

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

CERTIFICATE:

GROUP LIFE INSURANCE

Policyholder:	Maricopa County
Policy Number:	645547-A
Effective Date:	July 1, 2007

A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

This policy includes an Accelerated Benefit. Death benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.



President

GC190-LIFE

Table of Contents

COVERAGE FEATURES	1
GENERAL POLICY INFORMATION	1
BECOMING INSURED	1
PREMIUM CONTRIBUTIONS.....	3
SCHEDULE OF INSURANCE	3
REDUCTIONS IN INSURANCE	5
OTHER BENEFITS.....	6
OTHER PROVISIONS	7
LIFE INSURANCE.....	8
A. Insuring Clause.....	8
B. Amount Of Life Insurance	8
C. Changes In Life Insurance.....	8
D. Repatriation Benefit	8
E. When Life Insurance Becomes Effective	8
F. When Life Insurance Ends.....	9
G. Reinstatement Of Life Insurance	10
DEPENDENTS LIFE INSURANCE	10
A. Insuring Clause.....	10
B. Amount Of Dependents Life Insurance	10
C. Changes In Dependents Life Insurance.....	10
D. Definitions For Dependents Life Insurance.....	11
E. Repatriation Benefit	11
F. Becoming Insured For Dependents Life Insurance	11
G. When Dependents Life Insurance Ends	12
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.....	12
A. Insuring Clause.....	12
B. Definition Of Loss For AD&D Insurance	13
C. Amount Payable	13
D. Changes In AD&D Insurance	13
E. AD&D Insurance Exclusions	13
F. Additional AD&D Benefits.....	14
G. Becoming Insured For AD&D Insurance.....	16
H. When AD&D Insurance Ends	16
ACTIVE WORK PROVISIONS	17
CONTINUITY OF COVERAGE	17
PORTABILITY OF INSURANCE	17
ACCELERATED BENEFIT.....	19
RIGHT TO CONVERT.....	20
CLAIMS.....	21
ASSIGNMENT.....	23
BENEFIT PAYMENT AND BENEFICIARY PROVISIONS	23
ALLOCATION OF AUTHORITY	25
TIME LIMITS ON LEGAL ACTIONS	26
INCONTESTABILITY PROVISIONS.....	26
CLERICAL ERROR AND MISSTATEMENT.....	27
TERMINATION OR AMENDMENT OF THE GROUP POLICY	27
DEFINITIONS	28

Index of Defined Terms

Active Work, Actively At Work, 17
AD&D Insurance, 27
Air Bag System, 14
Annual Earnings, 27
Automobile, 14

Beneficiary, 24

Child, 28
Contributory, 28
Conversion Period, 20

Dependent, 11
Dependents Life Insurance, 28
Disabled, 28

Eligibility Waiting Period, 28
Employer(s), 1
Evidence Of Insurability, 28

Family Status Change, 3, 29

Group Policy, 29
Group Policy Effective Date, 1
Group Policy Number, 1
Guarantee Issue Amount (for
Dependents Life Insurance), 2

Injury, 29

Insurance (for Right to Convert), 20

Life Insurance, 29
Loss, 12

Maximum Conversion Amount, 7
Member, 1
Minimum Time Insured, 7

Noncontributory, 29

Physician, 29
Policyholder, 1
Pregnancy, 29
Prior Plan, 29
Proof Of Loss, 21

Qualifying Event, 20

Recipient, 25
Right To Convert, 20

Seat Belt System, 14
Sickness, 29
Spouse, 29

War, 13

You, Your, 29

COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	645547-A
Type of Insurance Provided:	
Life Insurance:	Yes
Dependents Life Insurance:	Yes
Accidental Death And Dismemberment (AD&D) Insurance:	Yes
Policyholder:	Maricopa County
Employer(s):	Maricopa County
Group Policy Effective Date:	July 1, 2007
Policy Issued in:	Arizona

BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The Active Work requirement does not apply to Members who are elected officials on the Group Policy Effective Date. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:	You are a Member if you are one of the following: <ol style="list-style-type: none">1. An active, regular employee of the Employer who is regularly scheduled to work at least 20 hours each week;2. An active elected official of the Employer; or3. An active employee of the Employer whose employment terms are established by contract and who has been determined by the Employer to be benefits-eligible.
	You are not a Member if you are: <ol style="list-style-type: none">1. A temporary or seasonal employee.2. A leased employee.3. A full time member of the armed forces of any country.

Eligibility Waiting Periods: You are eligible on the following appropriate date:
Elected officials: You are eligible on the date you become a Member.
All other Members: You are eligible on the first day of the calendar month following the date you become a Member.

Note: Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

Evidence of Insurability: Required:

- a. To become insured for Contributory insurance if you apply more than 30 calendar days after you become eligible, except as described in 1., 2. and 8. below.
- b. For reinstatements if required.
- c. For Members and Dependents eligible but not insured under the Prior Plan, except as described in 1., 5. and 8. below.
- d. For any Plan 2 Life Insurance Benefit in excess of the Guarantee Issue Amount of \$500,000. However, if you were insured under the Prior Plan for that amount or more on the day before the Group Policy Effective Date, this requirement will be waived on the Group Policy Effective Date.
- e. For any Dependents Life Insurance Benefit for your Spouse in excess of the Guarantee Issue Amount of \$50,000.
- f. For any Dependents Life Insurance Benefit for your Child in excess of the Guarantee Issue Amount of \$10,000.
- g. For any elective increase in your Plan 2 Life Insurance, except as described in 3. and 4. below.
- h. For any elective increase in Dependents Life Insurance for your Spouse, except as described in 6. below.
- i. For any elective increase in Dependents Life Insurance for your Child, except as described in 7. below.

Unless coverage is limited because evidence of insurability was not approved under the Prior Plan or the Group Policy, Evidence Of Insurability will not be required in the following instances, subject to the Guarantee Issue limits:

1. To become insured under Plan 2 Life Insurance for 1 times your Annual Earnings (rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000), if you are not insured for Plan 2 Life Insurance and you apply during an annual enrollment period.
2. To become insured under any option of Plan 2 Life Insurance, if you are not insured for Plan 2 Life Insurance and you apply within 30 days of a Family Status Change.
3. To increase the amount of your Plan 2 Life Insurance to any higher option, if you apply for the increase within 30 days of a Family Status Change.
4. To increase the amount of your Plan 2 Life Insurance to the next higher option, if you are insured for an amount less than the Guarantee Issue limit and you apply for the increase during an annual enrollment period.

5. To insure your Spouse for Dependents Life Insurance, if your Spouse was not insured for Dependents Life Insurance under the Prior Plan and you apply during the open enrollment period preceding the Group Policy Effective Date.
6. To increase the amount of your Dependents Life Insurance for your Spouse, if your Spouse was insured for \$5,000 or \$10,000 under the Prior Plan and you apply for the increase during the open enrollment period preceding the Group Policy Effective Date.
7. To increase the amount of your Dependents Life Insurance for your Child, if your Child was insured for \$2,500 or \$5,000 under the Prior Plan and you apply for the increase during the open enrollment period preceding the Group Policy Effective Date.
8. To insure your Dependents for Dependents Life Insurance, if your Dependents are not insured for Dependents Life Insurance and you apply within 30 days of a Family Status Change or during an annual enrollment period.

Note:

If you are insured for an amount of Plan 2 Life Insurance that does not exceed the Guarantee Issue limit and, during an annual enrollment period or within 30 days of a Family Status Change, you apply for an increase that exceeds the Guarantee Issue limit and your Evidence of Insurability is disapproved, the amount of your Plan 2 Life Insurance will be increased to the next higher option, provided the amount of the increased benefit does not then exceed the Guarantee Issue limit.

Family Status Change means a Change of Status as defined under your Employer's IRC Section 125 Cafeteria Plan. The change must be allowed by your Employer's IRC Section 125 Cafeteria Plan.

PREMIUM CONTRIBUTIONS

Life Insurance:

Plan 1:	Noncontributory
Plan 2:	Contributory

AD&D Insurance: Noncontributory

Dependents Life Insurance: Contributory

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

You will become insured under Plan 1 if you meet the requirements to become insured under the Group Policy.

If you are insured under Plan 1, you may also become insured under any one option of Plan 2 if you meet the requirements to become insured under Plan 2 Life Insurance under the Group Policy. Plan 2 is a Contributory plan requiring premium contributions from Members.

The total amount of your Life Insurance (Plans 1 and 2 combined) may not exceed \$1,000,000.

Plan 1 (basic):	1 times your Annual Earnings rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$500,000.
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Plan 2 (additional): Your choice of 1, 2, 3, 4 or 5 times your Annual Earnings rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000.

Repatriation Benefit: The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$2,500 or 2% of the Life Insurance Benefit, whichever is less.

For your Dependents:

If you are insured for Plan 1 Life Insurance, you may elect Dependents Life Insurance for your Spouse, for your Child(ren), or for both. Dependents Life Insurance is a Contributory plan requiring premium contributions from Members.

For your Spouse: You may apply for increments of \$10,000, from \$10,000 to \$100,000.

The amount of Dependents Life Insurance for your Spouse may not exceed 100% of the total amount (Plans 1 and 2 combined) of your Life Insurance.

For your Child(ren): You may apply for increments of \$5,000, from \$5,000 to \$20,000.

The amount of Dependents Life Insurance for your Child(ren) may not exceed 100% of the total amount (Plans 1 and 2 combined) of your Life Insurance.

Repatriation Benefit: The expenses incurred to transport your Dependent's body to a mortuary near your primary place of residence, but not to exceed \$2,500 or 2% of that Dependent's Life Insurance Benefit, whichever is less.

SCHEDULE OF AD&D INSURANCE

For you:

AD&D Insurance Benefit: The amount of your AD&D Insurance Benefit is equal to the amount of your Plan 1 Life Insurance Benefit.

Seat Belt Benefit: The amount of the Seat Belt Benefit is the lesser of (1) \$25,000; or (2) an additional 10% of the amount of AD&D Insurance Benefit payable for Loss of your life.

Air Bag Benefit: The amount of the Air Bag Benefit is the lesser of (1) \$15,000; or (2) an additional 5% of the amount of AD&D Insurance Benefit payable for Loss of your life.

Career Adjustment Benefit: The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit payable for Loss of your life, whichever is less.

Child Care Benefit: The total child care expense incurred by your Spouse within 72 months after the date of your death for each Child under age 13, but not to exceed an additional 3% of the amount of AD&D Insurance Benefit payable for Loss of your life, up to \$2,000 per year.

Higher Education Benefit:	The tuition expenses incurred per Child at an accredited institution of higher education within 4 years after the date of your death, exclusive of board and room, but not to exceed \$10,000 per year, or the cumulative total of \$40,000 or 25% of the AD&D Insurance Benefit payable for Loss of your life, whichever is less.
Line of Duty Benefit:	The lesser of (1) \$50,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
Occupational Assault Benefit:	The lesser of (1) \$25,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
Public Transportation Benefit:	The lesser of (1) \$200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.

AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or one foot	50%
c. Sight in one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed in b. and c. above	100%
e. Thumb and index finger of the same hand	25% *
f. Quadriplegia	100%
g. Hemiplegia	50%
h. Paraplegia	75%
i. Coma	2% per month of the remainder of the AD&D Insurance Benefits payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. Payments for coma will not exceed a maximum of 12 months.

No more than 100% of your AD&D Insurance will be paid for all Losses resulting from one accident.

*** No AD&D Insurance Benefit will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.**

REDUCTIONS IN INSURANCE

Insurance will not be reduced because of your or your Dependent's age.

OTHER BENEFITS

Accelerated Benefit: Yes

Insurance Eligible For
Portability Of Insurance:

Life Insurance: Yes. The maximum amount of Life Insurance you may continue is the lesser of: (1) the amount in effect on the day before your Life Insurance would otherwise end; or (2) \$1,000,000. The minimum amount of Life Insurance you may continue is \$5,000.

AD&D Insurance: Yes. The maximum amount of AD&D Insurance you may continue is the lesser of: (1) the amount in effect on the day before your AD&D Insurance would otherwise end; or (2) \$300,000. The minimum amount of AD&D Insurance you may continue is \$5,000.

Dependents Life Insurance:

For your Spouse: The maximum amount of Dependents Life Insurance that may be continued is the lesser of: (1) the amount in effect on the day before the insurance would otherwise end; or (2) \$100,000. The minimum amount of Dependents Life Insurance you may continue is \$1,000.

For each Child: The maximum amount of Dependents Life Insurance you may continue is the lesser of: (1) the amount in effect on the day before the insurance would otherwise end; or (2) \$10,000. The minimum amount of Dependents Life Insurance that may be continued is \$1,000.

Portability Premium Rates:

Life Insurance

For disabled Members only

Age-graded Rates Per Multiple Of \$1,000 Per Month

Member's Age On Last January 1	Rate
Under 30	\$2.14
30 through 34	2.36
35 through 39	3.00
40 through 44	3.33
45 through 49	3.60
50 through 54	3.76
55 through 59	4.03
60 through 64	4.35
65 through 69	4.58
70 through 74	5.42
75 through 79	8.07
80 or above	13.90

For all other Members and Spouses

Age-graded Rates Per Multiple Of \$1,000 Per Month

Age of Insured On Last January 1	Rate
Under 30	\$.16
30 through 34	.16
35 through 39	.17
40 through 44	.23
45 through 49	.39
50 through 54	.56
55 through 59	.97
60 through 64	1.47
65 through 69	2.87
70 through 74	4.70
75 through 79	6.99
80 or above	12.82

For Children: \$.16 Per Multiple Of \$1,000 Per Month

AD&D Insurance \$.04 Per Multiple Of \$1,000 Per Month

OTHER PROVISIONS

Limits on Right To Convert if
Group Policy terminates
or is amended:

Minimum Time Insured: 5 years

Maximum Conversion Amount: \$2,000

Continuity Of Coverage: Yes

Annual Earnings based on: Earnings in effect on your last full day of Active Work.

LIFE INSURANCE

A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Life Insurance

See the **Coverage Features** for the Life Insurance schedule.

C. Changes In Life Insurance

1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the later of:

- i. The first day of the calendar month next following the date we approve your Evidence Of Insurability; or
- ii. The following July 1 if you apply during an annual enrollment period.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on the following applicable date:

- i. On the last day of the pay period in which your Annual Earnings increase.
- ii. On the date you apply if you apply within 30 days of a Family Status Change.
- iii. On the following July 1 if you apply during an annual enrollment period.

2. Decreases

A decrease in your Life Insurance because of a change in your Annual Earnings becomes effective on the last day of the pay period in which your Annual Earnings decrease.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

D. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 75 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

E. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance Subject To Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the pay period next following the date we approve your Evidence Of Insurability.

2. Life Insurance Not Subject To Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Life Insurance

You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

- i. The date you become eligible if you apply before, on, or within 30 days after that date.
- ii. The first day of the pay period next following the date you apply if you apply within 30 days of a Family Status Change.

Late application: Evidence Of Insurability is required if you apply more than 30 days after you become eligible. See Evidence of Insurability requirements in the **Coverage Features** for exceptions.

3. Takeover Provision

- a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
- b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

F. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance;
2. The date the Group Policy terminates;
3. The last day of the pay period in which your employment terminates; and
4. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 3 above.
 - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
 - b. While your ability to work is limited because of Sickness, Injury, or Pregnancy. Insurance will continue for 180 days after the first day of the pay period immediately following the date on which your unpaid medical leave of absence begins.
 - c. During the first 60 days of a strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
 - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.

- e. During any other scheduled leave of absence approved by your Employer in advance and in writing. Insurance will continue for 90 days after the first day of the pay period immediately following the date on which your unpaid leave of absence begins.

G. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 6 below will apply.

1. If your Life Insurance ends because you cease to be a Member during an unpaid leave of absence, and you become a Member again immediately following the period of leave, the Eligibility Waiting Period will be waived.
2. If your Life Insurance ends because you cease to be a Member at any other time, and you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your Life Insurance ends because you fail to make a required premium contribution during an unpaid leave of absence, Evidence Of Insurability will not be required to become insured again.
4. If your Life Insurance ends because you fail to make a required premium contribution at any other time, you must provide Evidence Of Insurability to become insured again.
5. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
6. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

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DEPENDENTS LIFE INSURANCE

A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Dependents Life Insurance

See the **Coverage Features** for the amount of your Dependents Life Insurance.

C. Changes In Dependents Life Insurance

1. Increases

You must apply in writing for any elective increase in your Dependents Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Dependents Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the latest of:

- i. The first day of the calendar month next following the date we approve that Dependent's Evidence Of Insurability;
- ii. The date you apply if you apply within 30 days of a Family Status Change; and
- iii. The following July 1 if you apply during an annual enrollment period.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the later of:

- i. The date you apply if you apply within 30 days of a Family Status Change; and
- ii. The first day of the calendar month coinciding with or next following the date you apply for any other elective increase.

2. Decreases

- a. A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.
- b. An elective decrease in your Dependents Life Insurance, including elective termination of coverage, becomes effective on the July 1 following the annual enrollment period in which you apply for the decrease. You may apply for an elective decrease only during an annual enrollment period.

D. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

E. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Dependents Life Insurance Benefit is payable because of your Dependent's death.
2. The death occurs more than 75 miles from your primary place of residence.
3. Expenses are incurred to transport your Dependent's body to a mortuary near your primary place of residence.

F. Becoming Insured For Dependents Life Insurance

1. Eligibility

You become eligible to insure your Dependents on the later of:

- a. The date you become eligible for Life Insurance; and
- b. The date you first acquire a Dependent.

A Member may not be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

2. Effective Date

You must apply in writing for Dependents Life Insurance and agree to pay premiums. Subject to the **Active Work Provisions**, your Dependents Life Insurance becomes effective as follows:

a. Dependents Life Insurance Subject To Evidence Of Insurability

Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the latest of:

- i. The date your Life Insurance becomes effective;
- ii. The first day of the calendar month coinciding with or next following the date we approve the Dependent's Evidence Of Insurability;

- iii. The date your Employer processes your application if you apply within 30 days of a Family Status Change; and
 - iv. The following July 1 if you apply during an annual enrollment period.
- b. Dependents Life Insurance Not Subject To Evidence Of Insurability

Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the latest of:

- i. The date your Life Insurance becomes effective if you apply on or before that date;
- ii. The date you become eligible to insure your Dependents if you apply on or before that date;
- iii. The date you apply if you apply within 30 days after you become eligible;
- iv. The date you apply if you apply within 30 days of a Family Status Change; and
- v. The following July 1 if you apply during an annual enrollment period.

Late Application: Evidence Of Insurability is required for each Dependent if you apply more than 30 days after you become eligible. (See Evidence Of Insurability in the **Coverage Features** for exceptions.)

c. Takeover Provision

Each Dependent who was eligible under the Prior Plan for more than 31 days but was not insured must submit satisfactory Evidence Of Insurability to become insured for Dependents Life Insurance. (See Evidence Of Insurability in the **Coverage Features** for exceptions.)

G. When Dependents Life Insurance Ends

Dependents Life Insurance ends automatically on the earliest of:

1. Five months after you die (no premiums will be charged for your Dependents Life Insurance during this time);
2. The date your Life Insurance ends;
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy;
4. The date the last period ends for which you made a premium contribution;
5. For your Spouse, the last day of the pay period in which your divorce is final;
6. For any Dependent, the date the Dependent ceases to be a Dependent; and
7. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

(SP & CH) LI.DL.OT.4X

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. Insuring Clause

If you have an accident, including accidental exposure to adverse conditions, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, sight, speech, hearing in both ears, thumb and index finger of the same hand, coma and Quadriplegia, Hemiplegia or Paraplegia which meets all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. Occurs within 365 days of the accident.
4. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
5. With respect to all other Losses, is certified by a Physician in the appropriate specialty as determined by us.

With respect to Loss of life, death will be presumed if you disappear and the disappearance:

1. Is caused solely and directly by an accident that reasonably could have caused Loss of life;
2. Occurs independently of all other causes; and
3. Continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint, whether or not surgically reattached.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

With respect to speech, Loss means entire, uncorrectable, and irrecoverable loss of audible speech.

With respect to hearing, Loss means entire, uncorrectable, and irrecoverable loss of hearing in both ears.

With respect to thumb and index finger of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to coma, Loss means a profound state of mental unconsciousness with no evidence of appropriate responses to stimulation, lasting for at least 30 consecutive days.

With respect to Quadriplegia, Hemiplegia, and Paraplegia, Loss must be permanent, complete, and irreversible.

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs.

C. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.

D. Changes In AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Plan 1 Life Insurance changes.

E. AD&D Insurance Exclusions

No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and

any substantial armed conflict between organized forces of a military nature.

2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician.
5. Sickness or Pregnancy existing at the time of the accident.
6. Heart attack or stroke.
7. Medical or surgical treatment for any of the above.

F. Additional AD&D Benefits

Seat Belt Benefit

The amount of the Seat Belt Benefit is shown in the **Coverage Features**.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your life; and
2. You were wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

Air Bag Benefit

The amount of the Air Bag Benefit is shown in the **Coverage Features**.

We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag manufacturer.
3. You are 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 deploys, as evidenced by a police accident report.

Air Bag System means 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 means a motor vehicle licensed for use on public highways.

Career Adjustment Benefit

The amount of the Career Adjustment Benefit is shown in the **Coverage Features**.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at a professional or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving Spouse.

Child Care Benefit

The amount of the Child Care Benefit is shown in the **Coverage Features**.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 72 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving Spouse.

Higher Education Benefit

The amount of the Higher Education Benefit is shown in the **Coverage Features**.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Child is, within 12 months after the date of your death, registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid to each Child who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

Line Of Duty Benefit

The amount of the Line Of Duty Benefit is shown in the **Coverage Features**.

We will pay a Line Of Duty Benefit if all of the following requirements are met:

1. You are a Public Safety Officer.
2. You suffer a Loss for which an AD&D Insurance Benefit is payable.
3. The Loss is the result of a Line Of Duty Accident.

Public Safety Officer means a Member whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety

Officer includes police officers, firefighters, and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety Officer. Public Safety Officer does not include corrections, probation, parole or judicial officers.

Line of Duty Accident means an accident, including accidental exposure to adverse weather conditions, that occurs while you are taking any action which by rule, regulation, law, or condition of employment you are obligated or authorized to perform as a Public Safety Officer in the course of controlling or reducing crime or criminal law enforcement, including such action taken in response to an emergency while off duty.

If you are a Public Safety Officer, whose primary job duties are controlling or reducing crime, criminal law enforcement, or fire suppression, Line of Duty Accident includes a Line Of Duty Accident that occurs while you are on duty at social, ceremonial, or athletic functions to which you are assigned or for which you are paid as a Public Safety Officer by your Employer.

Occupational Assault Benefit

The amount of the Occupational Assault Benefit is shown in the **Coverage Features**.

We will pay an Occupational Assault Benefit if all of the following requirements are met:

1. While Actively At Work you suffer a Loss for which an AD&D Insurance Benefit is payable.
2. The Loss is the result of an act of physical violence against you that is punishable by law and is evidenced by a police report.

Public Transportation Benefit

The amount of the Public Transportation Benefit is shown in the **Coverage Features**.

We will pay a Public Transportation Benefit if all of the following requirements are met:

1. You or your Dependent suffers a Loss for which an AD&D Insurance Benefit is payable.
2. The accident occurs while you or your Dependent is riding as a fare-paying passenger on Public Transportation.

Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regular passenger routes with a definite schedule of departures and arrivals.

G. Becoming Insured For AD&D Insurance

1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

A Member may not be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

2. Effective Date

Subject to the **Active Work Provisions**, AD&D Insurance becomes effective on the date you become eligible.

H. When AD&D Insurance Ends

AD&D Insurance automatically on the earlier of:

1. The date your Plan 1 Life Insurance ends.
2. The date AD&D Insurance terminates under the Group Policy.

(FB NO DEP REQD_FULL XP BEN PKG_LINE DUTY BEN_ALCOHL EXCL_SEAT AIR COMBO) LI.AD.OT.4X

ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

The Active Work requirement does not apply to Members who are elected officials on the Group Policy Effective Date.

LI.AW.OT.1X

CONTINUITY OF COVERAGE

A. Waiver Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work requirement.

B. Payment Of Benefit

The benefits payable before you meet the Active Work requirement will be:

1. The benefits which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

LI.CC.AZ.1X

PORTABILITY OF INSURANCE

A. Portability Of Insurance

For you:

You may continue your Insurance if your employment with your Employer terminates, if you cease to be a Member due to a reduction in your scheduled work hours or during an unpaid leave of absence.

Insurance means your Life Insurance and if you continue your Life Insurance, includes the other insurance eligible for portability under the provision as shown in the **Coverage Features**.

For your Dependents:

Dependents Life Insurance may be continued by your Spouse after your death or divorce.

B. Application And Premium Payment

For you:

To continue Insurance under this provision you must apply in writing and pay the first Portability Premium to us within 45 days after the date your Insurance ends.

For your Dependents:

To continue Dependents Life Insurance under this provision your Spouse must apply in writing and pay the first Portability Premium to us:

1. Within 45 days after the date your divorce is final; or,
2. In the case of your death, within 45 days after the date your Dependents Life Insurance under the Group Policy ends.

Note: Your Spouse must continue coverage in order to continue coverage for your Children.

The Portability Premium Rates are shown in the **Coverage Features**.

C. Amount Of Insurance

The minimum and maximum amounts of Insurance eligible for portability are shown in the **Coverage Features**.

Amounts of Insurance continued under this provision cannot be increased.

D. When Insurance Ends

Insurance continued under this provision ends automatically on the earliest of:

1. The date the Group Policy terminates.
2. The date it would otherwise end under the Group Policy, except for Dependents Life Insurance continued after the Member's death or divorce.
3. The date you again become an eligible Member under the Group Policy.
4. For Dependents coverage, the date Dependents Life Insurance terminates under the Group Policy.
5. The date you become insured under any other group life insurance plan.
6. For any Dependent, the date the Dependent becomes insured under any other group life insurance plan.

E. Group Policy Provisions

Except as provided above, Insurance continued under this provision is subject to all other terms of the Group Policy. With respect to any notice you are required to provide to the Policyholder or your Employer under other provisions of the Group Policy, such notice must be provided to us while your Insurance is continued.

(WITH DL REF) LI.PY.OT.2X

ACCELERATED BENEFIT

A. Accelerated Benefit

For you or your Spouse:

If you give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give Proof Of Loss satisfactory to us on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

C. Amount Of Accelerated Benefit

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

Amount for you:

You may receive an Accelerated Benefit of up to 50% of your Insurance. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

Amount for your Spouse:

You may receive an Accelerated Benefit of up to 50% of your Insurance. The maximum Accelerated Benefit is \$50,000. The minimum Accelerated Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Benefit will be:

- (1) The amount of your Insurance as if no Accelerated Benefit had been paid; minus
- (2) The amount of the Accelerated Benefit.

Your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit.

E. Payment Of Premium

Premiums will be based on the amount of Insurance in effect before payment of the Accelerated Benefit.

F. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.

2. You are married and live in a community property state, unless you give us a signed written consent from your spouse.
3. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
4. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
5. You have previously received an Accelerated Benefit under the Group Policy.

G. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit and Dependents Life Insurance for your Spouse Benefit under the Group Policy.

You and your mean you and your spouse.

LI.AB.OT.1X

RIGHT TO CONVERT

A. Right To Convert

You may buy an individual policy of life insurance without Evidence Of Insurability if:

1. Your Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing and pay us the first premium during the Conversion Period.

Except as limited under C. Limits On Right To Convert, the maximum amount you have a Right To Convert is the amount of your Insurance which ended.

B. Definitions For Right To Convert

1. Conversion Period means the 45-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, but excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your Insurance for any reason except:
 - a. The Member's failure to make a required premium contribution.
 - b. Payment of an Accelerated Benefit.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy, 1 and 2 below will apply.

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See **Coverage Features**.
2. The maximum amount you have a Right To Convert is the lesser of:
 - a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
 - b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;

3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

E. Death During The Conversion Period

If you die during the first 31 days of the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

LI.RC.OT.1X

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

With respect to coma, we will require Proof Of Loss of the comatose condition at reasonable intervals. If proof is not given within 31 days, benefits payable for coma will end.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. Within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to claims based on disability, within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the benefits based on disability; or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the claim, the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to a review of our decision.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for benefits based on disability);
2. Within 60 days after receiving notice of the denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except benefits based on disability, within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to claims for benefits based on disability, within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

With respect to claims for benefits based on disability, the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for benefits based on disability.

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

(2ND REV PUB WRDG_NEW WOP WRDG) LI.CL.OT.5X

ASSIGNMENT

The rights and benefits under the Group Policy cannot be assigned.

LI.AS.OT.1

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 5 below, benefits payable because of your death or coma will be paid to the Beneficiary you name. Benefits for coma will cease after the comatose condition has ceased, whether by death, recovery, or any other change of condition. See B through E of this section.
2. AD&D Insurance benefits payable for Losses other than Loss of life or coma will be paid to the person who suffers the Loss for which benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living.
 - a. AD&D Insurance benefits payable because of the death of your Dependent.
 - b. Dependents Life Insurance benefits.
 - c. Accelerated Benefits.
4. Dependents Life Insurance benefits and AD&D Insurance benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.

5. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid to each eligible Child. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits.

You must name or change a Beneficiary in writing. Writing includes a form signed by you or a verification from the Policyholder or Employer of an electronic or telephonic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to the Policyholder or Employer during your lifetime;
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered to the Policyholder or Employer.

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the following classes:

1. Your Spouse. (See **Definitions.**)
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$25,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$25,000, or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is \$25,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(FB_REPAT_ELECT/TEL DESIG_WITH DEF SP_25K SSA LUMP INSTALL_SPOUSE DEF TERM) LI.BB.AZ.6

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;

3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. Amount of benefits payable;
 - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

LI.AL.OT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LI.TL.OT.1

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement made to obtain or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim after the insured's insurance has been in effect for two years during the lifetime of the insured.

B. Incontestability Of Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

LI.IN.OT.2

CLERICAL ERROR AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured;
2. Invalidate insurance under the Group Policy otherwise validly in force; or
3. Continue insurance under the Group Policy otherwise validly terminated.

B. The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

D. Misstatement Of Tobacco Use

If a person's use of tobacco has been misstated, we have the rights in 1 and 2 below:

1. The right to rescind that person's insurance subject to **Incontestability Provisions**. We will return the premium paid for that person's insurance.
2. The right to make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:
 - a. The amount of insurance based on the correct tobacco use status; and
 - b. The difference between the premiums paid and the premiums which would have been paid if the tobacco use status had been correctly stated.

LI.CE.OT.2X

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

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DEFINITIONS

AD&D Insurance means accidental death and dismemberment insurance, if any, under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work unless a different date applies (see the **Coverage Features**). Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay.
4. Shift differential pay.
5. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
6. Any other extra compensation.

Child means:

1. Your unmarried child from live birth through age 18 (through age 24 if a registered student in full time attendance at an accredited educational institution); or
2. Your unmarried child who meets either of the following requirements:
 - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
 - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child;
- ii. Your stepchild and foster child; and
- iii. A child living in your home for whom you are the court appointed legal guardian.

Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and

2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, we may require further proof, and have your Child examined at our expense.

Contributory means you pay all or part of the premium for insurance.

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Family Status Change means a Change of Status as defined under your Employer's IRC Section 125 Cafeteria Plan. The change must be allowed by your Employer's IRC Section 125 Cafeteria Plan.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means a person to whom you are legally married. However, for purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced.

You and your mean any person insured under the Group Policy.

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