\$1,664	-	-	-	-	-
Optional AD&D	11/01/2024	485	-	\$47,955,718	-	\$1,679	-	-	-	-	-
Optional AD&D	10/01/2024	493	-	\$48,792,699	-	\$1,708	-	-	-	-	-
Optional AD&D	09/01/2024	495	-	\$49,066,180	-	\$1,717	-	-	-	-	-
Optional AD&D	08/01/2024	490	-	\$44,891,728	-	\$1,708	-	-	-	-	-
Optional AD&D	07/01/2024	492	-	\$49,425,006	-	\$1,730	-	-	-	-	-
Optional AD&D	06/01/2024	501	-	\$50,538,254	-	\$1,769	-	-	-	-	-
Optional AD&D	05/01/2024	506	-	\$50,580,111	-	\$1,784	-	-	-	-	-
Optional AD&D	04/01/2024	502	-	\$50,343,040	-	\$1,770	-	-	-	-	-
Optional AD&D	03/01/2024	507	-	\$50,983,275	-	\$1,792	-	-	-	-	-
Optional AD&D	02/01/2024	508	-	\$64,736,613	-	\$1,783	-	-	-	-	-
Optional AD&D	01/01/2024	511	-	\$64,616,614	-	\$1,705	-	-	-	-	-
Optional AD&D	12/01/2023	528	-	\$64,986,612	-	\$1,747	-	-	-	-	-
Optional AD&D	11/01/2023	532	-	\$65,066,612	-	\$1,787	-	-	-	-	-
Optional AD&D	10/01/2023	535	-	\$65,066,613	-	\$1,795	-	-	-	-	-
Optional AD&D	09/01/2023	536	-	\$65,066,613	-	\$1,809	-	-	-	-	-
Optional AD&D	08/01/2023	530	-	\$65,066,613	-	\$1,817	-	-	-	-	-
Optional AD&D	07/01/2023	536	-	\$65,066,613	-	\$1,848	-	-	-	-	-
Optional AD&D	06/01/2023	547	-	\$65,181,613	-	\$1,891	-	-	-	-	-
Optional AD&D	05/01/2023	552	-	\$65,151,613	-	\$1,908	-	-	-	-	-
Optional AD&D	04/01/2023	554	-	\$64,990,613	-	\$1,926	-	-	-	-	-
Optional AD&D	03/01/2023	559	-	\$65,151,613	-	\$1,950	-	-	-	-	-
Optional AD&D	02/01/2023	563	-	\$65,041,613	-	\$1,948	-	-	-	-	-
Optional AD&D	01/01/2023	569	-	\$65,121,613	-	\$1,966	-	-	-	-	-
Dependent AD&D	03/01/2025	-	353	-	\$7,617,672	\$156	-	-	-	-	-
Dependent AD&D	02/01/2025	-	353	-	\$7,617,672	\$156	-	-	-	-	-
Dependent AD&D	01/01/2025	-	358	-	\$7,683,489	\$156	-	-	-	-	-
Dependent AD&D	12/01/2024	-	370	-	\$7,835,490	\$158	-	-	-	-	-
Dependent AD&D	11/01/2024	-	364	-	\$7,741,669	\$156	-	-	-	-	-
Dependent AD&D	10/01/2024	-	373	-	\$7,888,176	\$125	-	-	-	-	-
Dependent AD&D	09/01/2024	-	375	-	\$8,030,034	\$162	-	-	-	-	-
Dependent AD&D	08/01/2024	-	370	-	\$7,926,084	\$158	-	-	-	-	-
Dependent AD&D	07/01/2024	-	371	-	\$8,021,663	\$162	-	-	-	-	-
Dependent AD&D	06/01/2024	-	380	-	\$8,233,089	\$165	-	-	-	-	-
Dependent AD&D	05/01/2024	-	383	-	\$8,106,956	\$164	-	-	-	-	-
Dependent AD&D	04/01/2024	-	383	-	\$8,158,166	\$165	-	-	-	-	-

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Life - Monthly

Coverage	Month	Employee Lives	Dependent Lives	Employee Volume	Dependent Volume	Premium	Death Paid Claims	Accelerated Benefit Option Claims	Interest Paid	Conversion Charge	Portability Charge
Dependent AD&D	03/01/2024		385		\$8,223,149	\$166					
Dependent AD&D	02/01/2024		390		\$9,660,994	\$163					
Dependent AD&D	01/01/2024		389		\$9,660,994	\$99					
Dependent AD&D	12/01/2023		376		\$9,683,494	\$105					
Dependent AD&D	11/01/2023		381		\$9,693,494	\$160					
Dependent AD&D	10/01/2023		386		\$9,693,494	\$160					
Dependent AD&D	09/01/2023		386		\$9,693,494	\$162					
Dependent AD&D	08/01/2023		383		\$9,693,494	\$163					
Dependent AD&D	07/01/2023		387		\$9,693,494	\$168					
Dependent AD&D	06/01/2023		397		\$9,832,994	\$175					
Dependent AD&D	05/01/2023		402		\$9,842,994	\$174					
Dependent AD&D	04/01/2023		401		\$9,708,494	\$175					
Dependent AD&D	03/01/2023		404		\$9,842,994	\$178					
Dependent AD&D	02/01/2023		412		\$9,842,994	\$181					
Dependent AD&D	01/01/2023		412		\$9,842,994	\$182					

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Life - Death Claims Pending

Coverage	As Of Date	Age	Date of Death	Face Amount
Experience #: 0143258				
Basic Life	03/31/2025	3	01/24/2025	\$5,000
Basic Life	03/31/2025	57	01/17/2025	\$5,000
Basic Life	03/31/2025	62	02/14/2025	\$25,000
Basic Life	03/31/2025	67	08/11/2024	\$5,000
Basic Life	03/31/2025	69	01/16/2025	\$5,000
Basic Life	03/31/2025	72	01/25/2025	\$5,000
Basic Life	03/31/2025	73	01/25/2025	\$5,000
Basic Life	03/31/2025	74	10/03/2024	\$5,000
Basic Life	03/31/2025	77	07/11/2024	\$5,000
Basic Life	03/31/2025	78	12/01/2024	\$5,000
Basic Life	03/31/2025	80	02/24/2025	\$5,000
Basic Life	03/31/2025	82	02/07/2025	\$33,333
Basic Life	03/31/2025	87	11/30/2024	\$5,000
Basic Life	03/31/2025	87	01/20/2025	\$5,000
Basic Life	03/31/2025	88	07/14/2024	\$5,000
Basic Life	03/31/2025	89	01/30/2025	\$5,000

CITY OF BATON ROUGE/PARISH OF EAST BATON ROUGE



Life - Waiver Face Amount

Coverage	As Of Date	Age	Date of Disability	Approval Date	Face Amount	Pending or Approved
Experience #: 0143258						
Basic Life	12/31/2023	64	05/11/2010	08/05/2011	\$25,000	Approved
Optional Life	12/31/2023	64	05/11/2010	08/22/2011	\$40,000	Approved

Definitions

**General**

- Age – The age of the claimant at the time of the claim
- As Of – The date that the experience information was pulled
- End Date – The ending date of the experience period
- EOB's – The number of explanation of benefits processed
- Fees – Fees billed
- Lives – Number of lives covered under the coverage during the experience period
- Months – Number of months captured during the experience period
- Premium – Premium billed
- Start Date – The beginning date of the experience period
- Volume – The total amount of coverage provided

**Life**

- Accelerated Benefit Option Claims – Claims paid out under the Accelerated Benefit Option
- Approval Date – Date the claim was approved for payment
- Conversion Charge – Charge for coverage converted to an individual conversion policy
- Death Paid Claims – Death claims paid out under the Life Coverage. Death Paid Claims do not include Accelerated Benefit Option Claims.
- Death Pending – Claims that are submitted but not yet paid out
- Individual Waiver Face Amount– Amount of the death benefit payable
- Interest Paid – Interest paid on death benefits as mandated by state regulations
- Portability Charge – Charge for coverage ported under the portability provision
- Total Waiver Face Amount - Amount of the death benefit payable as of the end of the experience period

**ATTACHMENT L**  
**TRANSAMERICA 100%**  
**VOLUNTARY ACCIDENT**

# SAFEGUARDING

# AGAINST MISHAPS

**ACCIDENTADVANCE<sup>®</sup>**

**ACCIDENT INSURANCE: BENEFITS FOR UNEXPECTED INJURIES**

**AccidentAdvance, underwritten by Transamerica Life Insurance Company, can help protect you and your family in the event of unanticipated medical bills when someone is hurt.**

George enrolls himself, his wife, and his kids in the accident insurance offered at the car dealership where he works. He and his wife even joke that since she is such a klutz, they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches, and a joke his wife will never let him live down. But it could've been worse — without insurance, it would have been no laughing matter.

## GET BENEFITS TO SPEND ON WHAT YOU NEED

George's health insurance pays for many of his medical expenses, but he still has co-pays and a high deductible. And there are other costs: for one, he doesn't make commissions for sales on the days he misses work.

Because he has accident insurance, he has financial help without dipping into family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting him use them where and how they're most needed.

## FLEXIBILITY TO MEET YOUR NEEDS

George gets specific amounts for his emergency care (including X-rays and physician care received within 96 hours of the accident), follow-up visits, and physical therapy while recovering. Plus, George would have received additional help had he needed an ambulance, initial hospitalization, or intensive care. See brochure for in-depth information about what benefits are paid for specific injuries or procedures.

## HELP PROTECT YOURSELF AND YOUR FAMILY

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy may help provide extra peace of mind. Eligible dependent children can keep their insurance through age 25.

## HASSLE-FREE ONLINE CLAIMS PROCESS

Our easy-to-navigate website allows you to update your information, keep track of your policies, submit claims, and more from your PC or mobile device.

This is a brief summary of *AccidentAdvance*<sup>®</sup> Accident Insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](http://tebcs.com).

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## PRODUCT HIGHLIGHTS

- Pays benefits directly to you
- Family options available
- Payroll-deducted premiums



**Visit:**

[transamerica.com](http://transamerica.com)



**Customer Service:**

888-763-7474



TRANSAMERICA<sup>®</sup>

## Product Details

Plan Option 1  
Off-The-Job

Module 1 Accident Emergency Treatment		4.00 Units	
<b>Accident Emergency Treatment Benefit</b> For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		<b>\$100</b>	
<b>Major Diagnostic Examination Benefit</b> For one CT Scan, MRI, or EEG completed within 90 days of the accident.		<b>\$160</b>	
<b>Dislocation Benefit</b> Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Dislocated Joint</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Hip	<b>\$3,200</b>	<b>\$1,080</b>
	Knee or Shoulder	<b>\$1,080</b>	<b>\$440</b>
	Collar Bone	<b>\$1,720</b>	<b>\$320</b>
	Ankle or Foot (except toes)	<b>\$1,080</b>	<b>\$320</b>
	Lower Jaw	<b>\$1,080</b>	<b>\$560</b>
	Wrist or Elbow	<b>\$880</b>	<b>\$440</b>
	Toe or Finger	<b>\$240</b>	<b>\$120</b>
<b>Fractures Benefit</b> For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	<b>Fractured Bone</b>	<b>Reduction</b>	
		<b>Open</b>	<b>Closed</b>
	Coccyx	<b>\$560</b>	<b>\$280</b>
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	<b>\$1,360</b>	<b>\$680</b>
	Hip	<b>\$4,000</b>	<b>\$1,360</b>
	Leg	<b>\$1,680</b>	<b>\$1,360</b>
	Nose, Heel or Fingers	<b>\$1,360</b>	<b>\$280</b>
	Ribs	<b>\$2,680</b>	<b>\$280</b>
	Skull	<b>\$2,160</b>	<b>\$800</b>
	Toes	<b>\$560</b>	<b>\$280</b>
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	<b>\$1,600</b>	<b>\$680</b>
	Vertebrae, Pelvis	<b>\$680</b>	<b>\$680</b>
	Vertebral Processes	<b>\$2,680</b>	<b>\$400</b>

**For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.**

## Product Details

Module 2 Follow-Up Visits and Physical Therapy		5.00 Units
<b>Accident Follow-Up Treatment Benefit</b> Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$50
<b>Physical Therapy Benefit</b> For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$50
Module 3 Initial Accident Hospitalization		2.50 Units
<b>Initial Accident Hospitalization Benefit</b> Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$750
<b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$150
	Air Ambulance	\$750
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		2.50 Units
<b>Accidental Death Benefit</b> Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per insured person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
<b>Common Carrier Accidental Death</b> For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		\$75,000
<b>Automobile Accidental Death</b> If the insured person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$55,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$50,000
not wearing a seat belt.		\$37,500
<i>Benefits are not payable if an insured person was driving without a valid drivers' license</i>		
<b>Other Accidental Death</b> Other than those described above.		\$25,000
<b>Transportation of Remains Benefits</b> For transporting remains to a mortuary near the insured person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$1,000

## Product Details

<b>Additional Benefits for Accidental Death</b>		
<p>If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be insured under this rider.</p>		
<p><b>Surviving Child Educational Benefit</b>            Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.</p>		<b>\$2,000</b>
<p><b>Licensed Day Care Center Benefit</b>            Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.</p>		<b>\$750</b>
<p><b>Career Enrichment Benefit</b>            Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.</p>		<b>\$2,000</b>
<p><b>Accidental Dismemberment Benefits</b>            Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.</p>	One or more fingers or toes	<b>\$1,250</b>
	One eye, hand, foot, arm or leg	<b>\$5,000</b>
	Two eyes, hands or feet	<b>\$12,500</b>
	Speech <u>or</u> hearing in both ears	<b>\$12,500</b>
	Two arms or two legs	<b>\$12,500</b>
	Speech <u>and</u> hearing in both ears	<b>\$25,000</b>
	Both arms and both legs	<b>\$25,000</b>
	Total dismemberment benefits per insured person per accident will not exceed:	<b>\$25,000</b>
<b>Accident Hospital and ICU Income Rider (Form No. CRHICU00)</b>		<b>5.00 Units</b>
<p><b>Accident Hospital Income Benefit</b>            For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.</p>		<b>\$125</b>
<p><b>Accident ICU Benefit</b>            For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.</p>		<b>\$375</b>

## Product Details

Expanded Benefits Rider (Form No. CREXPB00)		8.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
<b>Burns</b> Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	<b>Second-degree burns of body surface:</b>	
	At least 25%, but not more than 35%	\$480
	More than 35%	\$1,200
	<b>Third-degree burns of body surface:</b>	
	6 through 10 square centimeters	\$1,200
	10 through 25 square centimeters	\$3,200
	25 through 35 square centimeters	\$7,200
	more than 35 square centimeters	\$9,600
<b>Lacerations</b> Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures	
	Single laceration less than 7.6 centimeters	\$64
	Lacerations 7.6 to 20 centimeters	\$240
	Lacerations over 20 centimeters	\$480
<b>Eye Injury</b>	With surgical repair	
	Non-surgical removal of foreign body by physician	\$56
<b>Emergency Dental Work</b>	One or more broken teeth repaired with crowns	\$240
	One or more broken teeth resulting in extractions	\$64
<b>Brain Concussion</b> Must be diagnosed by a physician within 96 hours of the accident.		\$160
<b>Coma</b> Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$12,000
<b>Paralysis</b> Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$12,000
	Paraplegia (paralysis of lower limbs)	\$6,000
<b>Tendons, Ligaments and/or Rotator Cuffs</b> Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with:	
	No repair	\$160
	One repair	\$400
	Two or more repairs	\$800
<b>Ruptured Discs and/or Torn Knee Cartilage</b> Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with:	
	No repair	\$160
	One repair	\$400
	Two or more repairs	\$800

## Product Details

<b>Major Surgery</b> For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		<b>\$1,200</b>
<b>Appliance</b> For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		<b>\$160</b>
<b>Prosthetic Devices</b> For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	<b>\$600</b>
	Two or more prosthetic devices	<b>\$1,200</b>
<b>Blood, Plasma and Platelets</b> Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		<b>\$320</b>
<b>Transportation</b> Benefit is payable for up to 2 round trips to the hospital per accident per insured person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or insured person's residence.		<b>\$480</b>
<b>Family Lodging Benefit</b> Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the insured person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.		<b>\$120</b>
<b>Wellness Benefit Rider (Form No. CRWELB00)</b>		<b>5.00 Units</b>
Benefit is payable per calendar year for one annual health screening test listed for the insured employee and one test for an insured spouse.		
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for breast cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test	Flexible sigmoidoscopy Hemocult stool analysis Mammography Pap Test PSA (blood test for prostate cancer) Serum cholesterol test to determine HDL/LDL level Serum Protein Electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Thermography	<b>\$50</b>

## Product Details

Rates					Ver 3.0.LA.0.00
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I Off-The-Job	Semi-Monthly	\$6.61	\$8.77	\$10.24	\$12.70

*\*HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Issue State: Louisiana  
Rate generation date: October 2, 2017

## Limitations and Exclusions

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We will not pay benefits for losses caused by or as a result of an insured person:

- Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit;
- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

### Termination of Insurance

Subject to the Portability Option, insurance on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for insurance;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel insurance.

The insurance on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's insurance terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent insurance;
- the date the employee sends us a written notice to cancel insurance on a dependent.

### Extension of Benefits

Whenever termination of insurance under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the insured person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the insured person is no longer hospitalized or receiving treatment.

### Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue your insurance.

### Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end, subject to the Portability Option.

## Limitations and Exclusions

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### Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this insurance. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.

## Disclosures

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### GROUP BENEFITS DISCLOSURE POLICY

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

### COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed plan documents or policy certificate package for more information on any such arrangements.

For up to date information regarding our compensation practices, please consult our website at: [www.transamericaemployeebenefits.com](http://www.transamericaemployeebenefits.com).

### NOTICE OF PRIVACY PRACTICES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. It is important to us that you understand how we use and share your personal information. This Notice describes the data we collect and how we use, share, and protect it. The types of data we collect and share depend on the type of product or service you have with us. We also provide notices and terms on our websites and applications. Those notices and terms provide further detail regarding data use on our websites or applications. If your relationship with us ends, we will continue to use your data as set forth in this Notice.

**Data That We Collect:** We collect the following types of data from the following sources:

Data	Typical Data Sources
Contact information (e.g., name, phone number, email and physical addresses, etc.), date of birth, government ID (e.g., social security, passport and driver's license numbers), security credentials (e.g., password, voiceprint, etc.), employment, financial and health data and history, other general information (e.g., marital status, gender, etc.)	<ul style="list-style-type: none"> <li>• You directly, when you submit applications and forms and engage in communications with us</li> <li>• Our affiliates (companies under common ownership)</li> <li>• Employers, healthcare providers, other insurance companies and other authorized entities</li> </ul>
Data about your transactions with us and/or Third Parties. ("Third Parties" are unaffiliated third parties. This includes agents, the company the agent represents, other financial organizations, and service providers.) Such transactional data can include, but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data	<ul style="list-style-type: none"> <li>• Our affiliates</li> <li>• Third Parties</li> <li>• Transamerica's websites, digital platforms, and applications</li> <li>• Assistive technologies, mobile or wearable devices, or other similar technology</li> </ul>
Credit history, employment information and other information about your creditworthiness, and medical or health data	<ul style="list-style-type: none"> <li>• Consumer reporting agencies and other service providers we use such as third party data suppliers</li> <li>• Your employers, healthcare providers, insurance support organization (including reports prepared from such organizations which may retain and disclose such information), credit bureaus, other insurance companies and other authorized entities</li> </ul>
Data about products and services you obtain or in which you might be interested	<ul style="list-style-type: none"> <li>• You</li> <li>• Third Parties with whom we have joint marketing arrangements</li> <li>• Other Third Parties as allowed</li> </ul>
Third party data, including data you provide to Third Parties when you have authorized the Third Party to share such data with other parties, such as data collected through Third Party applications, websites, or other digital interfaces, data you have authorized us to receive, or data you have authorized Third Parties to share with us	<ul style="list-style-type: none"> <li>• Third Party applications, websites, or other digital interfaces where you have agreed to share your data</li> <li>• Assistive technologies, mobile or wearable devices, or other similar technology</li> </ul>

**How We Use Your Data:** We use data to provide our services and as allowed by law. This includes use authorized by you. For example, we may use your data to:

- Process claims and transactions,
- Research, develop, and market products and services,
- Prevent and prosecute fraud or criminal activities,
- Support online customer experiences, digital platforms, and/or applications in which you elect to participate.
- Maintain your accounts,
- Comply with applicable laws and for security purposes,
- Maintain, operate, and market our business, or

**Sharing Data:** We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. For example, we may share your data with:

- Those who provide services to support our business, including processing claims, account maintenance, and marketing and sales,
- Credit bureaus,
- Insurance regulators, law enforcement, governmental authorities, and other Third Parties in response to legal process or as required by law,
- Health care professionals, including to verify coverage or to provide information relating to a medical condition,

- Governmental agencies so they can decide if you are eligible for public benefits,
- Other financial companies in connection with joint marketing efforts,
- Other insurance companies (including successor insurers), agents and insurance support organizations to coordinate your benefits or in connection with insurance transactions involving you,
- Group policyholders, for example, regarding claims experience or to support service audits,
- Certificate or policyholders regarding the status of an insurance transaction,
- Those who have an interest in your assets (such as creditors with a lien on your account),
- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as permitted by law and only if you have established an account in connection with your employer),
- Your representatives and lawyers,
- Those to prevent and prosecute fraud or criminal activities,
- Those to conduct actuarial or research studies, and
- Those in connection with the sale or merger of all or part of our business.

You do not have the right to opt out of our sharing data with Third Parties for these legally permitted purposes.

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, investment advisors, and broker/dealers, some of whom may not be included in the scope of this Notice. You may have additional privacy notices from these professionals. We do not share information about your creditworthiness among our affiliates. However, we may share information about our transactions and experiences with you among affiliates for their everyday business purposes. For example, we may share your data with our affiliates:

- So they can tell you about products and services they offer,
- So they can determine which of their products and services may be of interest to you,
- So they can provide various services to us to support our business, such as claims processing, applying for insurance, opening and maintaining your account, or marketing products and services to you,
- So they can audit themselves or their agents, or
- So you can communicate with us or Transamerica affiliated companies about your accounts.

**Your Choice to Limit Marketing by Transamerica Affiliates:** You may limit our affiliates' use of certain types of data to market their own products and services to you ("Opt Out"). To do this, choose one of the Opt Out methods set forth below. This data includes information about your transactions and experiences with us. For example, this may include information about your account history. Your choice to limit marketing offers from our affiliates will apply for at least 5 years from when you Opt Out. Once that period expires, we may send you a renewal Notice. That renewal Notice will allow you to continue to limit marketing offers from our affiliates for at least another 5 years. If you have already provided an Opt Out, you do not need to Opt Out again until you receive a renewal Notice. If you hold a policy or account jointly with someone else, your Opt Out elections will apply to everyone on the account. When you are no longer our customer, we will continue to share your data as described in this Notice (subject to your Opt Out, if applicable). However, you may contact us at any time to elect to Opt Out.

**To Opt Out:** To limit our sharing of data with affiliates for marketing by affiliates as described above, you may:

- Call us at **877-257-4690** and our menu will prompt you through your choice(s), or
- Visit us online at [www.transamerica.com/optout](http://www.transamerica.com/optout)

**Your Right of Access and Correction:** You may have a right of access and correction with respect to data we collect. To exercise these rights, please list the account or policy numbers with the data you are requesting to access. If you tell us of an error in the data, we will review it. If we agree, we will correct our records. If we don't agree, you may dispute our findings in writing and send your statement to us. We will include your statement whenever we provide your disputed information to anyone outside Transamerica. This is a summary of your rights. For a copy of our more detailed Notice of Insurance Information Practices as applicable to your product or service, please send a written request to 6400 C St. SW, Cedar Rapids, IA 52499-0001.

**Protecting Your Data:** We maintain appropriate controls to limit access to data to persons who need access to it. These persons access your data so that they can do their jobs or provide products and services to you. We train our workforce to properly handle data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

**For Vermont Residents only:** We will not share data we collect about you with Third Parties, except as permitted by Vermont law or authorized by you. We may still share data about our transactions or experiences with you with our affiliates.

**For California Residents only:** If you are a California resident, you will receive a separate notice with additional choices.

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the Transamerica companies below. Transamerica companies that are not covered by this notice may make available other applicable notices.

**Transamerica Capital, Inc**  
**Transamerica Financial Life Insurance Company**

**Transamerica Casualty Insurance Company**  
**Transamerica Life Insurance Company**

**SUMMARY OF THE LOUISIANA LIFE AND HEALTH  
INSURANCE GUARANTY ASSOCIATION ACT AND  
NOTICE CONCERNING COVERAGE  
LIMITATIONS AND EXCLUSIONS**

Residents of Louisiana who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are required by law to be members of the Louisiana Life and Health Insurance Guaranty Association (LLHIGA). The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, the Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state, and in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through the Association is limited. As noted in the disclaimer below, this protection is not a substitute for consumers care in selecting companies that are well-managed and financially stable.

**DISCLAIMER**

The Louisiana Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. *COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY.* Even if coverage is provided, there are significant limits and exclusions. Coverage is generally conditioned upon residence in this state. Other conditions may also preclude coverage.

Insurance companies and insurance agents are prohibited by law from using the existence of the Association or its coverage to sell you an insurance policy.

You should not rely on the availability of coverage under the Louisiana Life and Health Insurance Guaranty Association when selecting an insurer.

The Louisiana Life and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

**LLHIGA**  
P.O. Box 3337  
Baton Rouge, Louisiana 70821

**Department of Insurance**  
P.O. Box 94214  
Baton Rouge, Louisiana 70804-9214

The state law that provides for this safety-net coverage is called the Louisiana Life and Health Insurance Guaranty Association Law (the law), and is set forth at R.S. 22:2081 et seq. The following is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change any person's rights or obligations under the law or the rights or obligations of LLHIGA.

**COVERAGE**

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a direct non-group life, health insurance contract, or an annuity, policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract, issued by an insurer authorized to conduct business in Louisiana. The beneficiaries, payees or assignees of insured persons may also be protected as well even if they live in another state unless they are afforded coverage by the guaranty association of another state, or other circumstances described under the law are applicable.

### **EXCLUSIONS FROM COVERAGE**

A person who holds a direct non-group life, health, or annuity policy or contract, a certificate under a direct group policy or contract for a supplemental contract to any of these, or an unallocated annuity contract is not protected by LLHIGA if:

1. He is eligible for protection under the laws of another state (This may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
2. The insurer was not authorized to do business in this state;
3. His policy was issued by a profit or nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange an organization that issues charitable gift annuities as defined in R.S. 22:952(A)(3), or any entity similar to any of these.

LLHIGA also does not provide coverage for:

1. Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
2. Any policy or reinsurance (unless an assumption certificate was issued);
3. Interest rate or crediting rate yields, or similar factors employed in calculating changes in value, that exceed an average rate;
4. Dividends, premium refunds, or similar fees or allowances described under the Law;
5. Credits given in connection with the administration of a policy by a group contract holder;
6. Employers', associations' or similar entities' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them) or uninsured;
7. Unallocated annuity contracts (which give rights to group contract holders, not individuals), except unallocated annuity contracts and defined contribution government plans qualified under section 403(b) of the United States Internal Revenue Code (26 U.S.C. Subsection 403(b));
8. An obligation that does not arise under the express written terms of the policy or contract issued by the insurer to the policy owner or contract owner, including but not limited to, claims described under the law;
9. A policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to "Medicare Part C coverage" or "Medicare Part D coverage" and any regulations issued pursuant to those parts;
10. Interest or other changes in values to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes an impaired or insolvent insurer, whichever is earlier.

### **LIMITS ON AMOUNTS OF COVERAGE**

The Louisiana Life and Health Insurance Guaranteed Association Law also limits the amount that LLHIGA is obligated to pay out. The benefits for which the association may become liable shall in no event exceed the lesser of the following:

1. LLHIGA cannot pay more than what the insurance company would owe under a policy or contract if it were not an impaired or an insolvent insurer.
2. For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$300,000 in life insurance death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values for life insurance.
3. For any one insured life, regardless of the number of policies or contracts there are with the same company, LLHIGA will pay a maximum of \$500,000 in health insurance benefits, and LLHIGA will pay a maximum of \$250,000 in present value of annuities, including net cash surrender and net cash withdrawal values.

In no event, regardless of the number of policies and contracts there were with the same company, and no matter how many different types of coverage, LLHIGA shall not be liable to expend more than \$500,000 in the aggregate with respect to any one individual.

*Effective November 2016*

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
A Stock Company

**Policyholder:** CITY OF BATON ROUGE  
**Address:** 1755 FLORIDA STREET  
BATON ROUGE LA 70821  
**Policy Number:** AV00027601  
**Effective Date:** JANUARY 1 2012  
**Anniversary Date:** FEBRUARY 1  
**Governing Jurisdiction:** LA

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Group Master Policy ("Policy"), subject to all terms, conditions, and limitations, in consideration of the following events:

1. A copy of the signed Policyholder Application is attached to and made a part of this Policy; and
2. The payment of the first premium.

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

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

This Policy is subject to the laws of the governing jurisdiction in which it is issued. It is signed for the Company at our Home Office to take effect on the Policy's Effective Date.



General Counsel and Secretary



President

## GROUP MASTER POLICY FOR ACCIDENT ONLY INSURANCE

**PREMIUM RATE SUBJECT TO CHANGE  
BENEFITS LIMITED TO LOSS DUE TO ACCIDENTS ONLY  
NO BENEFITS PROVIDED FOR LOSS FROM ANY OTHER CAUSE  
THIS IS A LIMITED BENEFIT POLICY – READ YOUR POLICY CAREFULLY  
NONPARTICIPATING – NO ANNUAL DIVIDENDS**

Administrative Office:  
PO Box 219  
Cedar Rapids, IA 52406-0219  
Customer Service: 1-888-763-7474

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## DEFINITIONS

**Active Service** – To be considered in Active Service, the employee or member must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The employee or member is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day. The employee or member must also have been in Active Service on the last preceding regular work day.

If the Insured is not performing regular duties of an occupation, Active Service will mean that he or she is not currently disabled and has satisfactorily answered any required health questions on the Application.

**Amendment, Endorsement, or Rider** – Any form issued by us which adds, modifies, changes, or deletes any Policy provisions or benefits.

**Application** – The form completed and signed to apply for insurance coverage.

**Certificate** – The document that is given to each Insured that describes the terms of the insurance made available to insured employees or members and their insured Spouses and any insured Dependent Children.

**Covered Person** – Any or all of the following: the Insured, Insured's Spouse, or Insured's and/or Spouse's Child(ren) who have been accepted by us for coverage.

**Dependent** – The Insured's Child or Spouse covered under the Certificate.

**Effective Date** – The date when this Policy takes effect. It is shown on the Policy's Cover Page. The Effective Date will start at 12:01 AM at the main place of business of the Policyholder.

**Evidence of Insurability** – The complete and truthful answers to the questions in our Application and medical history, if necessary, which may be used by us to base our acceptance of any proposed Covered Person.

**Grace Period** – A 31-day period after the premium due date.

**Group Master Policy or Policy** – This document that describes the coverage provided to Insureds, as well as the administrative duties between you and us.

**Insured** – The employee or member covered under a Certificate.

**Policyholder** – The entity named on the Policy's Cover Page.

## ELIGIBILITY

**Employees or Members** – To be eligible, an employee or member must:

1. Meet eligibility requirements as set forth on the Policyholder's Application;
2. Provide satisfactory Evidence of Insurability to us, if required; and
3. Be in Active Service on the effective date of coverage.

Within 31 days of the date enrollment is offered to the employee or member, an Application must be completed and any required premium paid. If such Application is not made within that 31-day period, the employee or member will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

**Dependents** - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day an employee or member becomes eligible for coverage; or
2. The day a Dependent first meets the definition of Dependent.

The Insured may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction.

If such Application for Dependent coverage is not made within that 31-day period, the Spouse or Child will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If an employee or member and his or her Spouse are both eligible as an employee or member, the Child(ren) may be insured as Dependents of either the employee or member or his or her Spouse, but not both.

## PREMIUMS

**Premium Calculation and Due Dates** - The premium due will be the sum of the premiums applicable for all Insureds. You must pay the premiums to us at our Administrative Office.

The premiums are due and payable to us in advance by you on each premium due date. The first premium due date is the Effective Date.

**Change in Premium Rates** - We have the right to change the premium rates on any premium due date. If the rates are changed, we will give you at least a 45-day advance written notice. If an increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the coverage will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded. We will not change the premiums during the first 12 months following the Effective Date, and we will not change the premiums more frequently than once in every 6-month period.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased.

## POLICY CHANGES AND TERMINATION

**Who May Change this Policy** - The terms of this Policy may be changed at any time by written agreement between you and us. Only our President, Vice President, Secretary, or an Assistant Secretary can authorize a change in this Policy. Such an authorization must be in writing and signed by an officer. The terms of this Policy can be changed only by Endorsement or Amendment signed by an officer of Transamerica Life Insurance Company. No agent has the right to change or waive any terms of this Policy. All changes are subject to the laws of the governing jurisdiction.

**When Policy Changes are Effective** - Unless you and we agree otherwise in writing, the effective date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date we send notice to you of the change in benefits and any corresponding change in premiums.

**Termination** - This Policy will end on the earliest of the following events:

1. If you submit a 60-day advance written request to us to terminate this Policy, this Policy will terminate on the date specified in that request;
2. If we give a 60-day advance written notice to you that we intend to terminate this Policy, this Policy will terminate on the date specified in that notice;
3. If any premium payable by you is not paid within its Grace Period, this Policy will terminate on the day after the Grace Period ends; or
4. If you fail to comply with any terms of this Policy or the Application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32<sup>nd</sup> day after we have given you written notice of our intent to terminate.

Termination of an Insured's coverage prior to any termination of this Policy will be governed by the Termination of Insurance section of the Certificate. You are required to notify us of any such termination.

## POLICYHOLDER PROVISIONS

**Duties** - Your duties will include, but are not limited to, the following:

1. As required, give us any and all information we determine to be necessary for the enrollment of your employees or members (and their Spouses and/or Dependent Children, if such coverage is available and has been elected and approved by us), and for the determination of their eligibility.
2. Receive and forward to us, the Applications of your employees or members.
3. Maintain records pertaining to the insurance of your employees or members as we may reasonably require while this Policy is in force and for two years after this Policy terminates, and allow us the opportunity to examine these records at any reasonable time during normal business hours.
4. Pay premiums to us.
5. In the event that any of this insurance is to be stopped:
  - a. You are required to notify the insured employees or members by either giving them a written notice or by mailing them a 60-day advance written notice to their last known address as shown in your records; and
  - b. You are required to provide the insured employees or members with a notice of their right to opt for the Portability Option, as described in the Certificate.

**Certificates** - A Certificate will be issued for delivery to each Insured. The Certificate will describe:

1. The benefits under this Policy;
2. To whom benefits will be paid;
3. The limitations and terms of this Policy; and
4. All other essential features of the Policy.

If more than one Certificate is issued to an Insured under this Policy, only the last one issued will be in effect.

**Inspection of Policy** – You must make this Policy available for inspection by your employees or members at all reasonable times during normal business hours.

**Policyholder is an Agent of the Insured** – For all purposes related to the insurance issued under this Policy, you act as an agent of the Insured. You do not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

## GENERAL PROVISIONS

**Adjustments in the Event of Clerical Error** – Clerical error will not void insurance otherwise valid and in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

**Conformity with State Laws** – Should any provision of the Policy conflict with a law of the governing jurisdiction, it is hereby amended to conform to the minimum requirements of that law.

**Entire Contract** - The Entire Contract consists of this Policy, the Certificate, any attached Amendments, Endorsements, or Riders, and your signed, attached Application.

**Grace Period** - A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. This Policy will terminate at the end of the Grace Period if the premium has not been paid. You must still pay all unpaid premiums. This includes the premium due for the Grace Period.

If coverage is canceled on a premium due date and the premium has been paid through that date, the Grace Period will not apply. If cancellation is during the Grace Period, you will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which coverage was in force.

**Legal Action** - No legal action may be brought to recover under the Policy and any Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

**Money Payable** – All sums payable by or to us will be paid in the lawful currency of the United States of America.

**New Insureds** – The group originally insured may be modified from time to time to add eligible new persons in accordance with the terms of this Policy.

**No Dividends Payable** – This Policy does not participate in the profits or surplus earnings of our Company.

**Time Limit on Certain Defenses – Misstatements in the Application** - We will not use any statement, except fraudulent statements, to void or reduce benefits after this Policy has been in force for two years from its Effective Date. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amount will be subject to a new two-year contestable period for the increased benefit amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

The validity of this Policy cannot be contested after two years from its date of issue, except for nonpayment of premiums.

**Time Effective** – For any dates used in this Policy, the effective time will be 12:01 AM at your main place of business.

### **CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY**

The remainder of this 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 or members (and their Spouses and any Dependent Children, if applicable) under this Policy.



Transamerica Life Insurance Company  
 Home Office: Cedar Rapids, IA  
 Administrative Office: P.O. Box 9063  
 Little Rock, Arkansas 72203-9063

**Life and Health  
 Group Application  
 and Agreement**  
 Multi-State Version

Name of Group (You, your): <b>City of Baton Rouge/Parish of EB</b>		Tax ID Number: <b>726000137</b>	SIC Code: <b>9103</b>	Website Address: <b>brgov.com</b>
Street Address: <b>P.O. Box 1471</b>		City: <b>Baton Rouge</b>	State: <b>LA</b>	ZIP Code: <b>70821</b>
Contact Name: <b>Carla Peltier</b>	Email Address: <b>cpeltier@brgov.com</b>	Phone #: <b>225-389-3134</b>	Fax #: <b>225-389-3139</b>	
Nature of Group:		# of Employees/Members:	# Eligible for Coverage:	# of Years in Existence:
Billing Address: (if different) <b>1755 Florida St.</b>		City: <b>Baton Rouge</b>	State: <b>LA</b>	ZIP Code: <b>70802</b>
Billing Contact Name: (if different) <b>Beverly Procell</b>		Email Address: <b>bprocell@brgov.com</b>	Phone #: <b>225-389-3134</b>	Fax #: <b>225-389-3139</b>
Billing Address is For: <input type="checkbox"/> Group Policyholder <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Premium Collection Agency (Requires a Premium Collection Agreement)				

You hereby authorize Transamerica Life Insurance Company, our authorized agents or our enrollers (collectively referred to as we, us, or our) to offer each of your eligible employees/members the opportunity to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

- We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
- The initial enrollment shall take place from **11-2-11** to **11-15-11**. You will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in your group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
- Unless otherwise agreed upon by you and us, you will collect premium contributions from your participating employees/members and forward to us when due. We customarily bill you each month. You will forward the premiums due to us within 15 days of the receipt of the monthly bill. You will maintain records of all premium contributions from your employees/members while this agreement remains in force and for two years after it terminates. These records will remain open to inspection and audit by us during normal business hours during this time.
- In the event of any misappropriation by you, your employees or your agents, of funds owed to us, you will reimburse us for our entire loss including attorney fees and expenses incurred in collection, and any benefits we would not have had to pay but for such misappropriation.
- Do benefit selections vary by class?  No  Yes (define classes below)

Definition of Class 1:	
Definition of Class 2:	
Definition of Class 3:	
Definition of Class 4:	

- Eligibility for insurance:
  - Employer Groups - eligible employees are defined as those who work at least 

Class 1	Class 2	Class 3	Class 4
30			

 hours per week for you, and have been so employed for at least \_\_\_\_\_ days.
  - Member Groups - eligible members are defined as members of an eligible class of members, who are in good standing in accordance with your by-laws, who are not currently disabled and are able to perform the normal activities of a person of like age and gender.
- Is dependent coverage being offered?  Yes  No  
 If yes, do you include same-sex partners?  No  Yes, state residence (Not applicable in TX)  Yes, corporate decision (attach eligibility requirements)

Pay periods per year: <b>26</b>
Payroll deductions per year: <b>24</b>
First payroll deduction date: <b>1-6-12</b>
First bill due date: <b>2/1/12</b>

**Billing Information**

Payments will be remitted:  
 After each deduction  Monthly  Other

Premium amount on bill should reflect:  
 Levelized amount over 12 months  Actual amount of deductions occurring each month

Preferred billing sequence:  
 Alphabetical  Social Security Number  Employee/Member ID  Other

Preferred Billing Method:  
 Paper  Electronic (via website)  Self Bill

Multiple Billing Locations:  
 No  Yes (attach listing)

Name of Section 125 Plan Administrator (if applicable)	Plan Start Date	Plan Anniversary Date
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**myPack Group Term Life and Accident Package**  
*Product not available in VT.*

Group Contribution?  Yes  No  
*If yes, list amount or %:*

Requested Effective Date:

Coverage: *This is a package containing 2 separate products in a combined sale to offer simplified rates and special underwriting.*

Group Term Life Base: Ages 18-39: \$50,000, Ages 40-49: \$30,000, Ages 50-64: \$15,000  
 Accelerated Death Benefit for Critical Care (25%) included for all states except CT, FL or OR.  
 Continuation of Coverage included in all states.  
 Terminal Illness/Condition Accelerated Death Benefit included in all states except OR.  
 Waiver of Premium included in all states.

Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	Optional Dependent Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Group Term Life Buy-up: Ages 18-39: \$25,000, Ages 40-49: \$15,000, Ages 50-64: \$7,500
<input type="checkbox"/>	<input type="checkbox"/>	TransAccident Accident-Only Insurance (not available in CT, FL, GU, ID, MD, MN, NH, NM, PA, PR or WA) Off-the-Job Accident Disability Rider with 6-Month Benefit included. Sickness Disability Rider with 14-Day Elimination Period and 6-Month Benefit included.

Replacement: Are you replacing existing coverage?  No  Yes

IRS Type:  Section 125  Welfare Benefit Plan  ERISA  5500 Required  Other (please explain)

Workers' Compensation: Are all employees/members covered under Workers' Compensation?  Yes  No (explain below)

**Group Accident Insurance - AccidentAdvance**  
*Product not available in CA, CO, FL, KY, MN, NH, PR, VT, WA.*

Group Contribution?  Yes  No  
*If yes, list amount or %:*

Requested Effective Date: 10/1/97

Coverage:  24-Hour Coverage  Off-the-Job Only Coverage  HealthPak AccidentAdvance (No Sickness Or Rider)

	Plan 1	Plan 2	Plan 3
Module 1 - Accident Emergency Treatment Benefits	4.0 Units	Units	Units
Module 2 - Follow-Up Visits and Physical Therapy Benefits	5.0 Units	Units	Units
Module 3 - Initial Accident Hospitalization	2.5 Units	Units	Units

Accept	Decline	Optional Riders		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accidental Death and Dismemberment Rider	2.5 Units	Units
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accident Hospital & ICU Income Rider	5.0 Units	Units
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Expanded Benefits Rider	8.8 Units	Units
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wellness Benefit Rider (Not available in CT, DC or MD)	5.0 Units	Units
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accident Only Disability Income Rider	Elimination Period: 0 Days	Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sickness Only Disability Income Rider	Elimination Period: 14 Days	Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spouse Off-the-Job Accident Only Disability Income Rider	Elimination Period: 0 Days	Benefit Period: 6 Months

Replacement: Are you replacing existing coverage?  No  Yes

IRS Type:  Section 125  Welfare Benefit Plan  ERISA  5500 Required  Other (please explain)

Workers' Compensation: Are all employees/members covered under Workers' Compensation?  Yes  No (explain below)

**Group Off-the-Job Accident - TransAccident**  
*Product not available in FL, GU, ID, MD, NH, NM, PA, PR, VT, WA.*

Group Contribution?  Yes  No  
*If yes, list amount or %:*

Requested Effective Date:

Coverage:  HealthPak TransAccident (No Sickness Or Rider)

Accept	Decline	Optional Riders		
<input type="checkbox"/>	<input type="checkbox"/>	Accident Only Disability Income Rider	Elimination Period: 14 Days	Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months
<input type="checkbox"/>	<input type="checkbox"/>	Sickness Only Disability Income Rider (Not available in MD)	Elimination Period: 14 Days	Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months
<input type="checkbox"/>	<input type="checkbox"/>	Wellness Rider (Not available in CT, IN or MA)		

Replacement: Are you replacing existing coverage?  No  Yes

IRS Type:  Section 126  Welfare Benefit Plan  ERISA  5500 Required  Other (please explain)

Workers' Compensation: Are all employees/members covered under Workers' Compensation?  Yes  No (explain below)

**Individual Accident Insurance - AccidentSelect**  
 Accident Answer/Select in NH and OR  
*Product not available in CT, FL, GU, MA, NJ, VT, WV.*

Group Contribution?  Yes  No  
*If yes, list amount or %:*

Requested Effective Date:

Coverage:  Plan I  Plan II

Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	Accident Only Disability Income Rider

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
A Stock Company

This Certificate explains the benefits provided under the Group Master Policy for Accident Only Insurance that is underwritten by Transamerica Life Insurance Company. Please read it carefully to become familiar with your coverage.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

**Important Notice** - Benefits are payable only for Off-the-Job Accidental Bodily Injuries that occur as the result of an Accident and where expenses are incurred. The Accident must occur while the Covered Person is insured under the Policy, subject to the provisions of this Certificate.

The Policy under which this Certificate is issued may be amended or canceled as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to periodic changes.

The benefits for Dependents described in this Certificate will be applicable to each of your Dependents only if you are insured and you have applied for Dependent coverage. Such Application must be approved by us and the required premium paid for each Dependent.

This Certificate is issued in consideration of statements made in your Application and the payment of the first full premium shown on the Schedule of Benefits.

This Certificate is signed for the Company at our Home Office to take effect on its Effective Date.



General Counsel and Secretary



President

## CERTIFICATE FOR GROUP OFF-THE-JOB ACCIDENT ONLY INSURANCE

**PREMIUM RATE SUBJECT TO CHANGE  
BENEFITS LIMITED TO LOSS DUE TO ACCIDENTS ONLY  
NO BENEFITS PROVIDED FOR LOSS FROM ANY OTHER CAUSE  
READ YOUR CERTIFICATE CAREFULLY  
NONPARTICIPATING – NO ANNUAL DIVIDENDS**

Administrative Office:  
PO Box 219  
Cedar Rapids, IA 52406-0219  
Customer Service: 1-888-763-7474

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## SCHEDULE OF BENEFITS

INSURED: XXXXXXXXXXXX

AGE AT ISSUE: XX

CONTRACT NUMBER: XXXXXXXXXXXX

EFFECTIVE DATE: XXXXXXXX

TYPE OF COVERAGE: [INDIVIDUAL, SINGLE PARENT FAMILY,  
TWO ADULT FAMILY, or FAMILY]

TOTAL PREMIUM: \$XX.XX

PREMIUM MODE: [MONTHLY]

POLICYHOLDER: CITY OF BATON ROUGE

### OFF-THE-JOB BENEFITS

### NUMBER OF UNITS

MODULE 1 – ACCIDENT EMERGENCY TREATMENT	4.0 UNNITS
MODULE 2 – FOLLOW-UP VISITS AND PHYSICAL THERAPY	5.0 UNITS
MODULE 3 – INITIAL ACCIDENT HOSPITALIZATION	2.5 UNITS

### FORM NUMBER - OPTIONAL BENEFIT RIDERS

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	2.5 UNITS
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ACCIDENT HOSPITAL AND ICU INCOME RIDER	5.0 UNITS
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EXPANDED BENEFITS RIDER	8.0 UNITS
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WELLNESS BENEFIT RIDER	5.0 UNITS
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## DEFINITIONS

**Accident** - An unforeseen occurrence which results in Accidental Bodily Injury and occurs while this Certificate is in force and is not excluded in the Certificate.

**Accidental Bodily Injury** - An injury or injuries for which Necessary Treatment is received and benefits are provided. The injury or injuries must be sustained by a Covered Person and must be the direct cause of the loss, independent of disease or bodily infirmity. All such injuries, with any complications and any recurrences of complications arising from any one Accident, will be deemed to be a single injury. Such injury or injuries must occur while the Certificate is in force.

**Active Service** - To be considered in Active Service, you must be doing the following:

1. Performing in the usual manner all of the regular duties of your occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where you normally work or at some location directed by the employer.

You are considered to be in Active Service on a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your occupation as if it were a scheduled work day and you were in Active Service on the last preceding regular work day.

If you are not performing regular duties of an occupation, Active Service will mean that you are not currently disabled and you have satisfactorily answered any required health questions on the Application.

**Ambulatory Surgical Center** - A licensed, free-standing surgical facility consisting of an operating room, facilities for the administration of general anesthesia, and a post-surgery recovery room. It must also require that the patient be admitted, treated, and released during a 24-hour period.

**Amendment, Endorsement, or Rider** - Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

**Application** - The form completed and signed to apply or enroll for this insurance coverage.

**Calendar Year** - The period from January 1 through December 31 of the same year.

**Certificate** - This document that describes your insurance coverage.

**Child** - A Child of yours who is unmarried, under the age of 25, dependent upon you for his or her support, and is:

1. A natural Child; or
2. A legally adopted Child or a Child who has been placed for adoption with you; or
3. A stepchild, grandchild, or foster Child; or
4. A Child for whom you have been appointed legal guardian; or
5. A Child not living with you, but for whom you are legally required to provide support or
6. A child who is placed in your home following an execution of an act of voluntary surrender in your favor or your legal representative effective on the date on which the act of voluntary surrender becomes irrevocable.

If a Dependent Child has reached age 25, but is incapable of self-support because of mental or physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after the coverage would otherwise terminate;
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the Child attains age 25; and
4. Your coverage must remain in force.

**Chip Fracture** - A Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.

**Covered Person** - You and any Dependents that have been accepted by us for coverage under this Certificate.

**Dependent** - Your Spouse or Child covered under this Certificate.

**Dislocation** - A completely separated joint. It must be diagnosed as a Dislocation by a Physician within 96 hours after the date of the Accident. The Dislocation must require correction by a Physician. It can be corrected by open or closed reduction.

**Effective Date** - The date coverage is in force as shown on the Schedule of Benefits. The Effective Date will start at 12:01 AM at the main place of business of the Policyholder.

**Evidence of Insurability** - The complete and truthful answers to the questions in our Application and medical history, if necessary, which may be used by us to base our acceptance of any proposed Covered Person.

**Extended Care Facility** - An institution or that part of an institution that:

1. Is licensed or accredited to provide nursing or rehabilitative care under the supervision of a Physician or a registered nurse;
2. Provides 24-hour skilled nursing service; and
3. Maintains daily medical records on each patient.

It does not include institutions or parts of institutions which are primarily for the care and treatment of drug addiction, alcoholism, or the aged.

**Fracture** - A break in a bone that can be seen by X-ray. It must be diagnosed as a Fracture by a Physician within 14 days after the date of the Accident. The Fracture must require correction by a Physician. It can be corrected by open or closed Reduction.

**Grace Period** - The period of 31 days allowed for each premium payment after the first premium.

**Group Master Policy or Policy** - The document that is issued to the Policyholder.

**Hospital** - A licensed institution that has on its premises or in facilities available to the Hospital on a contractually prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment, and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour-a-day nursing service by or under the supervision of graduate registered nurses; and
4. A patient's written history and medical records.

We will consider a Government or Charity Hospital as any other Hospital.

The term "Hospital" does not include an institution or that part of an institution operated as:

1. A place for rehabilitation;
2. A place for rest or for the aged;
3. A nursing or convalescent home;
4. A long-term nursing unit or geriatrics ward; or
5. An Extended Care Facility for the care of convalescent, rehabilitative, or ambulatory patients.

**Hospital Confinement, Confinement, or Confined** - That period of time during which the Covered Person is admitted into a Hospital on an inpatient basis in excess of 23 hours as an overnight resident bed patient for the necessary treatment of an Accident. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, a freestanding surgical facility, or Outpatient facility. Successive Confinements separated by 30 days or less will be considered as one Confinement.

**Immediate Family Member** - You, your Spouse, Child, mother, father, brother, sister, or other close family member of the Covered Person.

**Insured, you, your, or yours** - The employee or member covered for this insurance and named on the Schedule of Benefits.

**Necessary Treatment** - The medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service which is not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment, service, or expense which is experimental in nature is considered Necessary Treatment.

We may use a Peer Review Organization or other professional medical opinions to determine if health care services are:

1. Medically necessary;
2. Consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. Provided in the most economical and medically appropriate site for treatment.

Expenses related to such services will not be considered Necessary Treatment if services are not considered to be:

1. Medically necessary; or
2. Consistent with professionally recognized standards of care with respect to quality, frequency, or duration.

**Outpatient** - A Covered Person who receives medical tests, treatment, or services from a Hospital, Ambulatory Surgical Center, medical clinic, or Physician's office and is not charged for room and board.

**Physical Therapist** - Anyone, other than you or your Immediate Family Member, who is licensed as a Physical Therapist and certified to treat physically disabled or handicapped persons with physical agents and methods such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in rehabilitation.

**Physician** - A licensed medical practitioner of the healing arts who:

1. Performs only those services permitted within the scope of his or her license; and
2. Is not an Immediate Family Member.

Physician will also include other licensed medical practitioners, such as nurse practitioners, Physician's assistants, and chiropractors that operate within the scope of their license.

**Policyholder** - The entity named on the Policy's Cover Page and is shown on the Certificate's Schedule of Benefits.

**Reduction** - Open-surgical repair or closed-manipulative repair.

**Spouse** - As named in the Application, includes your legally married Spouse, your common law Spouse, domestic partner, or civil union partner if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and the Company.

**Type of Coverage** - Insurance coverage selected for this Certificate is shown on the Schedule of Benefits. The types of coverage available are:

1. Individual - Coverage on the Insured only.
2. Single Parent Family - Coverage on the Insured and any Dependent Child.
3. Two-Adult Family - Coverage on the Insured and Spouse only.
4. Family - Coverage on the Insured, the Insured's Spouse, and any Dependent Child.

**Transamerica Life Insurance Company, the Company, we, us, or our** - The Insurer that underwrites this coverage.

## ELIGIBILITY AND EFFECTIVE DATE

Coverage will start on the Effective Date shown on the Schedule of Benefits. Coverage will start on that date at 12:01 AM at the main place of business of the Policyholder. Effective Dates for Riders and all persons added to coverage after this Certificate is issued will be reflected by an endorsement to the Certificate.

**Employee or Member Eligibility** - You must meet the following requirements to be eligible for insurance:

1. Meet the eligibility requirements as selected on the Policyholder's Application;
2. Satisfactorily answer all eligibility and other questions on your Application and provide Evidence of Insurability satisfactory to us, if we ask for it; and
3. Be in Active Service.

**Employee or Member Effective Date** - Your insurance will take effect on the Effective Date if the following events have taken place:

1. You completed an Application on or before said Effective Date; and
2. You are in Active Service; and
3. Your first premium is paid.

If you are not eligible for this coverage on the Effective Date, your coverage will take effect on the first day of the month which coincides with or next follows the date you first become eligible and are approved for coverage. Additionally, your first premium must have been received by us and all provisions listed in the Employee or Member Eligibility provision above must be met.

If you are not in Active Service on what otherwise would be the Effective Date, your coverage will be deferred until the first day of the month following the date you are in Active Service.

**Dependent Eligibility** - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day you become eligible for coverage; or
2. The day he or she first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction or premium payment.

If such Application is not made within that 31-day period, your Spouse or Child will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If an eligible Dependent does not become a Covered Person on your Effective Date, you may add the Dependent to this Certificate by taking the following steps:

1. Submitting an Application;
2. Satisfying any Evidence of Insurability requirements; and
3. Paying any additional premium, if required.

If you and your Spouse are both eligible as an employee or member, your Child may be insured as a Dependent of either you or your Spouse, but not both.

**Dependent Effective Date** – The Effective Date of coverage for each eligible Dependent will be on the first day of the month that coincides with or next follows:

1. Our acceptance of the Application; and
2. Our receipt of the first premium.

However, if on such date your coverage has not yet taken effect, the Effective Date for Dependent coverage will be the same as your Effective Date.

**Newborn or Newly-Adopted Child Effective Date** - Coverage for a newborn, a newly adopted Child, or a Child for whom you are appointed the legal guardian, will become effective automatically on the day he or she is born, the day the Child is placed for adoption or the day a court enters an order appointing you the legal guardian of the Child, as long as you have Single Parent Family or Family coverage in force on that date.

If this Certificate was issued as Individual coverage, the Child will be automatically covered for 31 days. In order to continue the Child's coverage:

1. You must notify us by the end of the 31-day period of the addition of such Child; and
2. You must elect either the Single Parent Family or Family coverage, and pay any applicable additional premium.

## BENEFITS

If a Covered Person receives an Accidental Bodily Injury and expenses are incurred for Necessary Treatment, we will pay the following benefits according to the Benefits section of this Certificate. Such injury must be independent of disease or bodily infirmity other than an Accident. Such Accident must occur while coverage is in force.

Benefit payments will be made directly to you, unless you assign benefits. Proof of Loss must be submitted to us for each incurred expense. Under no conditions will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

The following benefits are payable per unit, per Covered Person, as shown below. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits.

**Module 1 - Accident Emergency Treatment**

**Accident Emergency Treatment Benefit** - If a Covered Person receives treatment for an Accidental Bodily Injury, we will pay \$25 per unit for treatment received. This benefit is payable for treatment by a Physician, X-rays, treatment received in a Hospital emergency room, or Physician's office. Treatment must be received within 96 hours of such Accident for benefits to be payable. This benefit is payable once per Accident, per Covered Person. Benefits will not be paid for services rendered by an Immediate Family Member.

**Major Diagnostic Examinations Benefit** - We will pay \$40 per unit, per Covered Person, for one Major Diagnostic Examination per Accident. This benefit is limited to one Major Diagnostic Examination per Accident. Such examination must be performed within 90 days of the Accidental Bodily Injury. Major Diagnostic Examinations are limited to the following:

1. CT (computerized tomography) scan;
2. MRI (magnetic resonance imaging); and
3. EEG (electroencephalogram).

**Dislocation Benefit** - Dislocations which are reduced under general anesthesia are payable as follows:

1. If a Covered Person receives more than one Dislocation in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit;
2. If a Covered Person receives a Dislocation and a Fracture in the same Accident, we will pay 1½ times the amount for the Dislocation or Fracture involved that has the highest benefit amount. No other amount under this benefit or the Fracture Benefit will be paid; and
3. If a Dislocation is reduced without general anesthesia by a Physician, we will pay 25% of the amount shown for the Dislocation involved.
4. Benefits are payable only for the first Dislocation of a joint. If a Covered Person dislocates a joint and then dislocates the same joint again, the second same joint Dislocation would not be covered.

**Dislocation Benefit**

**Benefit per Unit**

Hip	
Open Reduction .....	\$800
Closed Reduction .....	\$270
Knee or Shoulder	
Open Reduction .....	\$270
Closed Reduction .....	\$110
Collar Bone	
Open Reduction .....	\$430
Closed Reduction .....	\$ 80
Ankle or Foot (excluding toes)	
Open Reduction .....	\$270
Closed Reduction .....	\$ 80
Lower Jaw	
Open Reduction .....	\$270
Closed Reduction .....	\$140
Wrist or Elbow	
Open Reduction .....	\$220
Closed Reduction .....	\$110
Toe or Finger	
Open Reduction .....	\$ 60
Closed Reduction .....	\$ 30

**Fracture Benefit** - If a Covered Person receives more than one Fracture in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Fracture involved that has the highest benefit amount. No other amount will be paid under this benefit.

If a Covered Person receives a Fracture and a Dislocation in the same Accident, we will pay 1½ times the amount for the Fracture or Dislocation involved that has the highest benefit amount. No other amount under this benefit or the Dislocation benefit will be paid.

Chip Fractures pay 10% of the benefit amount for the Fracture involved.

<u>Fracture Benefit</u>	<u>Benefit per Unit</u>
<b>Hip</b>	
Open Reduction .....	\$1,000
Closed Reduction .....	\$340
<b>Leg</b>	
Open Reduction .....	\$420
Closed Reduction .....	\$340
<b>Skull</b>	
Depressed .....	\$540
Simple.....	\$200
<b>Hand (excluding fingers) Foot (excluding toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw</b>	
Open Reduction .....	\$340
Closed Reduction .....	\$170
<b>Vertebrae (body of), Pelvis (excluding coccyx) .....</b>	<b>\$170</b>
<b>Upper Jaw, Upper Arm or Face (excluding Nose), Collar Bone</b>	
Open Reduction .....	\$400
Closed Reduction .....	\$170
<b>Rib(s)</b>	
Open Reduction .....	\$670
Closed Reduction .....	\$70
<b>Nose, Heel or Finger(s)</b>	
Open Reduction .....	\$340
Closed Reduction .....	\$70
<b>Coccyx</b>	
Open Reduction .....	\$140
Closed Reduction .....	\$70
<b>Toe(s)</b>	
Open Reduction .....	\$140
Closed Reduction .....	\$70
<b>Vertebral Processes</b>	
Open Reduction .....	\$670
Closed Reduction .....	\$100

Benefits are not payable for services rendered by an Immediate Family Member.

**Module 2 - Follow-Up Visits and Physical Therapy**

**Accident Follow-Up Treatment Benefit** - While this coverage is in force, if a Covered Person first receives treatment for an Accidental Bodily Injury within 96 hours of an Accident and later requires additional treatment for the same injury, we will pay \$10 per unit for such follow-up treatment as follows:

1. This benefit is payable up to a maximum of three follow-up treatments per Accident per Covered Person.
2. Such treatment must begin within 30 days of, and be completed within, the six-month period following the later of the following dates:

a. The Accident;

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- b. Discharge from the Hospital from a covered Confinement; or
  - c. Discharge from the Extended Care Facility; and
3. Treatments must be furnished by a Physician in a Physician's office or in a Hospital on an Outpatient basis.

**Physical Therapy Benefit** - While this coverage is in force, if a Physician advises a Covered Person to seek treatment from a Physical Therapist, we will pay a benefit amount of \$10 per unit, per treatment, up to a maximum of 10 treatments per Accident. Physical Therapy must begin within 120 days of the Accident. All treatments must be completed within one year of the Accident.

### **Module 3 - Initial Accident Hospitalization**

**Initial Accident Hospitalization Benefit** - When a Covered Person is Hospital Confined for 24 hours or more for an Accidental Bodily Injury, we will pay the following benefit amounts:

1. Hospital admission - \$300 per unit for the first Hospital admission due to an Accident; and
2. Intensive Care Unit (ICU) - \$300 per unit for the first ICU admission due to an Accident.

An ICU admission benefit is paid even if admitted to the Hospital initially, and then transferred to ICU later during the same hospitalization.

This benefit is payable only once per Hospital or ICU Confinement and only once per Covered Person per Accident.

**Ambulance Benefit** - We will pay for ambulance transportation by a licensed ambulance service if the Covered Person is transferred by ambulance to the nearest Hospital for treatment within 96 hours of an Accident in the amounts as follows:

1. \$60 per unit for ground ambulance; or
2. \$300 per unit for air ambulance.

## **EXCLUSIONS AND LIMITATIONS**

We will not pay benefits for a Covered Person's Accident that is caused by or occurs as a result of one of the following events:

1. Driving any taxi for wage, compensation, or profit;
2. Mountaineering, parachuting, or hang gliding;
3. Voluntarily taking, administering, absorbing, or inhaling poison, gas, or fumes;
4. Alcoholism or drug addiction;
5. Participating in any sport or sporting activity for wage, compensation, profit, or racing any type vehicle in an organized event;
6. Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
7. War, or any act of war, whether declared or undeclared;
8. Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the Accident occurred;
9. Participating in a riot, civil commotion, civil disobedience, or unlawful assembly.
10. Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
11. Intentionally self-inflicting a bodily injury or attempting suicide, while sane or insane;
12. Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception;
13. Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit.

## **PREMIUMS**

All premiums are payable on or before the date they are due.

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, we will give at least a 60-day advance written notice to the Policyholder, or to you if the Portability Option is in effect. We will not change the premiums during the first 12 months following the Effective Date, and we will not change the premiums more frequently than once in every 6-month period.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased, without regard to any premium rate guarantee.

## TERMINATION OF INSURANCE

Subject to the Portability Option, your insurance will cease on the earliest of:

1. The date of your death;
2. The date on which you cease to be eligible for coverage;
3. The last date for which premium payment has been made to us, subject to the Grace Period;
4. The date on which you terminate employment;
5. The date the Policy terminates, subject to the Portability Option; or
6. The date you send us a written notice that you want to cancel coverage.

The insurance on a Dependent will cease on the earliest of:

1. The date of your death;
2. The date your coverage terminates;
3. The last date for which premium payment has been made to us, subject to the Grace Period;
4. The date the Dependent no longer meets the definition of Dependent;
5. The date the Certificate is modified so as to exclude Dependent coverage; or
6. The date you send us a written notice that you want to cancel coverage on your Dependent.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Certificate.

**Extension of Benefits** – Whenever termination of coverage under this section occurs due to termination of your employment or membership, such termination will be without prejudice to:

1. Any Hospital Confinement which began while coverage was in force; or
2. Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

1. 30 days; or
2. The date on which the Covered Person is no longer hospitalized or receiving treatment.

## PORTABILITY OPTION

While you are alive, if you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue this Certificate (including any Riders, if applicable) by paying the premiums directly to us at our Administrative Office within 31 days after this insurance terminates. We will bill you for these premiums after you notify us to continue this coverage. The premiums you pay directly to us may exceed the premiums that were paid through the Policyholder due to increased administrative costs for direct billing. If you stop paying the premiums under this option, this coverage will cease, subject to the terms of the Grace Period.

This Portability Option is only available for the Insured and the Insured's Dependents; it is not available for the Insured's Dependents without the Insured.

## CLAIMS PROVISIONS

**Claim Forms** - Claim forms should be used for filing Proof of Loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof in writing setting forth the nature and extent of the loss within the time stated in the Proof of Loss provision.

**Claims Procedure** - Due Proof of Loss must be submitted to us at our Administrative Office. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the Cover Page.

**Notice of Claim** - Written notice of claim must be given to us at our Administrative Office or to our agent. Such notice should be made within 30 days after any loss covered by the Certificate. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

**Payment of Claim Benefits** - Benefits may be assigned to the provider(s) of such benefits. Otherwise, all benefits payable under the Policy will be paid to you. Accrued benefits that are not paid at your death will be paid to your Spouse, or if there is no Spouse, then to your estate. We may pay up to \$1,000 of such benefit to one of your relatives at our discretion. Such payment fully discharges us to the extent of the payment.

**Proof of Loss** - Satisfactory written Proof of Loss must be given to us at our Administrative Office. Proof must be sent within 90 days after the date of such loss.

Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and that it was furnished as soon as it was reasonably possible. In any event, the proof required must be given no later than one year from the time of loss, unless the claimant was legally incapacitated.

**Time of Payment of Claims** - After receiving written Proof of Loss, we will pay all benefits then due under this Certificate no later than 30 days after receipt of Proof of Loss.

## GENERAL PROVISIONS

**Assignment** - The Insured may assign benefits under this Certificate. We assume no responsibility for the validity or effect of any assignment of this Certificate or any interest in it.

**Change of Beneficiary** - Unless the Insured makes an irrevocable designation of beneficiary, the right to change beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries will not be required to surrender or assign this Certificate or to change beneficiaries, or to make any other coverage changes.

**Changes to this Certificate** - Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

**Clerical Error** - A clerical error by us will not invalidate insurance otherwise in force, nor continue insurance otherwise not validly in force.

**Conformity with State Laws** - Should any provision of this Certificate conflict with a law of the governing jurisdiction, it is hereby amended to conform to the minimum requirements of that law.

**Entire Contract** - The Group Master Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and your Application.

**Grace Period** - A period of 31 days from the premium due date will be allowed for each premium payment after the first premium payment has been made. Coverage will stay in force during this time. The coverage under this Certificate will terminate at the end of the Grace Period if the premium has not been paid. You must still pay all unpaid premium. This includes the premium due for the Grace Period.

**Legal Action** - No legal action may be brought to recover under the Policy or Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

**Misstatement of Age** - If the Covered Person's age has been misstated, the Covered Person's true age will be used to adjust the premium or adjust the benefits paid.

**No Dividends Payable** - This Certificate does not participate in the profits or surplus earnings of the Company.

**Physical Examinations and Autopsy** - We reserve the right to have a Covered Person examined by a Physician of our choice as often as reasonably necessary while a claim is pending. We will pay for such examination. In case of death, we may request an autopsy where it is not forbidden by law.

### Time Limit on Certain Defenses

**Misstatements in the Application** - We will not use any statement, except fraudulent statements, in your Application to void or reduce benefits after this Certificate has been in force during your lifetime for two years from the Effective Date of coverage. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amount will be subject to a new two-year contestable period for the increased benefit amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

**When Notice is to be Given by Us** - Any notice to you will be sent to your last known address.



Company which issued the Policy or Certificate (referred to as "Contract" herein) to which this form is attached:  
Transamerica Life Insurance Company - Home Office: Cedar Rapids, Iowa

Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219

**ENDORSEMENT**

This Endorsement is made part of the Contract to which it is attached, and is subject to all its provisions which are not in conflict with the provisions of this Endorsement. The Effective Date of this endorsement is the same as the Effective Date of the Contract to which it is attached or January 1, 2011, whichever is later.

Beginning on January 1, 2011, the definition of Child is hereby amended as follows:

- The limiting age for a Child is now increased to cover Children through age 25.
- Any restriction that requires a Child be unmarried is now removed.
- Any restriction that requires a Child be a full-time student is now removed.
- Any restriction that requires a Child be living with you is now removed, with the exception of grandchildren (where available).
- Any restriction that requires a Child be financially dependent on you is now removed, with the exception of grandchildren (where available).

In all other respects the provisions and conditions of the Contract remain the same.

Signed for the Company at our Home Office on its Effective Date by:

General Counsel and Secretary

Accepted by: \_\_\_\_\_

Title: \_\_\_\_\_  
*(e.g. Insured, Owner, Guardian, or Officer Position if signing for a Group Policyholder)*

Date: \_\_\_\_\_

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "we," "us," or "our")

## ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

### DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

**Accidental Death** - Loss of life resulting from an Accidental Bodily Injury. The death must occur within 90 days of the Accidental Bodily Injury.

**Air Bag System** - An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

**Automobile** - A four-wheeled private passenger motor vehicle licensed for use on public highways and is not being used to transport passengers for hire.

**Covered Loss** - An Accidental Death or a Dismemberment. Such a loss must occur within 90 days of an Accidental Bodily Injury subject to the Exclusions and Limitations provisions of the contract. Covered Loss also includes an Accidental Death or Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within 90 days of the date of an Accidental Bodily Injury.

**Dismemberment** - An Accidental Bodily Injury that, directly and independently of all other causes, results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

Loss of a hand means the entire loss of at least four fingers. Loss of a finger or toe means complete severance at the hand or foot. Loss of a foot means complete severance at or above the ankle joint. Loss of an arm means complete severance above the elbow. Loss of a leg means complete severance above the knee. Loss of sight, speech, or hearing means total and permanent loss of sight, speech, or hearing.

**Licensed Day Care Center** - An appropriately licensed facility or home that:

1. Provides supervision for more than six persons (other than persons who reside there) under the age of 13 for less than 24 hours per day;
2. Receives a payment for providing dependent care services; and
3. Has a Taxpayer Identification Number.

**Proceeds** - The amount of benefits payable for an Accidental Death and Dismemberment is equal to the Accidental Death and Dismemberment benefit amount per unit, times the number of units selected, less any premium due and unpaid.

**Public Transportation** - A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis, limousines, and privately chartered vehicles are not common carriers.

**Seatbelt** - A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured.

**Survivor** - For purposes herein, a "Survivor" will refer to the surviving Insured, if the Spouse is deceased from the Accidental Death; it refers to the surviving Spouse, if the Insured is deceased from the Accidental Death; and it refers to the legally appointed guardian of each surviving Child if both the Insured and Spouse are deceased.

## BENEFITS

We will pay the following benefits as applicable if a Covered Person's Death or Dismemberment is caused by an Accident. Death or Dismemberment must be independent of disease or bodily infirmity or any other cause other than an Accident. Such Accident must occur while coverage is in force.

The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

### A. Accidental Death Benefit

If the Covered Person dies as the result of an Accidental Bodily Injury, we agree to pay the Proceeds to the Beneficiary. This Rider must be in force at the time of death. We must receive satisfactory proof of the Covered Person's death. If an Accidental Dismemberment Benefit has been paid prior to an Accidental Death resulting from the same Accident, the Accidental Death Benefit due will be reduced by any Accidental Dismemberment Benefits amount previously paid.

One of the following benefits (1 through 3) is payable per unit, per Accident, for each Covered Person as shown below.

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
1. Common Carrier Accidental Death	\$30,000	\$30,000	\$15,000
2. Automobile Accidental Death			
a. With Seatbelt and Air Bag deployed	\$22,000	\$22,000	\$11,000
b. With Seatbelt, without Air Bag	\$20,000	\$20,000	\$10,000
c. Without Seatbelt, without Air Bag	\$15,000	\$15,000	\$ 7,500
3. Other Accidental Death	\$10,000	\$10,000	\$ 5,000

1. **Common Carrier Accidental Death** - We will pay the Common Carrier Benefit for an Accidental Death if both of the following events occur:
  - a. The Covered Person dies as a result of an Accident for which an Accidental Death Benefit is payable; and
  - b. The Accident occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation.
  
2. **Automobile Accidental Death** - We will pay the Automobile Accidental Death Benefit if a Covered Person dies as a result of an Automobile Accident for which an Accidental Death Benefit is payable. Benefit amounts payable are shown in the above chart for the following events:
  - a. **Seatbelt** - The Covered Person was wearing and was properly utilizing a Seatbelt at the time of the Accident, as evidenced by a police accident report.
  - b. **Air Bag System** - The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer; and the Covered Person was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report

This benefit will not be payable if the Covered Person is the driver of the Automobile and does not hold a current and valid driver's license.

3. **Other Accidental Death** - Any covered Accidental Death other than a Common Carrier or Automobile.

### B. Transportation of Remains Benefit

The following benefit will be paid to the Beneficiary, per unit, when applicable, if the Accidental Death Benefit is payable for the Covered Person:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Transportation of Remains Benefit	\$400	\$400	\$200

We will pay a Transportation of Remains Benefit if the following conditions are met:

1. The Covered Person dies more than 200 miles from their primary residence; and
2. Expenses are incurred to transport the Covered Person's body to a mortuary near their primary place of residence.

**C. Additional Benefits for Accidental Death**

The following benefit(s) will be paid to the Survivor, per unit, when applicable if the Accidental Death Benefit is payable.

	<u>Insured</u>	<u>Spouse</u>
*Surviving Child Educational Benefit	\$800	\$800
*Licensed Day Care Center Benefit	\$300	\$300
*Career Enrichment Benefit	\$800	\$800

\*These three benefits do not require the Spouse or Child to be insured under this Rider.

**Surviving Child Educational Benefit** - We will pay a Surviving Child Educational Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of 17 through 21; and
2. The surviving Child must be enrolled as a regular, full time student at an accredited college, university, a 2-year college, vocational, or trade school; or
3. The surviving Child must enroll, within 365 days of such death, at an accredited school described in item 2, above.

We will pay \$800 per unit each year for up to 4 years while the surviving Child is enrolled in school. We will continue to pay this benefit only while the surviving Child remains a full-time student. We will pay this benefit in equal installments over the 4-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of student status must be provided annually.

If there is no surviving Child between the ages of 17 through 21, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

**Licensed Day Care Center Benefit** - We will pay a Licensed Day Care Center Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of newborn through 12;
2. The Survivor pays a Licensed Day Care Center, who is not an Immediate Family Member, for day care, within 90 calendar days after the date of the Accidental Death; and
3. The day care is necessary in order for the Survivor to work or to obtain training for work.

We will pay \$300 per unit each year for up to 3 years while the surviving Child is enrolled in a Licensed Day Care Center, provided the Child remains enrolled in a Licensed Day Care Center during that time. We will pay this benefit in equal installments over the 3-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of enrollment must be provided annually.

If there is no surviving Child between the ages of newborn through 12, a one-time benefit of \$100 per unit will be paid to the Beneficiary.

**Career Enrichment Benefit** - We will pay a Career Enrichment Benefit to the Survivor for a professional or trade training program in which the Survivor has enrolled on a full-time basis within 24 months of the Accidental Death. The training program must be for the purpose of obtaining an independent source of income or enriching the Survivor's ability to earn a living. The training program must be at an accredited college, university, a 2-year college, vocational, or trade school.

We will pay \$800 per unit each year for up to 4 years while the Survivor remains enrolled in a training program. Satisfactory proof of enrollment must be provided annually.

If both the Insured and Spouse have died, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

**D. Accidental Dismemberment Benefits**

We will pay a benefit, per unit, per Covered Person, for Dismemberment due to an Accident. Dismemberment must occur within 90 days of such Accidental Bodily Injury. If an Accidental Death Benefit is payable after Accidental Dismemberment Benefits have been paid from the same Accident, we will deduct the Accidental Dismemberment Benefits paid from the Accidental Death Benefit due.

**Dismemberment or complete loss of, with or without reattachment:**

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
One or more fingers or one or more toes	\$ 500	\$ 500	\$ 250
One eye, hand, foot, arm, or leg	\$ 2,000	\$ 2,000	\$ 1,000
Two eyes, hands, or feet	\$ 5,000	\$ 5,000	\$ 2,500
Speech or hearing in both ears	\$ 5,000	\$ 5,000	\$ 2,500
Two arms or two legs	\$ 5,000	\$ 5,000	\$ 2,500
Speech and hearing in both ears	\$10,000	\$10,000	\$ 5,000
Both arms and both legs	\$10,000	\$10,000	\$ 5,000

The total Accidental Dismemberment Benefit will not exceed \$10,000 per unit for Insured or Spouse and \$5,000 per unit for Child, per Accident.

**EFFECTIVE DATE**

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

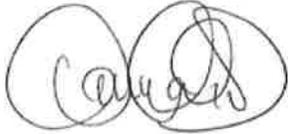
**TERMINATION**

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.



General Counsel and Secretary



President

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "we," "us," or "our")

## EXPANDED BENEFITS RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

### DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

**Coma** - A state of unconsciousness for 14 consecutive days due to an Accident with:

1. No reaction to external stimuli;
2. No reaction to internal needs, and
3. The use of life support systems.

**Prosthetic Device** - An artificial device which is prescribed by a Physician, designed to replace a missing body part when the Covered Person loses a hand, foot, or an eye due to an Accident.

### BENEFITS

This Rider provides the following benefits once per Accident, per Covered Person, for Accidental Bodily Injury. The benefit amounts shown below are the amounts per unit. The number of units selected by the Policyholder for this Rider is shown on the contract's Schedule of Benefits.

#### A. Burns

Benefits are payable for Burns treated by a Physician within 96 hours after the Accident.

	<u>Benefit Amount</u>
1. Second-degree burns of at least 25% but not more than 35% of body surface	\$ 60.00
2. Second-degree burns of more than 35% of body surface	\$ 150.00
3. Third-degree burns covering 6 through 10 square centimeters of the body surface	\$ 150.00
4. Third-degree burns covering 10 through 25 square centimeters of the body surface	\$ 400.00
5. Third-degree burns covering 25 through 35 square centimeters of the body surface	\$ 900.00
6. Third-degree burns covering more than 35 square centimeters of the body surface	\$1200.00

One or more skin grafts for a covered burn will be paid at 50% of the Burn benefit amount we paid for the Burn involved.

#### B. Lacerations

Benefits are payable for lacerations treated or repaired within 96 hours after the Accident.

1. Lacerations not requiring sutures	\$ 4.00
2. Single laceration less than 7.5 centimeters	\$ 8.00
3. Lacerations 7.6 to 20 centimeters	\$ 30.00
4. Lacerations over 20 centimeters	\$ 60.00

#### C. Eye Injury

Benefits are payable for eye injury.

1. With surgical repair	\$ 40.00
2. Non-surgical removal of foreign body by a Physician	\$ 7.00

#### D. Emergency Dental Work

Benefits are payable for dental benefits for broken teeth.

1. One or more broken teeth repaired with crowns; and	\$ 30.00
2. One or more broken teeth resulting in extractions.	\$ 8.00

- E. Brain Concussion** \$ 20.00  
Benefits are payable for a concussion that is diagnosed by a Physician within 96 hours after the Accident.
- F. Coma** \$1,500.00  
Benefits are payable for a Coma.
- G. Paralysis**  
Benefits are payable for paralysis lasting a minimum of 30 days.
1. Quadriplegia (paralysis of four limbs) \$1,500.00
  2. Paraplegia (paralysis of lower limbs) \$ 750.00
- H. Tendons, Ligaments, and/or Rotator Cuffs**  
Benefits are payable for tendons, ligaments, and/or rotator cuffs that are detached, torn, ruptured, or severed. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:
1. Arthroscopic surgery with no repair; \$ 20.00
  2. Repair of one; or \$ 50.00
  3. Repair of two or more. \$100.00
- I. Ruptured Discs and/or Torn Knee Cartilage**  
Benefits are payable for a disc in the spine that is ruptured and/or knee cartilage that is torn. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:
1. Shaved cartilage (debridement) or arthroscopic surgery with no repair; \$ 20.00
  2. Repair of one; or \$ 50.00
  3. Repair of two or more. \$100.00
- J. Major Surgery** \$150.00  
Benefits are payable for an open abdominal, cranial, or thoracic surgery performed by a Physician within one year of the Accident. Laparoscopic procedures are excluded.
- K. Appliance** \$ 20.00  
Benefits are payable for a medical appliance recommended by a Physician as an aid in personal locomotion. Benefits include and are payable for such items as crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for Prosthetic Devices.
- L. Prosthetic Devices**  
Benefits are payable for one or more Prosthetic Devices. The Prosthetic Device(s) must be received within one year of the Accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eye glasses, or for cosmetic Prosthetic Devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.
1. Benefit for one Prosthetic Device; or \$75.00
  2. Benefit for two or more Prosthetic Devices. \$150.00
- M. Blood, Plasma, and Platelets** \$40.00  
Benefits are payable for blood, plasma, and/or platelets required for the treatment of Accidental Bodily Injury. Immunoglobulins are not covered.
- N. Transportation** \$60.00  
Benefits are payable per round trip, up to 2 round trips to the Hospital per Accident, per Covered Person if special treatment and Hospital Confinement occurs within 30 days of an Accidental Bodily Injury. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the Accident or residence of the Covered Person.
- O. Family Lodging** \$15.00  
Benefits are payable per day, up to a maximum of 30 days per Accident, for one motel/hotel room for a member(s) of the Immediate Family to accompany the Covered Person if Hospital Confinement is within 30 days of an Accident for the treatment of Accidental Bodily Injury. Benefits are payable only for the same time period that the injured Covered Person is Hospital Confined in a facility 100 or more miles from the Covered Person's residence. The local attending Physician must prescribe the treatment. Benefits will not be paid for services rendered by an Immediate Family Member.

## EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

## TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.



General Counsel and Secretary



President

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "we," "us," or "our")

## ACCIDENT HOSPITAL AND ICU INCOME RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

### DEFINITIONS

In addition to the definitions contained in the contract, the following definition applies to this Rider.

**Intensive Care Unit (ICU)** - A specially designated area of a Hospital that provides the highest level of medical care restricted to those patients who are critically ill or critically injured. It must be separate and apart from the surgical recovery room and other rooms, wards, or beds normally used for patient confinement. It must also meet these additional requirements:

1. It is provided with constant and continuous nursing care by nurses assigned to it on a full-time basis;
2. It is under the full-time direction and/or supervision of either a Physician or a standing committee of the Hospital's medical staff; and
3. It contains special life-saving equipment.

ICU includes:

1. Intensive cardiac and coronary care units;
2. Neonatal intensive care units; and
3. Burn intensive care units, if such units meet the conditions of this definition.

The following care units do not qualify as an ICU:

1. Progressive Care Units;
2. Sub-acute Intensive Care Units;
3. Intermediate Care Units;
4. Step-Down Units;
5. Private rooms with monitoring; or
6. Any lesser care units.

### BENEFITS

The following benefits are payable per unit as shown below. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

**Accident Hospital Income Benefit** - While this Rider is in force, if a Covered Person requires Hospital Confinement for treatment of an Accident, we will pay \$25, per unit, per day, of Confinement. Confinement must start within 30 days of the Accident. We will pay this benefit up to 365 days per Accident.

**Accident ICU Benefit** - While a Covered Person is receiving the Accident Hospital Income Benefit, we will pay an additional \$75, per unit, for each day the Covered Person is Confined in an ICU. This ICU benefit is payable for up to 15 days per Accident.

### EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

## TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.



General Counsel and Secretary



President

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499  
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219  
(Hereinafter called "the Company," "we," "us," or "our")

## WELLNESS BENEFIT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

### DEFINITION

**Waiting Period** - The number of days shown on the Schedule of Benefits from this Rider's Effective Date that no benefits are payable.

### BENEFITS

#### Wellness Benefit

After any Waiting Period shown on the contract's Schedule of Benefits, we will pay \$10 per unit, per Calendar Year, for one annual health screening benefit for the Insured, and one annual health screening benefit for the covered Spouse for routine examinations or other preventive testing. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

The annual health screening tests payable under this benefit are listed as follows:

#### Health Screening Tests:

Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemocult stool analysis
Breast ultrasound	Mammography
CA 125 (blood test for ovarian cancer)	Pap test
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	Serum cholesterol test to determine HDL/LDL level
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography

Health screening tests must be performed under the supervision of or recommended by a Physician, and a charge must be incurred. Satisfactory proof of the charges incurred for the health screening tests must be submitted with each new claim.

### EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured in writing of a different date.

### TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

This Rider is signed for the Company at our Home Office to take effect on the Rider's Effective Date.



General Counsel and Secretary



President



# Summary for: CITY OF BATON ROUGE

(Data: 7/1/2023 through 6/30/2024)

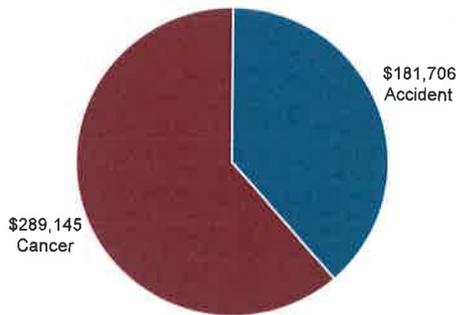
GET STARTED

TRANSAMERICA

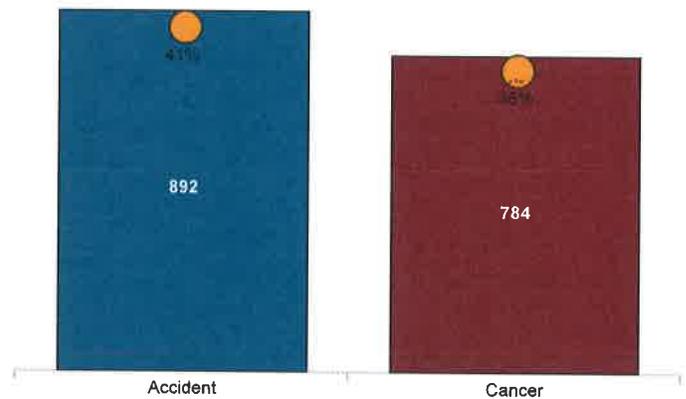
Transamerica recognizes how important it is to educate employees about the benefits available to them. As a carrier we want to support brokers and employers in efforts to best educate and inform employees to help them make the best decisions for themselves and their families.

Starting Policies (7/1/2023)	Added Policies	Terminated Policies	Ending Policies (6/30/2024)	Ending Premium (6/30/2024)
1,448	353	125	1,676	\$470,851

Inforce Premium (as of 6/30/2024)



Inforce Policies & Participation Rate (as of 6/30/2024)



Transamerica believes that sharing how these benefits are utilized highlights the importance of our products.

Utilization of Benefits

Line of Business	Claim Count 2022	Claim Count 2023	Claim Count 2024	Claim Count 2025	Paid Claims 2022	Paid Claims 2023	Paid Claims 2024	Paid Claims 2025
Accident	233	196	225	52	\$21,964	\$41,095	\$23,594	\$4,810
Cancer	324	285	294	79	\$115,512	\$137,271	\$92,310	\$13,251
Grand Total	557	481	519	131	\$137,476	\$178,366	\$115,904	\$18,061

Wellness Claim Counts & Amounts Paid (7/1/2023 - 6/30/2024)



Item No.	Item Description	Unit	Quantity	Unit Price	Total Price	Item No.	Item Description	Unit	Quantity	Unit Price	Total Price
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55	...	...	...	...	...	55	...	...	...	...	...
56	...	...	...	...	...	56	...	...	...	...	...
57	...	...	...	...	...	57	...	...	...	...	...
58	...	...	...	...	...	58	...	...	...	...	...
59	...	...	...	...	...	59	...	...	...	...	...
60	...	...	...	...	...	60	...	...	...	...	...
61	...	...	...	...	...	61	...	...	...	...	...
62	...	...	...	...	...	62	...	...	...	...	...
63	...	...	...	...	...	63	...	...	...	...	...
64	...	...	...	...	...	64	...	...	...	...	...
65	...	...	...	...	...	65	...	...	...	...	...
66	...	...	...	...	...	66	...	...	...	...	...
67	...	...	...	...	...	67	...	...	...	...	...
68	...	...	...	...	...	68	...	...	...	...	...
69	...	...	...	...	...	69	...	...	...	...	...
70	...	...	...	...	...	70	...	...	...	...	...
71	...	...	...	...	...	71	...	...	...	...	...
72	...	...	...	...	...	72	...	...	...	...	...
73	...	...	...	...	...	73	...	...	...	...	...
74	...	...	...	...	...	74	...	...	...	...	...
75	...	...	...	...	...	75	...	...	...	...	...
76	...	...	...	...	...	76	...	...	...	...	...
77	...	...	...	...	...	77	...	...	...	...	...
78	...	...	...	...	...	78	...	...	...	...	...
79	...	...	...	...	...	79	...	...	...	...	...
80	...	...	...	...	...	80	...	...	...	...	...
81	...	...	...	...	...	81	...	...	...	...	...
82	...	...	...	...	...	82	...	...	...	...	...
83	...	...	...	...	...	83	...	...	...	...	...
84	...	...	...	...	...	84	...	...	...	...	...
85	...	...	...	...	...	85	...	...	...	...	...
86	...	...	...	...	...	86	...	...	...	...	...
87	...	...	...	...	...	87	...	...	...	...	...
88	...	...	...	...	...	88	...	...	...	...	...
89	...	...	...	...	...	89	...	...	...	...	...
90	...	...	...	...	...	90	...	...	...	...	...
91	...	...	...	...	...	91	...	...	...	...	...
92	...	...	...	...	...	92	...	...	...	...	...
93	...	...	...	...	...	93	...	...	...	...	...
94	...	...	...	...	...	94	...	...	...	...	...
95	...	...	...	...	...	95	...	...	...	...	...
96	...	...	...	...	...	96	...	...	...	...	...
97	...	...	...	...	...	97	...	...	...	...	...
98	...	...	...	...	...	98	...	...	...	...	...
99	...	...	...	...	...	99	...	...	...	...	...
100	...	...	...	...	...	100	...	...	...	...	...

Item No.	Description	Quantity	Unit	Price	Total	Remarks
1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...
6	...	...	...	...	...	...
7	...	...	...	...	...	...
8	...	...	...	...	...	...
9	...	...	...	...	...	...
10	...	...	...	...	...	...
11	...	...	...	...	...	...
12	...	...	...	...	...	...
13	...	...	...	...	...	...
14	...	...	...	...	...	...
15	...	...	...	...	...	...
16	...	...	...	...	...	...
17	...	...	...	...	...	...
18	...	...	...	...	...	...
19	...	...	...	...	...	...
20	...	...	...	...	...	...
21	...	...	...	...	...	...
22	...	...	...	...	...	...
23	...	...	...	...	...	...
24	...	...	...	...	...	...
25	...	...	...	...	...	...
26	...	...	...	...	...	...
27	...	...	...	...	...	...
28	...	...	...	...	...	...
29	...	...	...	...	...	...
30	...	...	...	...	...	...
31	...	...	...	...	...	...
32	...	...	...	...	...	...
33	...	...	...	...	...	...
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100	...	...	...	...	...	...























**ATTACHMENT M**  
**ANCILLARY INSURANCE**  
**PREMIUMS 2018-2025**

Carrier	Plan	Coverage	Level	Eff. Date	Total Premium	Employee Rate	Employer Premium	Pre-Tax Ded	Post-Tax Ded
DENT	DENT	SIL	EE	01/01/1900	13.54	6.50	7.04	2010	8010
DENT	DENT	SIL	ESP	01/01/1900	27.04	12.98	14.06	2000	8000
TRAM	ACCI	ACCD	EE	01/01/1900	13.22	13.22	0.00	2211	0
TRAM	ACCI	ACCD	ESP	01/01/1900	20.48	20.48	0.00	2211	0
TRAM	ACCI	ACCD	EECH	01/01/1900	17.55	17.55	0.00	2211	0
TRAM	ACCI	ACCD	FAM	01/01/1900	25.40	25.40	0.00	2211	0
VISN	VIS	VISN	EE	01/01/1900	5.20	5.20	0.00	2020	8020
VISN	VIS	VISN	ESP	01/01/1900	9.88	9.88	0.00	2020	8020
VISN	VIS	VISN	EECH	01/01/1900	10.36	10.36	0.00	2020	8020
VISN	VIS	VISN	FAM	01/01/1900	15.94	15.94	0.00	2020	8020
TRAM	CNCR	CAN1	EE	01/01/1900	14.87	14.87	0.00	2212	0
TRAM	CNCR	CAN1	EECH	01/01/1900	17.40	17.40	0.00	2212	0
TRAM	CNCR	CAN1	FAM	01/01/1900	27.42	27.42	0.00	2212	0
TRAM	CNCR	CAN2	EE	01/01/1900	36.80	36.80	0.00	2212	0
TRAM	CNCR	CAN2	EECH	01/01/1900	42.03	42.03	0.00	2212	0
TRAM	CNCR	CAN2	FAM	01/01/1900	66.17	66.17	0.00	2212	0
TRAM	ACCI	DHAC	EE	01/01/1900	15.86	15.86	0.00	2211	0
TRAM	ACCI	DHAC	ESP	01/01/1900	24.58	24.58	0.00	2211	0
TRAM	ACCI	DHAC	EECH	01/01/1900	21.06	21.06	0.00	2211	0
TRAM	ACCI	DHAC	FAM	01/01/1900	30.48	30.48	0.00	2211	0
TRAM	CNCR	DHC1	EE	01/01/1900	17.84	17.84	0.00	2212	0
TRAM	CNCR	DHC1	EECH	01/01/1900	20.88	20.88	0.00	2212	0
TRAM	CNCR	DHC1	FAM	01/01/1900	32.90	32.90	0.00	2212	0
TRAM	CNCR	DHC2	EE	01/01/1900	44.16	44.16	0.00	2212	0
TRAM	CNCR	DHC2	EECH	01/01/1900	50.44	50.44	0.00	2212	0
TRAM	CNCR	DHC2	FAM	01/01/1900	79.40	79.40	0.00	2212	0
DENT	DENT	PLAT	EE	01/01/2018	26.06	12.52	13.54	2010	8010
DENT	DENT	SIL	ESP	01/01/2018	27.04	12.98	14.06	2010	8010
DENT	DENT	PLAT	ESP	01/01/2018	52.10	25.00	27.10	2010	8010
DENT	DENT	SIL	EECH	01/01/2018	29.50	14.16	15.34	2010	8010
DENT	DENT	PLAT	EECH	01/01/2018	62.36	29.94	32.42	2010	8010
DENT	DENT	SIL	FAM	01/01/2018	45.96	22.06	23.90	2010	8010
DENT	DENT	PLAT	FAM	01/01/2018	95.14	45.66	49.48	2010	8010
DENT	DENT	PLAT	SS	01/01/2018	26.06	12.52	13.54	2010	8000
VISN	VIS	VISN	EE	12/22/2018	5.10	5.10	0.00	2020	8020
VISN	VIS	VISN	ESP	12/22/2018	9.68	9.68	0.00	2020	8020
VISN	VIS	VISN	EECH	12/22/2018	10.16	10.16	0.00	2020	8020
VISN	VIS	VISN	FAM	12/22/2018	15.62	15.62	0.00	2020	8020
DENT	DENT	PLAT	EE	12/21/2019	28.14	13.52	14.62	2010	8010
DENT	DENT	PLAT	ESP	12/21/2019	56.28	27.02	29.26	2010	8010
DENT	DENT	PLAT	EECH	12/21/2019	67.36	32.32	35.04	2010	8010
DENT	DENT	PLAT	FAM	12/21/2019	102.76	49.32	53.44	2010	8010
DENT	DENT	PLAT	SS	12/21/2019	28.14	13.52	14.62	2010	8010
DENT	DENT	SIL	EE	12/17/2022	13.54	6.50	7.04	2010	8010
DENT	DENT	PLAT	EE	12/17/2022	30.40	13.52	16.88	2010	8010
DENT	DENT	SIL	ESP	12/17/2022	27.04	12.98	14.06	2010	8010
DENT	DENT	PLAT	ESP	12/17/2022	60.80	27.02	33.78	2010	8010
DENT	DENT	SIL	EECH	12/17/2022	29.50	14.16	15.34	2010	8010
DENT	DENT	PLAT	EECH	12/17/2022	72.76	32.32	40.44	2010	8010
DENT	DENT	SIL	FAM	12/17/2022	45.96	22.06	23.90	2010	8010

DENT	DENT	PLAT	FAM	12/17/2022	111.00	49.32	61.68	2010	8010
TRAM	ACCI	ACCD	EE	12/17/2022	13.22	13.22	0.00	2211	0
TRAM	ACCI	ACCD	ESP	12/17/2022	20.48	20.48	0.00	2211	0
TRAM	ACCI	ACCD	EECH	12/17/2022	17.55	17.55	0.00	2211	0
TRAM	ACCI	ACCD	FAM	12/17/2022	25.40	25.40	0.00	2211	0
VISN	VIS	VISN	EE	12/17/2022	5.10	5.10	0.00	2020	8020
VISN	VIS	VISN	ESP	12/17/2022	9.68	9.68	0.00	2020	8020
VISN	VIS	VISN	EECH	12/17/2022	10.16	10.16	0.00	2020	8020
VISN	VIS	VISN	FAM	12/17/2022	15.62	15.62	0.00	2020	8020
TRAM	CNCR	CAN1	EE	12/17/2022	14.87	14.87	0.00	2212	0
TRAM	CNCR	CAN1	EECH	12/17/2022	17.40	17.40	0.00	2212	0
TRAM	CNCR	CAN1	FAM	12/17/2022	27.42	27.42	0.00	2212	0
TRAM	CNCR	CAN2	EE	12/17/2022	36.80	36.80	0.00	2212	0
TRAM	CNCR	CAN2	EECH	12/17/2022	42.03	42.03	0.00	2212	0
TRAM	CNCR	CAN2	FAM	12/17/2022	66.17	66.17	0.00	2212	0
DENT	DENT	PLAT	SS	12/17/2022	30.40	13.52	16.88	0	8010
TRAM	ACCI	DHAC	EE	12/17/2022	15.86	15.86	0.00	2211	0
TRAM	ACCI	DHAC	ESP	12/17/2022	24.58	24.58	0.00	2211	0
TRAM	ACCI	DHAC	EECH	12/17/2022	21.06	21.06	0.00	2211	0
TRAM	ACCI	DHAC	FAM	12/17/2022	30.48	30.48	0.00	2211	0
TRAM	CNCR	DHC1	EE	12/17/2022	17.84	17.84	0.00	2212	0
TRAM	CNCR	DHC1	EECH	12/17/2022	20.88	20.88	0.00	2212	0
TRAM	CNCR	DHC1	FAM	12/17/2022	32.90	32.90	0.00	2212	0
TRAM	CNCR	DHC2	EE	12/17/2022	44.16	44.16	0.00	2212	0
TRAM	CNCR	DHC2	EECH	12/17/2022	50.44	50.44	0.00	2212	0
TRAM	CNCR	DHC2	FAM	12/17/2022	79.40	79.40	0.00	2212	0
DENT	DENT	SIL	SS	12/17/2022	13.54	6.50	7.04	0	8010
UNUM	DENT	PLAT	EE	12/16/2023	30.40	13.52	16.88	2010	8010
UNUM	DENT	SIL	ESP	12/16/2023	27.04	12.98	14.06	2010	8010
UNUM	DENT	SIL	EE	12/16/2023	13.54	6.50	7.04	2010	8010
UNUM	DENT	PLAT	ESP	12/16/2023	60.80	27.02	33.78	2010	8010
UNUM	DENT	SIL	EECH	12/16/2023	29.50	14.16	15.34	2010	8010
UNUM	DENT	PLAT	EECH	12/16/2023	72.76	32.32	40.44	2010	8010
UNUM	DENT	SIL	FAM	12/16/2023	45.96	22.06	23.90	2010	8010
UNUM	DENT	PLAT	FAM	12/16/2023	111.00	49.32	61.68	2010	8010
METL	VIS	VISN	EE	12/16/2023	5.10	5.10	0.00	2020	8020
METL	VIS	VISN	ESP	12/16/2023	9.68	9.68	0.00	2020	8020
METL	VIS	VISN	EECH	12/16/2023	10.16	10.16	0.00	2020	8020
METL	VIS	VISN	FAM	12/16/2023	15.62	15.62	0.00	2020	8010
DENT	DENT	PLAT	EE	12/14/2024	32.84	14.60	18.24	2010	8010
DENT	DENT	PLAT	ESP	12/14/2024	65.66	29.18	36.48	2010	8010
DENT	DENT	PLAT	EECH	12/14/2024	78.60	34.92	43.68	2010	8010
DENT	DENT	PLAT	FAM	12/14/2024	119.90	53.28	66.62	2010	8010
UNUM	DENT	PLAT	EE	12/14/2024	32.84	14.60	18.24	2010	8010
UNUM	DENT	PLAT	ESP	12/14/2024	65.66	29.18	36.48	2010	8010
UNUM	DENT	PLAT	EECH	12/14/2024	78.60	34.92	43.68	2010	8010
UNUM	DENT	PLAT	FAM	12/14/2024	119.90	53.28	66.62	2010	8010