

STANDARD INSURANCE COMPANY

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

CERTIFICATE GROUP LIFE INSURANCE

Policyholder:	State of Nevada
Policy Number:	642682-C
Effective Date:	July 1, 2003

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.

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 and CEO

Table of Contents

COVERAGE FEATURES	1
GENERAL POLICY INFORMATION	1
BECOMING INSURED	1
PREMIUM CONTRIBUTIONS.....	3
SCHEDULE OF INSURANCE.....	3
REDUCTIONS IN INSURANCE.....	3
OTHER PROVISIONS	3
LIFE INSURANCE	4
A. Insuring Clause	4
B. Amount Of Life Insurance	4
C. Changes In Life Insurance	4
D. Repatriation Benefit.....	4
E. When Life Insurance Becomes Effective	4
F. When Life Insurance Ends	5
G. Reinstatement Of Life Insurance	5
RIGHT TO CONVERT.....	5
CLAIMS	6
ASSIGNMENT	8
BENEFIT PAYMENT AND BENEFICIARY PROVISIONS.....	8
ALLOCATION OF AUTHORITY	9
TIME LIMITS ON LEGAL ACTIONS.....	10
INCONTESTABILITY PROVISIONS.....	10
CLERICAL ERROR AND MISSTATEMENT	11
TERMINATION OR AMENDMENT OF THE GROUP POLICY	11
DEFINITIONS	11

Index of Defined Terms

Beneficiary, 8

Contributory, 12

Conversion Period, 5

Domestic Partner, 12

Eligibility Waiting Period, 12

Employer(s), 1

Evidence Of Insurability, 12

Group Policy, 12

Group Policy Effective Date, 1

Group Policy Number, 1

Injury, 12

Insurance (for Right to Convert), 5

Life Insurance, 12

Maximum Conversion Amount, 3

Member, 1

Minimum Time Insured, 3

Noncontributory, 12

Physician, 12

Policyholder, 1

Pregnancy, 12

Prior Plan, 12

Proof Of Loss, 6

Qualifying Event, 5

Recipient, 9

Right To Convert, 5

Sickness, 12

Spouse, 12

You, Your (for Right To Convert), 6

COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions 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:	642682-C
Type of Insurance Provided:	
Life Insurance:	Yes
Dependents Life Insurance:	No
Accidental Death And Dismemberment (AD&D) Insurance:	No
Policyholder:	State of Nevada Public Employees' Benefits Program
Employer(s):	State of Nevada
	Any non-State agency approved by the PEBP Board
	Any other employer which provides benefits under the State of Nevada Public Employee's Benefits Program
Group Policy Effective Date:	July 1, 2003
Policy Issued in:	Nevada

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**.

Definition of Member:	<p>You are a Member if you are covered under the Policyholder sponsored medical plan and one of the following:</p> <ol style="list-style-type: none">1. A retiree of the Employer who is receiving any distribution of benefits from:<ol style="list-style-type: none">a. Public employees' retirement system (PERS);b. Judges' retirement system;c. Legislators' retirement system; ord. The retirement program for professional employees offered by or through the Nevada System of Higher Education per NAC 287.135.2. A retiree who is eligible to join PEBP upon retirement pursuant to NRS 287.023.
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You are not a Member if you are:

1. A retiree who is a reinstated retiree per NRS 287.0475;
2. A retiree who initially opted out of the Policyholder-sponsored medical plan. However, this will not apply to a retiree who initially opted out of the Policyholder-sponsored medical plan due to participation in the PPO Value Plan;
3. A surviving Spouse; or
4. A full time member of the armed forces of any country.

Eligibility Waiting Period:

You are eligible on the date you become a Member.

Evidence Of Insurability:

Required:

- a. To become insured for Plan 2 Life Insurance in excess of \$10,000, if you retired prior to July 1, 2003, and you apply on or before August 31, 2003.
- b. To become insured for Plan 2 Life Insurance in excess of \$10,000 after the date of your retirement, if you retire on or after July 1, 2003, and apply within 60 days of the first day of the calendar month following the date you become eligible as a retiree.
- c. To become insured for Plan 2 Life Insurance, if you apply at any other time.
- d. For any elective increase in Plan 2 Life Insurance Benefit.

Evidence of Insurability will not be required as described below:

1. If your Spouse is insured as a Member and then ceases to be a Member, and you were insured as a Dependent but eligible to be insured as a Member, Evidence Of Insurability will not be required for you to become insured for Life Insurance as a Member to the amount for which you were insured as a Dependent, provided you apply for such amounts of Life Insurance within 31 days after your Spouse ceases to be insured as a Member.
2. With respect to an amount of Plan 2 Life Insurance for which you apply during the Annual Enrollment Period most recently preceding July 1, 2011, Evidence Of Insurability will not be required as follows:
 - a. If you were *not* insured for Plan 2 Life Insurance on June 30, 2011, Evidence Of Insurability will not be required to become insured on July 1, 2011 for \$5,000 of Plan 2 Life Insurance.
 - b. If you were insured for Plan 2 Life Insurance on June 30, 2011, Evidence Of Insurability will not be required to increase your Plan 2 Life Insurance on July 1, 2011 by \$5,000, even if the increase would cause the amount of your Plan 2 Life Insurance to exceed \$10,000.

PREMIUM CONTRIBUTIONS	
Life Insurance:	
Plan 2:	Contributory

Contributory

SCHEDULE OF INSURANCE

For you:

You may apply for Plan 2 if you meet the requirements to become insured under the Group Policy. Plan 2 is a Contributory plan requiring premium contributions from Members.

You may apply for Plan 2 Life Insurance in multiples of \$5,000, from \$5,000 to \$50,000.

The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

REDUCTIONS IN INSURANCE

Your insurance will not be reduced because of your age.

Your insurance will not be reduced because of your age.

OTHER PROVISIONS

5 years

\$2,000

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.

An increase in your Life Insurance subject to Evidence Of Insurability for which you apply during the Annual Enrollment Period becomes effective on the later of:

- a. The July 1 immediately following the Annual Enrollment Period in which you applied; or
- b. The date we approve your Evidence Of Insurability.

An increase in your Life Insurance subject to Evidence of Insurability for which you apply outside of the Annual Enrollment Period becomes effective on the date we approve your Evidence of Insurability.

2. Decreases

A 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 200 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.

Your Life Insurance becomes effective as follows:

1. Life Insurance subject to Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability for which you apply during the Annual Enrollment Period becomes effective on the later of:

- a. The July 1 immediately following the Annual Enrollment Period in which you applied.
- b. The date we approve your Evidence Of Insurability.

Life Insurance subject to Evidence Of Insurability for which you apply outside of the Annual Enrollment Period becomes effective on the date we approve your Evidence of Insurability.

2. Life Insurance not subject to Evidence Of Insurability

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:

- a. The date you become eligible if you apply on or before that date.
- b. The date you apply if you apply within 60 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

F. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution;
2. The date the Group Policy terminates;
3. The date you cease to be a Member; and
4. The last day of the calendar month in which your Employer ceases to participate under the Group Policy or under Standard Insurance Group Policy 642682-A.

G. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, the following will apply.

1. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
2. If you are a Biennial or Critical Labor Shortage employee who discontinues their Public Employee Retirement System (PERS) distribution and returns to work for an Employer as an active Member, and your Life Insurance ends because you cease to be a retired Member, and if you become a retired Member again within 12 months, the following will apply:
 - a. The Eligibility Waiting Period will be waived; and
 - b. You will not be required to provide Evidence Of Insurability to become insured for an amount of Life Insurance equal to or less than the amount of your Life Insurance for which ended, if you apply within 31 days after you become eligible.

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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 31-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, including insurance continued under Waiver Of Premium, but excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your Insurance for any reason except the Member's failure to make a required premium contribution.
4. You and your mean any person insured under the Group Policy.

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 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.1

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.

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 satisfactory to us.

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.

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; 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 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 within 60 days after receiving notice of the denial.

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. 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. If the 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.

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

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

(REV PUB WRDG) LI.CL.OT.4

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 2 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
2. 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.

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

1. Your Spouse.
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 \$10,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$10,000, 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 \$10,000 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.

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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 otherwise validly in force.
3. Continue insurance otherwise validly terminated.

B. Agency

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.

LI.CE.OT.1

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.

LI.TA.OT.1

DEFINITIONS

Annual Enrollment Period means the period designated each year by the Employer during which a Member may elect changes in benefit plans.

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

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 family status change as defined in your Employer's 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:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an individual recognized as such under applicable law.

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 or from whom you have terminated a Domestic Partner relationship.