COLORADO STATE UNIVERSITY

Voluntary Group Term Life and Accidental Death & Dismemberment (AD&D)
Questions or Complaints about Your Coverage

In the event You have questions or complaints regarding any aspect of Your coverage, You should contact Your Employee Benefits Manager or You may write to us at:
The Hartford
Group Benefits Division, Customer Service
P.O. Box 2999
Hartford, CT 06104-2999

Or call Us at: 1-800-523-2233

When calling, please give Us the following information:
1) the policy number; and
2) the name of the policyholder (employer or organization), as shown in Your Certificate of Insurance.

Or You may contact Our Sales Office:
Hartford Life and Accident Insurance Company
Group Sales Department
7670 South Chester Street
Suite 300
Englewood, CO 80112
TOLL FREE: 866-460-1855
FAX: 303-792-5870

If you have a complaint, and contacts between you and the insurer or an agent or other representative of the insurer have failed to produce a satisfactory solution to the problem, the following states require we provide you with additional contact information:

For residents of:                 Write                                         Telephone
Arkansas                      Arkansas Insurance Department              1(800) 852-5494
                              Consumer Services Division              1(501) 371-2640 (in the Little Rock area)
                              1200 West Third Street
                              Little Rock, AR 72201-1904

California                   State of California Insurance Department 1(800) 927-HELP
                              Consumer Communications Bureau
                              300 South Spring Street, South Tower
                              Los Angeles, CA 90013

Idaho                        Idaho Department of Insurance
                              Consumer Affairs
                              700 W State Street, 3rd Floor
                              PO Box 83720
                              Boise, ID 83720-0043

Illinois                     Illinois Department of Insurance
                              Consumer Services Station
                              Springfield, Illinois 62767
                              Consumer Assistance: 1(866) 445-5364
                              Officer of Consumer Health Insurance:
                              1(877) 527-9431

Indiana                      Public Information/Market Conduct
                              Indiana Department of Insurance
                              311 W. Washington St. Suite 300
                              Indianapolis, IN 46204-2787
                              Consumer Hotline: 1(800) 622-4461
                              1(317) 232-2395 (in the Indianapolis Area)

Virginia                     Life and Health Division
                              Bureau of Insurance
                              P.O. Box 1157
                              Richmond, VA 23209
                              1(804) 371-9741 (inside Virginia)
                              1(800) 552-7945 (outside Virginia)

Wisconsin                    Office of the Commissioner of Insurance
                              Complaints Department
                              P.O. Box 7873
                              1(800) 236-8517 (outside of Madison)
                              1(608) 266-0103 (in Madison)
                              to request a complaint form.
The following states require that we provide these notices to you about your coverage:

For residents of:

Arizona This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

Florida The benefits of the policy providing you coverage are governed primarily by the law of a state other than Florida.

STATE OF DELAWARE
The Civil Union and Equality Act of 2011
Effective January 1, 2012

In accordance with Delaware law, insurers are required to provide the following notice to applicants of insurance policies issued in Delaware.

The Civil Union and Equality Act of 2011 (“the Act”) creates a legal relationship between two persons of the same sex who form a civil union. The Act provides that the parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Delaware to spouses in a legal marriage. The law further provides that a party to a civil union shall be included in any definition or use of the terms “spouse,” “family,” “immediate family,” “dependent,” “next of kin,” and other terms descriptive of spousal relationships as those terms are used throughout Delaware law. This includes the terms “marriage” or “married,” or variations thereon. Insurance policies are required to provide identical benefits and protections to both civil unions and marriages. If policies of insurance provide coverage for children, the children of civil unions must also be provided coverage. The Act also requires recognition of same sex civil unions or marriages legally entered into in other jurisdictions.

For more information regarding the Act, refer to Chapter 2 of Title 13 of the Delaware Code or the State of Delaware website at www.delaware.gov/CivilUnions.

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

STATE OF ILLINOIS
The Religious Freedom Protection and Civil Union Act
Effective June 1, 2011

In accordance with Illinois law, insurers are required to provide the following notice to applicants of insurance policies issued in Illinois.

The Religious Freedom Protection and Civil Union Act (“the Act”) creates a legal relationship between two persons of the same or opposite sex who form a civil union. The Act provides that the parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses. The law further provides that a party to a civil union shall be included in any definition or use of the terms “spouse,” “family,” “immediate family,” “dependent,” “next of kin,” and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms “marriage” or “married,” or variations thereon. Insurance policies are required to provide identical benefits and protections to both civil unions and marriages. If policies of insurance provide coverage for children, the children of civil unions must also be provided coverage. The Act also requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.
For more information regarding the Act, refer to 750 ILCS 75/1 et seq. Examples of the interaction between the Act and existing law can be found in the Illinois Insurance Facts, Civil Unions and Insurance Benefits document available on the Illinois Department of Insurance’s website at www.insurance.illinois.gov.

**Maine**

The laws of the State of Maine require notification of the right to designate a third party to receive notice of cancellation, to change the designation and, policy reinstatement if the insured suffers from organic brain disease and the ground for cancellation was the insured’s nonpayment of premium or other lapse or default on the part of the insured.

Within 10 days after a request by an insured, a Third Party Notice Request Form shall be mailed or personally delivered to the insured.

**Maryland**

The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

**Massachusetts**

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health care coverage and does not meet Minimum Creditable Coverage standards, even if it does include services that are not available in the insured’s other health plans.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

**Montana**

Conformity with Montana statutes: The provisions of this certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the insured resides on or after the effective date of this certificate.

**North Carolina**

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

1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP LIFE INSURANCE, GROUP HEALTH INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSON INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT; AND

2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY WRITTEN NOTICE OF THE PERSON’S INTENTION TO STOP PAYMENT OF PREMIUMS. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

**IMPORTANT TERMINATION INFORMATION**
YOUR INSURANCE MAY BE CANCELLED BY THE COMPANY. PLEASE READ THE TERMINATION PROVISION IN THIS CERTIFICATE.

THIS CERTIFICATE OF INSURANCE PROVIDES COVERAGE UNDER A GROUP MASTER POLICY. THIS CERTIFICATE PROVIDES ALL OF THE BENEFITS MANDATED BY THE NORTH CAROLINA INSURANCE CODE, BUT YOU MAY NOT RECEIVE ALL OF THE PROTECTIONS PROVIDED BY A POLICY ISSUED IN NORTH CAROLINA AND GOVERNED BY ALL OF THE LAWS OF NORTH CAROLINA.

Texas

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call The Hartford's toll-free telephone number for information or to make a complaint at:

    1-800-523-2233

You may also write to The Hartford at:

    P.O. Box 2999
    Hartford, CT 06104-2999

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

    1-800-252-3439

You may write the Texas Department of Insurance at:

    P.O. Box 149104
    Austin, TX 78714-9410
    Fax # (512) 475-1771

Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Usted puede llamar al número de teléfono gratis de The Hartford para información o para someter una queja al:

    1-800-523-2233

Usted también puede escribir a The Hartford:

    P.O. Box 2999
    Hartford, CT 06104-2999

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al:

    1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

    P.O. Box 149104
    Austin, TX 78714-9410
    Fax # (512) 475-1771

Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the agent or The Hartford first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente o The Hartford primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

ATTACH THIS NOTICE TO YOUR POLICY:

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

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para propuesto de información y no se convierte en parte o condición del documento adjunto.
CERTIFICATE OF INSURANCE
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Simsbury, Connecticut
(A stock insurance company)

Policyholder: COLORADO STATE UNIVERSITY
Policy Number: GL-677984
Policy Effective Date: January 1, 2011
Policy Anniversary Date: January 1, 2015

We have issued The Policy to the Policyholder. Our name, the Policyholder's name and The Policy Number are shown above. The provisions of The Policy, which are important to You, are summarized in this certificate consisting of this form and any additional forms which have been made a part of this certificate. This certificate replaces any other certificate We may have given to You earlier under The Policy. The Policy alone is the only contract under which payment will be made. Any difference between The Policy and this certificate will be settled according to the provisions of The Policy on file with Us at Our home office. The Policy may be inspected at the office of the Policyholder.

Signed for the Company

Terence Shields, Secretary
Michael Concannon, Executive Vice President

A note on capitalization in this Certificate:
Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The Policy or refers to a specific provision contained herein.
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SCHEDULE OF INSURANCE

The benefits described herein are those in effect as of: January 1, 2014

Cost of Coverage:

Contributory Coverage: Supplemental Life Insurance
Supplemental Dependent Life Insurance

Eligible Class(es) For Coverage:

Half-time or greater academic faculty on regular, special, temporary or senior teaching nine or twelve month appointments, administrative professionals on regular, special or temporary nine or twelve month appointments, faculty transitional appointments, post doctoral fellows, veterinary interns, clinical psychology interns, and federal employees who are:

1) citizens or legal residents of the United States working in the United States, its territories or protectorates;
2) Expatriates and Third-country Nationals; and
3) citizens or legal residents of Canada, as approved by Us, living and working in Canada

Excluding

1) leased or seasonal employees; and
2) any employee living or working in a country:
   a) subject to a sanctions program administered by the United States Treasury Office of Foreign Asset Control; or
   b) not meeting our underwriting criteria, as determined by Us and accessible to Your Employer on Our ‘EmployerView’ online informational source.

Expatriate means a citizen or legal resident of the United States living and working on temporary assignment outside of the United States, its territories and protectorates.

Third-country National means a person who is a citizen of a country other than the United States who is living and working outside of the country of which he or she is a citizen.

Full-time Employment: at least 40 hours weekly
Half-time Employment: at least 20 hours weekly

Annual Enrollment Period: as determined by Your Employer on a yearly basis.

Eligibility Waiting Period for Coverage:
None

Life Insurance Benefit

Amount of Life Insurance

Supplemental Amount of Life Insurance

<table>
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<th>Guaranteed Issue Amount</th>
<th>Maximum Amount</th>
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<td>The amount You elect in increments of $10,000, and a maximum of $250,000.</td>
<td>The amount You elect in increments of $10,000, subject to a maximum of $500,000.</td>
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Dependent Life Insurance Benefit

Supplemental Amount of Dependent Life Insurance

<table>
<thead>
<tr>
<th>Guaranteed Issue Amount</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse The amount You elect in increments of $10,000, subject to a maximum of $50,000.</td>
<td>Spouse The amount You elect in increments of $10,000, subject to a maximum of $300,000.</td>
</tr>
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Maximum Amount
Dependent Children: Age 14 day(s) but under age 26 year(s) $20,000

Reduction in Amount of Life Insurance
We will reduce the Amount of Life Insurance for You and Your Dependents by any Amount of Life Insurance in force, paid or payable:
1) in accordance with the Conversion Right;
2) under the Portability provision; or
3) under the Prior Policy.

Reduction in Coverage Due to Age
We will reduce the Life Insurance Benefit and Principal Sum for You and Your Spouse by 35% on the January 1st following the date You attain age 70 and 50% on the January 1st following the date You attain age 75. The reduction will apply to the Amount of Life Insurance and Principal Sum in force immediately prior to the first reduction made. An appropriate adjustment in premium will be made.

Reductions also apply if:
1) You or Your Spouse become covered under The Policy; or
2) Your or Your Spouse’s coverage increases;
on or after the date You attain age 70.

ELIGIBILITY AND ENROLLMENT

Eligible Persons: Who is eligible for coverage?
All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.

Eligibility for Coverage: When will I become eligible?
You will become eligible for coverage on the latest of:
1) the Policy Effective Date;
2) the date You become a member of an Eligible Class; or
3) the date You complete the Eligibility Waiting Period for Coverage shown in the Schedule of Insurance, if applicable.

Eligibility for Dependent Coverage: When will I become eligible for Dependent Coverage?
You will become eligible for Dependent coverage on the later of:
1) the date You become eligible for employee coverage; or
2) the date You acquire Your first Dependent.

You may not elect coverage for Your Dependent if such Dependent is covered as an employee under The Policy. No person can be insured as a Dependent of more than one employee under The Policy.

Enrollment: How do I enroll for coverage?
To enroll for Contributory Coverage, You must:
1) complete and sign a group insurance enrollment form which is satisfactory to Us, for Your coverage and Your Dependent's coverage; and
2) deliver it to Your Employer.

You have the option to enroll electronically. Your Employer will provide instructions.

If You do not enroll for Your coverage and/or Your Dependent's coverage within 30 days after becoming eligible under The Policy, or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll, You may enroll for Your coverage and/or Your Dependent's coverage only:
1) during an Annual Enrollment Period designated by the Policyholder; or
2) within 30 days of the date You have a Change in Family Status.

Any Enrollment may be subject to the Evidence of Insurability Requirements provision.
Evidence of Insurability Requirements:  *When will I first be required to provide Evidence of Insurability?*

We require Evidence of Insurability for initial coverage, if You:

1) enroll more than 30 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
2) enroll for an Amount of Life Insurance greater than the Supplemental Guaranteed Issue Amount, regardless of when You enroll for coverage; or
3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

If Your Evidence of Insurability is not satisfactory to Us:

1) Your Amount of Life Insurance will equal the amount for which You were eligible without providing Evidence of Insurability, provided You enrolled within 30 days of the date You were first eligible to enroll; and
2) You will not be covered under The Policy if You enrolled more than 30 days after the date You were first eligible to enroll.

Dependent Evidence of Insurability Requirements:  *When will my Dependents first be required to provide Evidence of Insurability?*

We require Evidence of Insurability, for initial coverage, if You:

1) enroll for Your Dependent coverage more than 30 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status;
2) enroll for an Amount of Dependent Life Insurance greater than the Dependent Guaranteed Issue Amount, regardless of when You enroll for coverage; or
3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy.

If Your Dependents’ Evidence of Insurability is not satisfactory to Us:

1) Your Dependents’ Amount of Life Insurance will equal the amount for which Your Dependents were eligible without providing Evidence of Insurability, provided You enrolled within 30 days of the date You were first eligible to enroll; or
2) Your Dependents will not be covered under The Policy if You enrolled more than 30 days after the date You were first eligible to enroll.

Evidence of Insurability:  *What is Evidence of Insurability?*

Evidence of Insurability must be satisfactory to Us and may include, but will not be limited to:

1) a completed and signed application approved by Us;
2) a medical examination;
3) attending Physician’s statement; and
4) any additional information We may require.

Evidence of Insurability will be furnished at Our expense. We will then determine if You or Your Dependents are insurable for initial coverage or an increase in coverage under The Policy, as described in the Increase in Amount of Life Insurance provision.

You will be notified in writing of Our determination of any Evidence of Insurability submission.

Change in Family Status:  *What constitutes a Change in Family Status?*

A Change in Family Status occurs when:

1) You get married or enter a civil union or You execute a domestic partner affidavit;
2) You and Your spouse divorce or terminate a civil union or You terminate a domestic partnership;
3) Your child is born or You adopt or become the legal guardian of a child;
4) Your spouse or party to a civil union or domestic partner dies;
5) Your child dies;
6) Your spouse is no longer employed, which results in a loss of group insurance; or
7) You have a change in classification from half-time to full-time or from full-time to half-time.
PERIOD OF COVERAGE

Effective Date:  When does my coverage start?
Coverage, for which Evidence of Insurability is not required, will start on the latest to occur of:
1) the date You become eligible, if You enroll on or before that date;
2) the January 1st on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
3) the date You enroll, if You do so within 30 days from the date You are eligible.

Any coverage for which Evidence of Insurability is required, will become effective on the later of:
1) the date You become eligible; or
2) the date We approve Your Evidence of Insurability.

All Effective Dates of coverage are subject to the Deferred Effective Date provision.

Deferred Effective Date:  When will my effective date for coverage or a change in my coverage be deferred?
If, on the date You are to become covered:
1) under The Policy;
2) for increased benefits; or
3) for a new benefit;
You are not Actively at Work due to a physical or mental condition, such coverage will not start until the date You are Actively at Work.

Continuity from a Prior Policy:  Is there Continuity of Coverage from a Prior Policy?
Your initial coverage under The Policy will begin, and will not be deferred if on the day before the Policy Effective Date, You were insured under the Prior Policy, but on the Policy Effective Date, You were not Actively at Work, and would otherwise meet the Eligibility requirements of The Policy. However, Your Amount of Insurance will be the lesser of the amount of life insurance:
1) You had under the Prior Policy; or
2) shown in the Schedule of Insurance;
reduced by any coverage amount:
1) that is in force, paid or payable under the Prior Policy; or
2) that would have been so payable under the Prior Policy had timely election been made.

Such amount of insurance under this provision is subject to any reductions in The Policy and will not increase.

Coverage provided through this provision ends on the first to occur of:
1) the last day of a period of 12 consecutive months after the Policy Effective Date;
2) the date Your insurance terminates for any reason shown under the Termination provision;
3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; or
4) the date You are Actively at Work.
However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active Employee under The Policy.

Dependent Effective Date:  When does Dependent coverage start?
Coverage will start on the latest to occur of:
1) the date You become eligible for Dependent coverage, if You have enrolled on or before that date; or
2) the January 1st on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
3) the date You enroll, if You do so within 30 days from the date You are eligible for Dependent coverage.

Coverage for which Evidence of Insurability is required, will become effective on the later of:
1) the date You become eligible for Dependent coverage; or
2) the date We approve Your Dependents’ Evidence of Insurability.

In no event will Dependent coverage become effective before You become eligible with respect to the Supplemental Dependent Life Insurance.

Dependent Deferred Effective Date:  When will the effective date for Dependent coverage or a change in coverage be deferred?
If on the date Your Dependent, other than a newborn, is to become covered:

1) under The Policy;
2) for increased benefits; or
3) for a new benefit;

he or she is:

1) confined in a hospital; or
2) Confined Elsewhere;

such coverage will not start until he or she:

1) is discharged from the hospital; or
2) is no longer Confined Elsewhere;

and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of Dependent Children.

Confined Elsewhere means Your Dependent is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

Dependent Continuity from a Prior Policy: Is there Continuity of Coverage from a Prior Policy for my Dependents?
If on the day before the Policy Effective Date, You were covered with respect to Your Dependents under the Prior Policy, the Deferred Effective Date provision will not apply to initial coverage under The Policy for such Dependents. However, the Dependent Amount of Insurance will be the lesser of the Amount of Life Insurance:

1) they had under the Prior Policy; or
2) shown in the Schedule of Insurance;

reduced by any coverage amount:

1) that is in force, paid or payable under the Prior Policy; or
2) that would have been so payable under the Prior Policy had timely election been made.

Change in Coverage: When may I change my coverage or coverage for my Dependents?
After Your initial enrollment You may increase or decrease coverage for You or Your Dependents, or add a new Dependent to Your existing Dependent coverage:

1) during any Annual Enrollment Period designated by the Policyholder; or
2) within 30 days of the date of a Change in Family Status.

Effective Date for Changes in Coverage: When will changes in coverage become effective?
Any decrease in coverage will take effect on the date of the change.

Any increase in coverage will take effect on the latest of:

1) the date of the change;
2) the date requirements of the Deferred Effective Date provision are met;
3) the date Evidence of Insurability is approved, if required; or
4) the January 1st next following the last day of the Annual Enrollment Period, except for an increase as a result of a Change in Family Status.

Increase in Amount of Life Insurance: If I request an increase in the Amount of Life Insurance for myself or my Dependents, must we provide Evidence of Insurability?
If You or Your Dependents are:

1) already enrolled for an Amount of Life Insurance under The Policy, then You and Your Dependents must provide Evidence of Insurability for an increase of more than three level; or
2) not already enrolled for an Amount of Supplemental Life Insurance under The Policy, You and Your Dependents must provide Evidence of Insurability for any amount of Supplemental Life Insurance coverage including an initial amount.

In any event, if the Amount of Life Insurance You request is greater than the Guaranteed Issue Amount, You or Your Dependents, as applicable, must provide Evidence of Insurability.

If Your Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.
If Your Dependents’ Evidence of Insurability is not satisfactory to Us, the Amount of Life Insurance he or she had in effect on the date immediately prior to the date You requested the increase will not change.

**Termination:** *When will my coverage end?*

Your coverage will end on the earliest of the following:

1) the last day of the month following the date The Policy terminates;
2) the last day of the month following the date You are no longer in a class eligible for coverage, or The Policy no longer insures Your class;
3) the last day of the month following the date the premium payment is due but not paid;
4) the last day of the month following the date Your Employer terminates Your employment; or
5) the last day of the month following the date You are no longer Actively at Work;

unless continued in accordance with any of the Continuation Provisions.

**Dependent Termination:** *When does coverage for my Dependent end?*

Coverage for Your Dependent will end on the earliest to occur of:

1) the last day of the month following the date Your coverage ends;
2) the last day of the month following the date the required premium is due but not paid;
3) the last day of the month following the date You are no longer eligible for Dependent coverage;
4) the last day of the month following the date We or the Employer terminate Dependent coverage; or
5) the last day of the month following the date the Dependent no longer meets the definition of Dependent;

unless continued in accordance with the continuation provisions.

**Continuation Provisions:** *Can my coverage and coverage for my Dependents be continued beyond the date it would otherwise terminate?*

Coverage can be continued by Your Employer beyond a date shown in the Termination provision, if Your Employer provides a plan of continuation which applies to all employees the same way. Coverage may not be continued under more than one Continuation Provision.

The amount of continued coverage applicable to You or Your Dependents will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

1) is subject to any reductions in The Policy;
2) is subject to payment of premium;
3) may be continued up to the maximum time shown in the provisions; and
4) terminates if The Policy terminates.

In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions.

In all other respects, the terms of Your coverage and coverage for Your Dependents remain unchanged.

**Leave of Absence:** If You are on a documented leave of absence, other than Family and Medical Leave or Military Leave of Absence, Your coverage (including Dependent Life coverage) may be continued for 24 month(s) after the month in which the leave of absence commenced. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Military Leave of Absence:** If You enter active military service and are granted a military leave of absence in writing, Your coverage (including Dependent Life coverage) may be continued for up to 24 month(s). If the leave ends prior to the agreed upon date, this continuation will cease immediately.

**Lay Off:** If You are temporarily laid off by the Employer due to lack of work, Your coverage (including Dependent Life coverage) may be continued until the last day of the month in which the layoff commenced. If the lay-off becomes permanent, this continuation will cease immediately.

**Status Change:** If You are:

1) employed by the Policyholder; and
2) no longer in an Eligible Class due to a reduction in the number of scheduled hours You work;

Your coverage (including Dependent Life coverage) may be continued until the last day of the month from the date Your scheduled hours were reduced.

**Family Medical Leave:** If You are granted a leave of absence, in writing, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your coverage(s) (including Dependent Life coverage) may be continued for up to 12 weeks, or 26 weeks if You qualify for Family Military Leave, or longer if required by other applicable law,
following the date Your leave commenced. If the leave of absence terminates prior to the agreed upon date, this continuation will cease immediately.

**Sabbatical:** If You are on a documented paid sabbatical, Your coverage (including Dependent Life coverage) may be continued up to 365 days from the month in which the sabbatical commenced. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

**Continuation for Dependent Child(ren) with Disabilities:** *Will coverage for Dependent Children with disabilities be continued?*

If Your Dependent Child(ren) reach the age at which they would otherwise cease to be a Dependent as defined, and they are:

1) age 26 or older; and
2) disabled; and
3) primarily dependent upon You for financial support;
then Dependent Child(ren) coverage will not terminate solely due to age. However:

1) You must submit proof satisfactory to Us of such Dependent Child(ren)'s disability within 31 days of the date he or she reaches such age; and
2) such Dependent Child(ren) must have become disabled before attaining age 26.

Coverage under The Policy will continue as long as:

1) You remain insured;
2) the child continues to meet the required conditions; and
3) any required premium is paid when due.

However, no increase in the Amount of Life Insurance for such Dependent Children will be available.

We have the right to require proof, satisfactory to Us, as often as necessary during the first two years of continuation, that the child continues to meet these conditions. We will not require proof more often than once a year after that.

**Waiver of Premium:** *Does coverage continue if I am Disabled?*

Waiver of Premium is a provision which allows You to continue Your and Your Dependent’s Life Insurance coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.

If You qualify for Waiver of Premium, the amount of continued coverage:

1) will be the amount in force on the date You cease to be an Active Employee;
2) will be subject to any reductions provided by The Policy; and
3) will not increase.

**Eligible Coverages:** *What coverages are eligible under this provision?*

This provision applies only to:

1) Your Supplemental Life Insurance; and
2) Dependent Life Insurance.

You are not eligible to apply for both the Portability Benefit and Waiver of Premium for the same coverage amount for You or Your Dependents.

**Disabled:** *What does Disabled mean?*

Disabled means You are prevented by injury or sickness from doing any work for which You are, or could become, qualified by:

1) education;
2) training; or
3) experience.

In addition, You will be considered Disabled if You have been diagnosed with a life expectancy of 12 months or less.

**Conditions for Qualification:** *What conditions must I satisfy before I qualify for this provision?*

To qualify for Waiver of Premium You must:

1) be covered under The Policy and be under age 60 when You become Disabled;
2) be Disabled and provide Proof of Loss that You have been Disabled for 9 consecutive month(s), starting on the date You were last Actively at Work; and
3) provide such proof within one year of Your last day of work as an Active Employee.
In any event, You must have been Actively at Work under The Policy to qualify for Waiver of Premium.

**When Premiums are Waived:** *When will premiums be waived?*
If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. In any case, We will not waive premiums for the first 9 month(s) You are Disabled. We have the right to:
1) require Proof of Loss that You are Disabled; and
2) have You examined at reasonable intervals during the first 2 years after receiving initial Proof of Loss, but not more than once a year after that.
If You fail to submit any required Proof of Loss or refuse to be examined as required by Us, then Waiver of Premium ceases.

However, if We deny Your application for Waiver of Premium, You may be eligible to:
1) continue coverage under the Portability Benefit; or
2) convert coverage in accordance with the Conversion Right;
for You and Your Dependents.

If You cease to be Disabled and return to work for a total of 5 days or less during the first 9 month(s) that You are Disabled, the 9 month(s) waiting period will not be interrupted. Except for the 5 days or less that You worked, You must be Disabled by the same condition for the total 9 month(s) period. If You return to work for more than 5 days, You must satisfy a new waiting period.

**Benefit Payable before Approval of Waiver of Premium:** *What if I die or my Dependent dies before I qualify for Waiver of Premium?*
If You or Your Dependent die within one year of Your last day of work as an Active Employee, but before You qualify for Waiver of Premium, We will pay the Amount of Life Insurance which is in force for the deceased person provided:
1) You were continuously Disabled;
2) the Disability lasted or would have lasted 9 month(s) or more; and
3) premiums had been paid for coverage.

**Waiver Ceases:** *When will Waiver of Premium cease?*
We will waive premium payments and continue Your coverage, while You remain Disabled, until the date You attain Normal Retirement Age if Disabled prior to age 60.

We will waive premium payments for Your Dependent Life Insurance and continue such coverage, while You remain Disabled, until the earliest of the date:
1) You die;
2) You no longer qualify for Waiver of Premium;
3) The Policy terminates;
4) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or
5) Your Dependent no longer meets the definition of Dependent.

**What happens when Waiver of Premium ceases?**
When the Waiver of Premium ceases:
1) if You return to work in an Eligible Class, as an Active Employee, then You may again be eligible for coverage for Yourself and Your Dependents as long as premiums are paid when due; or
2) if You do not return to work in an Eligible Class, coverage will end and You may be eligible to exercise the Conversion Right for You and Your Dependents if You do so within the time limits described in such provision. The Amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. Portability will not be available.

**Effect of Policy Termination:** *What happens to the Waiver of Premium if The Policy terminates?*
If The Policy terminates before You qualify for Waiver of Premium:
1) You may be eligible to exercise the Conversion Right, provided You do so within the time limits described in such provision; and
2) You may still be approved for Waiver of Premium if You qualify.

If The Policy terminates after You qualify for Waiver of Premium:
1) Your Dependent coverage will terminate; and
2) Your coverage under the terms of this provision will not be affected.
BENEFITS

Life Insurance Benefit: When is the Life Insurance Benefit payable?
If You or Your Dependents die while covered under The Policy, We will pay the deceased person’s Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss provision.

The Life Insurance Benefit will be paid according to the General Provisions of The Policy.

Suicide: What benefit is payable if death is a result of suicide?
If You or Your Dependent commit suicide while sane or insane during the first year of coverage, We will not pay any Supplemental Amount of Life Insurance or Supplemental Amount of Dependent Life Insurance for the deceased person which was elected within the 1 year period immediately prior to the date of death. This applies to initial coverage and elected increases in coverage. It does not apply to benefit increases that resulted solely due to an increase in Earnings.

This 1 year period includes the time group life insurance coverage was in force under the Prior Policy.

Accelerated Benefit: What is the benefit?
In the event that You or Your Dependent are diagnosed as Terminally Ill, while the Terminally Ill person is:
1) covered under The Policy for an Amount of Life Insurance of at least $10,000; and
2) under age 60;
We will pay the Accelerated Benefit amount as shown below, provided We receive proof of such Terminal Illness.

You must request in writing that a portion of the Terminally Ill person’s Amount of Life Insurance be paid as an Accelerated Benefit.

The Amount of Life Insurance payable upon the Terminally Ill person’s death will be reduced by any Accelerated Benefit Amount paid under this benefit.

You may request a minimum Accelerated Benefit amount of $3,000. However, in no event will the Accelerated Benefit Amount exceed 80% of the Terminally Ill person’s Amount of Life Insurance. This option may be exercised only once for You and only once for each of Your Dependents.

For example, if You are covered for a Life Insurance Benefit Amount under The Policy of $20,000 and are Terminally Ill, You can request any portion of the Amount of Life Insurance Benefits from $3,000 to $16,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only $3,000 now, You cannot request the additional $13,000 in the future.

A person who submits proof satisfactory to Us of his or her Terminal Illness will also meet the definition of Disabled for Waiver of Premium.

In the event:
1) You are required by law to accelerate benefits to meet the claims of creditors; or
2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;
You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.

If You have executed an Assignment of rights and interest with respect to Your or Your Dependent’s Amount of Life Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

Terminal Illness or Terminally Ill means a life expectancy of 12 months or less.

Proof of Terminal Illness and Examinations: Must proof of Terminal Illness be submitted?
We reserve the right to require satisfactory Proof of Terminal Illness on an ongoing basis. Any diagnosis submitted must be provided by a Physician.

If You or Your Dependents do not submit proof of Terminal Illness satisfactory to Us, or if You or Your Dependents refuse to be examined by a Physician, as We may require, then We will not pay an Accelerated Benefit.

**No Longer Terminally Ill:** What happens to my coverage if I am no longer Terminally Ill or my Dependent is no longer Terminally Ill?

If You or Your Dependents are diagnosed by a Physician as no longer Terminally Ill and:

1) return to an Eligible Class, coverage will remain in force, provided premium is paid;
2) do not return to an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or
3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision.

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

**Conversion Right:** If coverage under The Policy ends, do I have a right to convert?

If Life Insurance coverage or any portion of it under The Policy ends for any reason, You and Your Dependents may have the right to convert the coverage that terminated to an individual conversion policy without providing Evidence of Insurability. Conversion is not available for any Amount of Life Insurance for which You or Your Dependents were not eligible and covered under The Policy.

If coverage under The Policy ends because:

1) The Policy is terminated; or
2) Coverage for an Eligible Class is terminated;

then You or Your Dependent must have been insured under The Policy for 5 years or more, in order to be eligible to convert coverage. The amount which may be converted under these circumstances is limited to the lesser of:

1) $2,000; or
2) the Life Insurance Benefit under The Policy less any Amount of Life Insurance for which You or Your Dependent may become eligible under any group life insurance policy issued or reinstated within 31 days of termination of group life coverage.

If coverage under The Policy ends for any other reason, the full amount of coverage which ended may be converted.

**Insurer,** as used in this provision, means Us or another insurance company which has agreed to issue conversion policies according to this Conversion Right.

**Conversion:** How do I convert my coverage or coverage for my Dependents?

To convert Your coverage or coverage for Your Dependents, You must:

1) complete a Notice of Conversion Right form; and
2) have your Employer sign the form.

The Insurer must receive this within:

1) 31 days after Life Insurance terminates; or
2) 15 days from the date Your Employer signs the form;

whichever is later. However, We will not accept requests for Conversion if they are received more than 91 days after Life Insurance terminates.

After the Insurer verifies eligibility for coverage, the Insurer will send You a Conversion Policy proposal. You must:

1) complete and return the request form in the proposal; and
2) pay the required premium for coverage;

within the time period specified in the proposal.

Any individual policy issued to You or Your Dependents under the Conversion Right:

1) will be effective as of the 32nd day after the date coverage ends; and
2) will be in lieu of coverage for this amount under The Policy.

**Conversion Policy Provisions:** What are the Conversion Policy provisions?

The Conversion Policy will:

1) be issued on one of the Life Insurance policy forms the Insurer is issuing for this purpose at the time of conversion; and
2) base premiums on the Insurer’s rates in effect for new applicants of Your class and age at the time of conversion.

The Conversion Policy will not provide:
1) the same terms and conditions of coverage as The Policy;
2) any benefit other than the Life Insurance Benefit; and
3) term insurance.

However, Conversion is not available for any Amount of Life Insurance which was, or is being, continued:
1) in accordance with the Waiver of Premium provision; or
2) under a certificate of insurance issued in accordance with the Portability provision; or
3) in accordance with the Continuation Provisions;

until such coverage ends.

Death within the Conversion Period: What if I or my Dependents die before coverage is converted?
We will pay the deceased person’s Amount of Life Insurance You would have had the right to apply for under this provision if:
1) coverage under The Policy terminates;
2) You or Your Dependent die within 31 days of date coverage terminates; and
3) We receive Proof of Loss.

If the Conversion Policy has already taken effect, no Life Insurance Benefit will be payable under The Policy for the amount converted.

Portability Benefits: What is Portability?
Portability is a provision which allows You and Your Dependents to continue coverage under a Group Portability policy when coverage would otherwise end due to certain Qualifying Events.

Qualifying Events: What are Qualifying Events?
Qualifying Events for You are:
1) Your employment terminates for any reason prior to 70; or
2) Your membership in an Eligible Class under The Policy ends.

Qualifying Events for Your Dependents are:
1) Your employment terminates, for any reason prior to 70; or
2) Your death;
3) Your membership in a class eligible for Dependent coverage ends;
4) He or she no longer meets the definition of Dependent. However a Dependent Child who reaches the limiting age under The Policy is not eligible for Portability.

Electing Portability: How do I elect Portability?
You may elect Portability for Your coverage after Your Supplemental coverage ends because You had a Qualifying Event. You may also elect Portability for Your Dependent coverage if Your Dependent has a Qualifying Event. The Policy must still be in force in order for Portability to be available.

In order for Dependent Child coverage to be continued under this provision, You or Your Spouse must elect to continue coverage.

To elect Portability for You or Your Dependents, You must:
1) complete and have Your Employer sign a Portability application; and
2) submit the application to Us, with the required premium.

This must be received within:
1) 31 days after Life Insurance terminates; or
2) 15 days from the date Your Employer signs the application; whichever is later. However, Portability requests will not be accepted if they are received more than 91 days after Life Insurance terminates.

After We verify eligibility for coverage, We will issue a certificate of insurance under a Portability policy. The Portability coverage will be:
1) issued without Evidence of Insurability;
2) issued on one of the forms then being issued by Us for Portability purposes; and
3) effective on the day following the date Your or Your Dependent’s coverage ends.
The terms and conditions of coverage under the Portability policy will not be the same terms and conditions that are applicable to coverage under The Policy.

**Limitations:** *What limitations apply to this benefit?*
You may elect to continue 100% of the Amount of Life Insurance which is ending for You or Your Dependent. This amount will be rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. However, the Amount of Life Insurance that may be continued will not exceed:
- 1) $500,000 for You;
- 2) $300,000 for Your Spouse; or
- 3) $20,000 for Your Dependent Child(ren).

If You elect to continue 75% now, You may not continue any portion of the remaining amount under this Portability provision at a later date. In no event will You or Your Spouse be able to continue an Amount of Life Insurance which is less than $5,000.

Portability is not available for any Amount of Life Insurance for which You or Your Dependents were not eligible and covered.

In addition Portability is not available if You or Your Dependents are entering active military service.

**Effect of Portability on other Provisions:** *How does Portability affect other Provisions?*
Portability is not available for any Amount of Life Insurance which was, or is being, continued in accordance with the:
- 1) Conversion Right;
- 2) Waiver of Premium Provision; or
- 3) Continuation provisions;
under The Policy. However, if:
- 1) You elect to continue only a portion of terminated coverage under this Portability provision; or
- 2) the Amount of Life Insurance exceeds the maximum Portability amount;
then the Conversion Right may be available for the remaining amount.

The Waiver of Premium provision will not be available if You elect to continue coverage under this Portability provision.

**GENERAL PROVISIONS**

**Notice of Claim:** *When should I notify the Company of a claim?*
You, or the person who has the right to claim benefits, must give Us, written notice of a claim within 30 days after the date of death.

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant’s name, address and the Policy Number.

**Claim Forms:** *Are special forms required to file a claim?*
We will send forms to the claimant to provide Proof of Loss, within 15 days of receiving a Notice of Claim. If We do not send the forms within 15 days, the claimant may submit any other written proof which fully describes the nature and extent of the claim.

**Proof of Loss:** *What is Proof of Loss?*
Proof of Loss may include, but is not limited to, the following:
- 1) a completed claim form;
- 2) a certified copy of the death certificate (if applicable);
- 3) Your Enrollment form;
- 4) Your Beneficiary Designation (if applicable);
- 5) documentation of:
  - a) the date Your Disability began;
  - b) the cause of Your Disability; and
  - c) the prognosis of Your Disability;
6) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
7) the names and addresses of all:
   a) Physicians or other qualified medical professionals You have consulted;
   b) hospitals or other medical facilities in which You have been treated; and
   c) pharmacies which have filled Your prescriptions within the past three years;
8) Your signed authorization for Us to obtain and release medical, employment and financial information (if applicable); or
9) Any additional information required by Us to adjudicate the claim.

All proof submitted must be satisfactory to Us.

Sending Proof of Loss: When must Proof of Loss be given?
Written Proof of Loss should be sent within 90 day(s) after the loss. All Proof of Loss should be sent to Us. However, all claims should be submitted to Us within 90 day(s) of the date coverage ends.

If proof is not given by the time it is due, it will not affect the claim if:
   1) it was not possible to give proof within the required time; and
   2) proof is given as soon as possible; but
   3) not later than 1 year after it is due unless You, or the person who has the right to claim benefits, are not legally competent.

Physical Examination and Autopsy: Can We have a claimant examined or request an autopsy?
While a claim is pending We have the right at Our expense:
   1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and
   2) to have an autopsy performed in case of death where it is not forbidden by law.

Claim Payment: When are benefit payments issued?
When We determine that benefits are payable, We will pay the benefits in accordance with the Claims to be Paid provision.

Claims to be Paid: To whom will benefits for my claim be paid?
Life Insurance Benefits will be paid in accordance with the life insurance Beneficiary Designation.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:
   1) the executors or administrators of Your estate; or
   2) all to Your surviving Spouse; or
   3) if Your Spouse does not survive You, in equal shares to Your surviving Children; or
   4) if no child survives You, in equal shares to Your surviving parents.

In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to $5,000 to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.

If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:
   1) $200 at Your death; and
   2) monthly installments of not more than $200.

Payment to any person as shown above will release Us from all further liability for the amount paid.

We will pay the Life Insurance Benefit at Your Dependents’ death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executor or administrator of Your estate.

If benefits are payable and meet Our guidelines, then We may pay benefits into a draft book account (checking account) which will be owned by:
   1) You, if living; or
   2) Your beneficiary, in the event of Your death.

The account owner may elect a lump sum payment by writing a check for the full amount in the account. However, an account will not be established for a benefit payable to Your estate.
We will make any payments, other than for loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:

1) Your estate;
2) a person who is a minor; or
3) a person who is not legally competent,
then We may pay up to $1,000 to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.

**Beneficiary Designation:** How do I designate or change my beneficiary?
You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.

Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer.

In no event may a beneficiary be changed by a Power of Attorney.

**Claim Denial:** What notification will my Beneficiary or I receive if a claim is denied?
If a claim for benefits is wholly or partly denied, You or Your Beneficiary will be furnished with written notification of the decision. This written notification will:

1) give the specific reason(s) for the denial;
2) make specific reference to the provisions on which the denial is based;
3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
4) provide an explanation of the review procedure.

In addition, if a claim for benefits is wholly or partially denied and all administrative remedies have been exhausted, You are entitled to pursue such claim anew, from the beginning, in a court with jurisdiction and to a trial by jury.

**Claim Appeal:** What recourse do my Beneficiary or I have if a claim is denied?
On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so, he or she:

1) must request a review upon written application within:
   a) 180 days of receipt of claim denial if the claim requires Us to make a determination of disability; or
   b) 60 days of receipt of claim denial if the claim does not require Us to make a determination of disability;
2) may request copies of all documents, records, and other information relevant to the claim; and
3) may submit written comments, documents, records and other information relating to the claim.

We will respond in writing with Our final decision on the claim.

In addition, if a claim for benefits is wholly or partially denied and all administrative remedies have been exhausted, You are entitled to pursue such claim anew, from the beginning, in a court with jurisdiction and to a trial by jury.

**Policy Interpretation:** Who interprets the terms and conditions of The Policy?
We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of The Policy.

**Incontestability:** When can the Life Insurance Benefit of The Policy be contested?
Except for non-payment of premiums, Your or Your Dependent's Life Insurance Benefit cannot be contested after two years from its effective date.

In the absence of Fraud, no statement made by You relating to Your insurability will be used to contest Your insurance for which the statement was made after Your insurance has been in force for two years. In order to be used, the statement must be in writing and signed by You.

No statement made relating to Your Dependents being insurable will be used to contest their insurance for which the statement was made after their insurance has been in force for two years. In order to be used, the statement must be in writing and signed by You or Your representative.

**Assignment:** Are there any rights of assignment?
You have the right to absolutely assign Your rights and interest under The Policy including, but not limited to the following:
1) the right to make any contributions required to keep the insurance in force;
2) the right to convert; and
3) the right to name and change a beneficiary.

We will recognize any absolute assignment made by You under The Policy, provided:
1) it is duly executed; and
2) a copy is acknowledged and on file with Us.

We and the Policyholder assume no responsibility:
1) for the validity or effect of any assignment; or
2) to provide any assignee with notices which We may be obligated to provide to You.

You do not have the right to collaterally assign Your rights and interest under The Policy.

Legal Actions: *When can legal action be taken against Us?*
Legal action cannot be taken against Us:
1) sooner than 60 days after the date Proof of Loss is furnished; or
2) more than 5 years after the date Proof of Loss is required to be furnished according to the terms of The Policy.

Workers' Compensation: *How does The Policy affect Workers' Compensation coverage?*
The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Insurance Fraud: *How does the Company deal with fraud?*
Insurance fraud occurs when You, Your Dependents and/or Your Employer provide Us with false information or file a claim for benefits that contains any false, incomplete or misleading information with the intent to injure, defraud or deceive Us. It is a crime if You, Your Dependents and/or Your Employer commit insurance fraud. We will use all means available to Us to detect, investigate, deter and prosecute those who commit insurance fraud. We will pursue all available legal remedies if You, Your Dependents and/or Your Employer perpetrate insurance fraud.

Misstatements: *What happens if facts are misstated?*
If material facts about You or Your Dependents were not stated accurately:
1) the premium may be adjusted; and
2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

**DEFINITIONS**

**Active Employee** means an employee who works for the Employer on a regular basis in the usual course of the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.

**Actively at Work** means at work with Your Employer on a day that is one of Your Employer's scheduled workdays. On that day, You must be performing for wage or profit all of the regular duties of Your job:
1) in the usual way; and
2) for Your usual number of hours.

We will also consider You to be Actively At Work on any regularly scheduled vacation day or holiday, only if You were Actively At Work on the preceding scheduled work day.

**Contributory Coverage** means coverage for which You are required to contribute toward the cost. Contributory Coverage is shown in the Schedule of Insurance.

**Dependent Child(ren)** means:
Your children, stepchildren, foster children, legally adopted children, children in the process of adoption, any child who qualifies for the benefits through a Qualified Medical Child Support Order, children in which You have been appointed as a legal guardian; or any other children related to You by blood or marriage or domestic partnership and are:
1) from live birth but not yet 26 years; or
2) age 26 or older and disabled. Such children must have become disabled before attaining age 26. You must submit proof, satisfactory to Us, of such children’s disability.
Dependents means Your Spouse and Your Dependent Child(ren). A dependent must be a citizen or legal resident of the United States, its territories and protectorates. Any person who is in full-time military service cannot be a dependent.

Employer means the Policyholder.

Guaranteed Issue Amount means the Amount of Life Insurance for which We do not require Evidence of Insurability. The Guaranteed Issue Amount is shown in the Schedule of Insurance.

Normal Retirement Age means the Social Security Normal Retirement Age under the most recent amendments to the United States Social Security Act. It is determined by Your date of birth, as follows:

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Normal Retirement Age</th>
<th>Year of Birth</th>
<th>Normal Retirement Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1937 or before</td>
<td>65</td>
<td>1955</td>
<td>66 + 2 months</td>
</tr>
<tr>
<td>1938</td>
<td>65 + 2 months</td>
<td>1956</td>
<td>66 + 4 months</td>
</tr>
<tr>
<td>1939</td>
<td>65 + 4 months</td>
<td>1957</td>
<td>66 + 6 months</td>
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<tr>
<td>1940</td>
<td>65 + 6 months</td>
<td>1958</td>
<td>66 + 8 months</td>
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<tr>
<td>1941</td>
<td>65 + 8 months</td>
<td>1959</td>
<td>66 + 10 months</td>
</tr>
<tr>
<td>1942</td>
<td>65 + 10 months</td>
<td>1960 or after</td>
<td>67</td>
</tr>
<tr>
<td>1943 through 1954</td>
<td>66</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physician means a person who is:
1) a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that We recognize or are required by law to recognize;
2) licensed to practice in the jurisdiction where care is being given;
3) practicing within the scope of that license; and
4) not Related to You by blood or marriage.

Prior Policy means the group life insurance Policy carried by Your Policyholder on the day before the Policy Effective Date and will only include the coverage which is transferred to Us.

Related means Your Spouse, or someone in a similar relationship in law to You, or other adult living with You, or Your sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild.

Spouse means Your spouse who is not legally separated or divorced from You. Spouse will include Your partner in a civil union.
Spouse will include Your domestic partner or party to a civil union, provided You:
1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners or parties to a civil union for purposes of The Policy; or
2) have registered as domestic partners or parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.
You will continue to be considered domestic partners or parties to a civil union provided You continue to meet the requirements described in the domestic partner affidavit or required by law.

The Policy means the policy which We issued to the Policyholder under the Policy Number shown on the face page.

We, Us or Our means the insurance company named on the face page of The Policy.

You or Your means the person to whom this certificate is issued.
AMENDATORY RIDER

This rider is attached to all certificates given in connection with The Policy and is effective on The Policy Effective Date.

This rider is intended to amend Your certificate, as indicated below, to comply with the laws of Your state of residence. Only those references to benefits, provisions or terms actually included in Your certificate will affect Your coverage. In addition, any reference made herein to Dependent coverage will only apply if Dependent coverage is provided in Your certificate.

For Delaware residents:
The **Spouse** definition is amended to read as follows:

**Spouse** means Your spouse who is not legally separated or divorced from You.

Spouse will include Your party to a civil union, provided You:
1) have established that You and Your partner are parties to a civil union for purposes of The Policy; or
2) have registered as parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered parties to a civil union provided You continue to meet the requirements required by law.

For Hawaii residents:
The **Spouse** definition is amended to read as follows:

**Spouse** means Your spouse who is not legally separated or divorced from You.

Spouse will include Your party to a civil union, provided You:
1) have established that You and Your partner are parties to a civil union for purposes of The Policy; or
2) have registered as parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered parties to a civil union provided You continue to meet the requirements required by law.

For Illinois residents:
The **Spouse** definition is amended to read as follows:

**Spouse** means Your spouse who is not legally separated or divorced from You.

Spouse will include Your party to a civil union, provided You:
1) have established that You and Your partner are parties to a civil union for purposes of The Policy; or
2) have registered as parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered parties to a civil union provided You continue to meet the requirements required by law.

For Louisiana residents:
1) The definition of **Dependent** is replaced by the following:

**Dependent** means Your Spouse and Your Dependent Child(ren). A dependent must be a citizen or legal resident of the United States, its territories and protectorates. Any person who is in full-time military service cannot be a dependent, unless that person is subsequently called to military service and any required premium is paid.

2) The age limit stated in the **Continuation for Dependent Children with Disabilities** provision is increased to 21, if less than 21.

3) The following provision is added to the **Period of Coverage** provisions:

**Reinstatement after Military Service:** If:
1) Your coverage terminates because You enter active military service; and
2) You are rehired within 12 months of the date Your coverage terminated/within 12 months of the date You return from active military service;

then coverage for You and Your previously covered Dependent Spouse/Dependents may be reinstated, provided You request such reinstatement within 31 days of the date You return to work. The reinstated coverage will:
1) be the same coverage amounts in force on the date coverage terminated; and
2) not be subject to any Waiting Period for Coverage, Evidence of Insurability or Pre-existing Conditions Limitations; and
3) be subject to all the terms and provisions of The Policy.
4) The last paragraph of the Claims to be Paid provision is replaced by the following:
   In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to $500 to any person equitably entitled to payment because of expenses from Your funeral or other expenses incident to Your last illness or death. Payment to any person, as shown above, will release Us from liability for the amount paid.
5) The exclusion for the Seatbelt and Air Bag benefit is replace by the following:
   The Seat Belt and Air Bag Benefit will not be payable if the injured person is operating the Motor Vehicle at the time of Injury while:
   1) Intoxicated; or
   2) under the influence of narcotics, unless administered on the advice of a physician.
6) The drug exclusion in the Accidental Death and Dismemberment Exclusions is replaced by the following:
   Injury sustained while under the influence of narcotics, unless administered on the advice of a Physician;

For Massachusetts residents:
   The definition of Terminal Illness or Terminally Ill in the Accelerated Benefit cannot exceed 24 months.

For Michigan residents:
   The Policy Interpretation provision is deleted in its entirety.

For Minnesota residents:
   1) The term "granted military leave of absence" in the Military Leave of Absence portion of the Continuation Provisions section, is amended to “documented military leave of absence.”
   2) The provision titled "Lay Off" is deleted from the Continuation Provisions and is replaced by the following:
      Lay Off: If You are voluntarily or involuntarily terminated or Laid Off, You may elect to continue Your coverage by making monthly premium payments to the Employer for the cost of continued coverage. You must elect this continued coverage within 60 days from:
      1) the date Your coverage would otherwise terminate; or
      2) the date You receive a written notice of Your right to continue coverage;
      whichever is later. The amount of premium charged may not exceed 102% of the premium paid, either by You or the Employer, for life insurance coverage for an Active Employee. The Employer will inform You of:
      1) Your right to continue coverage;
      2) the amount of monthly premium; and
      3) how, where and by when payment must be made.
      Upon request, the Employer will provide You Our written verification of the cost of coverage. Coverage will continue until the first to occur of:
      1) the date You are covered under another group policy; or
      2) the last day of the 18th month following the date of termination or layoff.
      At the end of such 18 month period, You may exercise the Conversion Right if You do so within the time limits described in such provision. However, in lieu of conversion coverage You may accept a policy providing reduced benefits at a reduced premium rate. Minnesota law requires that if Your coverage ends because the Employer fails:
      1) to notify You of Your right to continue coverage; or
      2) to pay the premium after timely receipt;
      the Employer will be liable for benefit payments to the extent We would have been liable had You still been covered. Laid Off means that there is a reduction in the number of hours You work for the Employer so that You are no longer eligible for coverage. The term termination does not include discharge for gross misconduct but does include retirement.
   3) the 7th paragraph of the Accelerated Benefit provision is deleted.
   4) the 2nd, 3rd and 4th paragraphs of the Conversion Right provision are deleted.
   5) The first sentence of the 5th paragraph of the Claims to be Paid provision is amended as follows:
      If benefits are payable and are greater than $15,000, then You or Your beneficiary may request that We pay benefits into a draft book account (checking account) which will be owned by:
      1) You, if living; or
      2) Your beneficiary, in the event of Your death.

For Missouri residents:
   1) The time periods stated in the Conditions for Qualification and the Benefit Payable before Approval of Waiver of Premium provisions are changed to 180 days, if greater than 180 days.
2) The following language is added to the **When Premiums are Waived** provision:
If Waiver of Premium is approved, it will be retroactive to the date the disability began. Premiums will be waived retrospectively once You have completed the 180 day waiting period.

3) The **Suicide** provision is replaced by the following:
**Suicide**: What benefit is payable if death is a result of suicide?
If You or Your Dependent commit suicide, whether sane or insane, We will not pay any Supplemental Amount of Life Insurance or Supplemental Amount of Dependent Life Insurance for the deceased person which was elected within the 1 year period immediately prior to the date of death. This applies to initial coverage and elected increases in coverage. It does not apply to benefit increases that resulted solely due to an increase in Earnings. If You or Your Dependent die as a result of suicide, whether sane or insane, within 1 year of the Policy effective date, all premiums paid for coverage will be refunded.

This 1 year period includes the time group life insurance coverage was in force under the Prior Policy.

4) Item 2 of the **Accidental Death and Dismemberment Exclusions** is replaced with the following:
2) suicide or attempted suicide, whether sane or insane;

For **Montana** residents:
1) The time period stated in the **Conversion Right** provision is changed to 3 years, if greater than 3 years.
2) The dollar amount stated in the **Conversion Right** provision is changed to $10,000, if less than $10,000.
3) The 2nd paragraph of the **Conversion Policy Provisions** is deleted.
4) The dollar amount stated in the second paragraph of the **Claims to be Paid** provision is changed to $500, if not $500.
5) The following provision is added to the **Claims to be Paid** provision.
**Payable Interest**: Is interest payable on death claims?
Claims payable for loss of life will be paid within 60 days of the date due proof is received. If the claim is paid more than 30 days after the date due proof is received, the amount payable will include interest. Interest will be paid at the discount rate, on 90-day commercial paper, in effect at the Federal Reserve Bank in the Ninth Federal Reserve District on the date due proof is received.

For **New Hampshire** residents:
1) The **Waiver of Premium and Disability Extension** provision or the **Disability Extension** provision is deleted.
2) The following is added to the end of the first paragraph of the **Conversion** provision:
The Notice of Conversion Right form will be mailed to You within 15 days after the Policy ceases. If notice is given more than 15 days after the Policy ceases, the time You have to convert will be extended for 15 days from the date notice was given.
3) The last sentence of the second paragraph of the **Conversion** provision is replaced by the following:
However, unless you did not have notice, We will not accept requests for Conversion if they are received more than 91 days after Life Insurance terminates.
4) Item #3 in the second paragraph of the **Sending Proof of Loss** provision is deleted.
5) The dollar amount stated in the second paragraph of the **Claims to be Paid** provision is changed to $250, if not $250.
6) The following is added to the **Period of Coverage** if Spouse Accidental Death and Dismemberment is included in the contract:
**Spouse Continuation**: Can coverage be continued for a divorced Spouse?
If You are legally separated or divorced from Your Spouse, coverage for Your former Spouse may continue under The Policy until the earliest of:
1) the last day of the third year following the anniversary of a final divorce or legal separation;
2) the date You remarry;
3) the date Your former Spouse remarries;
4) a date specified in the final divorce decree;
5) the date Your former Spouse fails to pay any premiums that may be due; or
6) the date You die.

For **North Dakota** residents:
The **Suicide** provision will only exclude amounts of life insurance in effect within the first year of coverage or within the first year following an increase in coverage.

For **Ohio** residents, any references to **Accelerated Benefit** are amended to read as **Accelerated Death Benefit**.

For **Oregon** residents:
1) The **Spouse** definition is amended to read as follows:

**Spouse** means Your spouse who:
1) is under age 65;
2) is not legally separated or divorced from You; and
3) is not in active full-time military service outside the continental United States, Hawaii, Puerto Rico or Alaska. However, Your spouse who is in active full-time military service inside the continental United States, Hawaii, Puerto Rico or Alaska will be considered a Dependent.

Spouse will include Your domestic partner provided You:
1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners for purposes of The Policy; or
2) have registered as domestic partners with a government agency or office where such registration is available.

You will continue to be considered domestic partners provided You continue to meet the requirements of the law or as described in the domestic partner affidavit.

2) The following is added to the definition of **Dependent Child(ren)**:

**Dependent Child(ren)** will also include child(ren) of Your Oregon registered domestic partner.

3) The **Continuation Provisions** section is amended to include the following for Employers with 10 or more employees:

**Jury Duty:** If You are scheduled to serve or are required to serve as a juror, Your coverage may be continued until the last day of Your Jury Duty, provided You:
1) elected to have Your coverage continued; and
2) provided notice of the election to Your employer in accordance with Your employer’s notification policy.

For Rhode Island residents:

1) The **Spouse** definition is amended to read as follows:

**Spouse** means Your spouse who is not legally separated or divorced from You.

Spouse will include Your partner to a civil union, provided You:
1) have established that You and Your partner are parties to a civil union for purposes of The Policy; or
2) have registered as parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered parties to a civil union provided You continue to meet the requirements required by law.

2) The following is added to **Continuation Provisions**:

**Family Military Leave of Absence:** If Your spouse or child enters active full-time military service outside of the continental United States, Hawaii, Puerto Rico or Alaska, and You:
1) have been employed with the same employer for at least two years; and
2) have completed 1,250 hours of service during a 12 month period immediately prior to the date Military Leave of Absence would begin; and
3) have exhausted all the other time made available to You by Your Employer except sick time and short term disability;

then Your coverage may be continued for up to 30 days. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

To elect a Family Military Leave of Absence, You must notify Your Employer at least 14 days prior to the date the leave would begin if the leave would consist of five or more consecutive work days. For a leave of less than five days, the Employee should give notice as soon as reasonable possible.

3) The provision titled **Policy Interpretation** is deleted in its entirety.

For South Carolina residents:

1) The following is added to the **Physical Examinations and Autopsy** provision: “Such autopsy must take place in the state of South Carolina.”

2) The dollar amount stated in the second paragraph of the **Claims to be Paid** provision is changed to $2,000, if not $2,000.

For South Dakota residents:

1) The **suicide, felony, speed or endurance contest** exclusions are replaced by the following:

**suicide, whether sane or insane, within two years of the individual’s coverage under the policy;**

**Injury caused directly or indirectly by riding or driving on land, air, or water if participating in a speed or endurance contest;**
Injury sustained while committing a felony.

2) The self-inflicted Injury, drug, Intoxicated and Driving while Intoxicated exclusions are deleted.
3) The definition of "Intoxicated" is deleted from the Exclusion section.
4) The exclusions set forth in the Seat Belt and Air Bag benefit are deleted.
5) The definition of Felonious Assault set forth in the Felonious Assault Benefit is replaced by the following:
   Felonious Assault means a violent or criminal act directed at You or Your Dependents during the course of a
   robbery, kidnapping or criminal assault, which constitutes a felony under the law.

For Texas residents, the provision titled Policy Interpretation is deleted in its entirety.

For Utah residents:
1) The time period stated in the Suicide provision is changed to 2 years if not already 2 years.
2) Item 1 of the first paragraph in the Conversion Policy Provisions is replaced by the following:
   1) be issued on one of the Life Insurance policy forms the Insurer is customarily issuing at the age and for
   the amount applied for at the time of conversion except for term insurance; and
3) The following sentence is added to the Effect of Waiver of Premium on Conversion provision, if not already
   added:
   The Insurer will refund the premium paid for such Conversion Policy.
4) The time period stated in the Claim Forms provision is changed to 15 days if not already 15 days.
5) Item 3 of the second paragraph of the Sending Proof of Loss provision is deleted.
6) The time period stated in the Claim Payment provision is changed to 15 days if not already 15 days.
7) The provision titled Policy Interpretation is deleted in its entirety.
8) The words "In the absence of fraud" are deleted from the Incontestability provision.
9) The following provision is added to the Continuation provisions:
   Disability: If You are not Actively at Work due a Disability, all of Your coverage (including Dependent Life
   coverage) may be continued beyond a date shown in the Termination provision. Coverage may not be
   continued under more than one Continuation Provision. The amount of continued coverage applicable to You
   or Your Dependents will be the amount of coverage in effect on the date immediately before coverage would
   otherwise have ended. Coverage will continue until the earliest of:
   1) six months from the date of Disability;
   2) approval by Us of continuation of the coverage under any disability provision The Policy may contain;
   3) the date premium payment is due but not paid;
   4) The Policy terminates; or
   5) if the Policyholder is a trust, Your Employer ceases to be a Participating Employer.
   In no event will the amount of insurance increase while coverage is continued in accordance with this
   provision. The Continuation Provisions shown above may not be applied consecutively. If such absence
   results in a leave of absence in accordance with state and/or federal family and medical leave laws, then the
   combined continuation period will not exceed twelve consecutive months.

For Vermont residents:
1) The following Endorsement applies:
   Purpose: This endorsement is intended to provide benefits for parties to a civil union. Vermont law requires
   that insurance contracts and policies offered to married persons and their families be made available to
   parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the
   civil union must have been established in the state of Vermont according to Vermont law.
   General Definitions, Terms, Conditions and Provisions: The general definitions, terms, conditions or any
   other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory
   endorsement is attached are hereby amended and superseded as follows:
   1) Terms that mean or refer to a marital relationship or that may be construed to mean or refer to a marital
      relationship: such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative",
      "beneficiary", "survivor", "immediate family" and any other such terms include the relationship created by
      a civil union.
   2) Terms that mean or refer to a family relationship arising from a marriage such as "family", "immediate
      family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms
      include the family relationship created by a civil union.
   3) Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage",
      "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution
      of a civil union.
4) “Dependent” means a spouse, a party to a civil union, and/or a child or children (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

5) “Child or covered child” means a child (natural, step-child, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

Cautionary Disclosure: THIS RIDER IS ISSUED TO MEET THE REQUIREMENTS OF VERMONT LAW AS EXPLAINED IN THE "PURPOSE" PARAGRAPH OF THE RIDER. THE FEDERAL GOVERNMENT OR ANOTHER STATE GOVERNMENT MAY NOT RECOGNIZE THE BENEFITS GRANTED UNDER THIS RIDER. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER THIS CONTRACT.

2) The following sentence is added to the Life Insurance Benefit provision:
Interest is payable from the date of death until the date payment is made at an interest rate of 6% per year or at least Our corporate interest rate, whichever is greater.

For Washington residents:
1) The Suicide provision is deleted in its entirety.
2) The following is added to the No Longer Terminally Ill provision:
Dispute about Diagnosis: If Your attending physician, and a physician appointed by Us, disagree on whether You are Terminally Ill, Our physician’s opinion will not be binding upon You. The two parties shall attempt to resolve the matter promptly and amicably. In case the disagreement is not resolved, You have the right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either. Any such arbitration shall be conducted in accordance with the laws of the State of Washington. As part of the final decision, the arbitrator or mediator shall award the costs of the arbitrator to one party or the other, or may divide the costs equally or otherwise.

3) The Labor Dispute continuation provision is replaced with the following:
Labor Dispute: If You are not Actively at Work as the result of a labor dispute, all of Your coverages (including Dependent Life coverage) may be continued during such dispute until the last day of the month in which the coverage terminated, but in no event for a period exceeding six months. If the labor dispute ends, this continuation will cease immediately.

4) The provision titled Policy Interpretation is deleted in its entirety.
5) The definition of Dependent Child(ren) is amended to include relationships due to domestic partnership.
6) The Spouse definition is amended to read as follows:
Spouse means Your spouse who is not legally separated or divorced from You.
Spouse will include Your domestic partner or party to a civil union, provided You:
1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners or parties to a civil union for purposes of The Policy; or
2) have registered as domestic partners or parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.
You will continue to be considered domestic partners or parties to a civil union provided You continue to meet the requirements described in the domestic partner affidavit or required by law.

For Wisconsin residents:
1) The dollar amount stated in the Conversion Right provision is changed to $5,000, if not $5,000.
2) The dollar amounts stated in the second paragraph and the last paragraph of the Claims to be Paid provision are changed to $1,000, if not $1,000.

In all other respects, the Policy and certificates remain the same.

Signed for Hartford Life and Accident Insurance Company.

Terence Shields, Secretary  Michael Concannon, Executive Vice President
Questions or Complaints about Your Coverage

In the event You have questions or complaints regarding any aspect of Your coverage, You should contact Your Employee Benefits Manager or You may write to us at:

The Hartford
Group Benefits Division, Customer Service
P.O. Box 2999
Hartford, CT 06104-2999

Or call Us at: 1-800-523-2233
When calling, please give Us the following information:
1) the policy number; and
2) the name of the policyholder (employer or organization), as shown in Your Certificate of Insurance.

Or You may contact Our Sales Office:
Hartford Life and Accident Insurance Company
Group Sales Department
7670 South Chester Street
Suite 300
Englewood, CO 80112
TOLL FREE: 866-460-1855
FAX: 303-792-5870

If you have a complaint, and contacts between you and the insurer or an agent or other representative of the insurer have failed to produce a satisfactory solution to the problem, the following states require we provide you with additional contact information:

For Residents of: Write Telephone
Arkansas Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201-1904
1(800) 852-5494
1(501) 371-2640 (in the Little Rock area)

California State of California Insurance Department
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
1(800) 927-HELP

Idaho Idaho Department of Insurance
Consumer Affairs
700 W State Street, 3rd Floor
PO Box 83720
Boise, ID 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov

Illinois Illinois Department of Insurance
Consumer Services Station
Springfield, Illinois 62767
Consumer Assistance: 1(866) 445-5364
Officer of Consumer Health Insurance:
1(877) 527-9431

Indiana Public Information/Market Conduct
Indiana Department of Insurance
311 W. Washington St. Suite 300
Indianapolis, IN 46204-2787
Consumer Hotline: 1(800) 622-4461
1(317) 232-2395 (in the Indianapolis Area)

Virginia Life and Health Division
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23209
1(804) 371-9741 (inside Virginia)
1(800) 552-7945 (outside Virginia)

Wisconsin Office of the Commissioner of Insurance
1(800) 236-8517 (outside of Madison)
The following states require that we provide these notices to you about your coverage:

For residents of:

Arizona
This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

Florida
The benefits of the policy providing you coverage are governed primarily by the law of a state other than Florida.

Maryland
The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all the benefits required by Maryland law.

Massachusetts
As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health care coverage and does not meet Minimum Creditable Coverage standards, even if it does include services that are not available in the insured’s other health plans.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

Montana
The benefits of the policy providing your coverage are governed primarily by the law of a state other than Montana.

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

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

1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP LIFE INSURANCE, GROUP HEALTH INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGE AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSON INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT; AND

2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGE, TO ALL PERSONS COVERED BY THE GROUP POLICY WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

IMPORTANT TERMINATION INFORMATION

YOUR INSURANCE MAY BE CANCELLED BY THE COMPANY. PLEASE READ THE TERMINATION PROVISION IN THIS CERTIFICATE.

THIS CERTIFICATE OF INSURANCE PROVIDES COVERAGE UNDER A GROUP MASTER POLICY. THIS CERTIFICATE PROVIDES ALL OF THE BENEFITS MANDATED BY THE NORTH CAROLINA INSURANCE CODE,
BUT YOU MAY NOT RECEIVE ALL OF THE PROTECTIONS PROVIDED BY A POLICY ISSUED IN NORTH CAROLINA AND GOVERNED BY ALL OF THE LAWS OF NORTH CAROLINA.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call The Hartford's toll-free telephone number for information or to make a complaint at:

1-800-523-2233

You may also write to The Hartford at:

P.O. Box 2999
Hartford, CT 06104-2999

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

1-800-252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9410
Fax # (512) 475-1771

Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:
Should you have a dispute concerning your premium or about a claim you should contact the agent or The Hartford first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

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

Texas

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Usted puede llamar al número de teléfono gratis de The Hartford para información o para someter una queja al:

1-800-523-2233

Usted también puede escribir a The Hartford:

P.O. Box 2999
Hartford, CT 06104-2999

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9410
Fax # (512) 475-1771

Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

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

UNA ESTE AVISO A SU POLIZA:
Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.
CERTIFICATE OF INSURANCE

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Simsbury, Connecticut
(A stock insurance company)

Policyholder: COLORADO STATE UNIVERSITY
Policy Number: ADD-S07449
Policy Effective Date: January 1, 2011
Policy Anniversary Date: January 1, 2015

We have issued The Policy to the Policyholder. Our name, the Policyholder's name and The Policy Number are shown above. The provisions of The Policy, which are important to You, are summarized in this certificate consisting of this form and any additional forms which have been made a part of this certificate. This certificate replaces any other certificate We may have given to You earlier under The Policy. The Policy alone is the only contract under which payment will be made. Any difference between The Policy and this certificate will be settled according to the provisions of The Policy on file with Us at Our home office. The Policy may be inspected at the office of the Policyholder.

Signed for the Company

Terence Shields, Secretary
Michael Concannon, Executive Vice President

A note on capitalization in this Certificate:
Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The Policy or refers to a specific provision contained herein.

Table of Contents
Schedule of Insurance
Period of Coverage
Benefits
Exclusions
General Provisions
Definitions
Amendatory Rider
The benefits described herein are those in effect as of January 1, 2014

Cost of Coverage:
Contributory Coverage:  Supplemental Accidental Death and Dismemberment Insurance
Supplemental Dependents’ Accidental Death and Dismemberment Insurance

Eligible Class(es) For Coverage:
Half-time or greater academic faculty on regular, special, temporary or senior teaching nine or twelve month appointments, administrative professionals on regular, special or temporary nine or twelve month appointments, faculty transitional appointments, post doctoral fellows, veterinary interns, clinical psychology interns, federal employees, and state classified employees who are:
1) citizens or legal residents of the United States working in the United States, its territories or protectorates;
2) Expatriates and Third-country Nationals; and
3) citizens or legal residents of Canada, as approved by Us, living and working in Canada

Excluding
1) leased or seasonal employees; and
2) any employee living or working in a country:
   a) subject to a sanctions program administered by the United States Treasury Office of Foreign Asset Control; or
   b) not meeting our underwriting criteria, as determined by Us and accessible to Your Employer on Our ‘EmployerView’ online informational source.

Expatriate means a citizen or legal resident of the United States living and working on temporary assignment outside of the United States, its territories and protectorates.

Third-country National means a person who is a citizen of a country other than the United States who is living and working outside of the country of which he or she is a citizen.

Full-time Employees:  at least 40 hours weekly.
Half-time Employees:  at least 20 hours weekly.

Annual Enrollment Period:  as determined by Your Employer on a yearly basis.

Eligibility Waiting Period for Coverage:
None

The time periods referenced above are continuous.  The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a Full-time or Part-time Active Employee with the Employer under the Prior Policy.

Accidental Death and Dismemberment Benefit (AD&D)

Supplemental AD&D Principal Sum

Principal Sum

The Principal Sum applicable to You is the amount for which:
1. You are eligible to request as determined below;
2. You have given us a Written Request; and
3. the required premium is paid.

Principal Sum Amount:
Maximum Amount: $500,000
Increments of: $25,000
**Accidental Death and Dismemberment Reduction on and after Age 70:** We will reduce Your Principal Sum by 35% on the January 1st on or next following the date You attain age 70 and by an additional 50% on the January 1st on or next following the date You attain age 75.

**Principal Sum for each of Your Eligible Dependents**

The Principal Sum that applies to each person covered under The Policy as Your Dependent, on the date of accident, is determined by multiplying Your Principal Sum by the percentage determined below.

<table>
<thead>
<tr>
<th></th>
<th>Spouse</th>
<th>Each Dependent Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse only</td>
<td>60%</td>
<td>0%</td>
</tr>
<tr>
<td>Spouse and Dependent Child(ren)</td>
<td>50%</td>
<td>15%</td>
</tr>
<tr>
<td>Dependent Child(ren) only</td>
<td>0%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Principal Sum for any one Child cannot exceed the lesser of the amount calculated above or $125,000.

**Common Carrier**

Common Carrier Limit: 2x Principal Sum

**Additional Benefits**

**Seat Belt and Air Bag Coverage:**
Seat Belt Benefit Amount: 10% of Principal Sum to a maximum amount of $10,000
Minimum Benefit: $1,000

Air Bag Benefit Amount: 5% of Principal Sum to a maximum amount of $5,000

**Anti-Inflation Benefit:**
Maximum Amount: $10,000
Anti-Inflation Benefit Percentage: 2%

**Repatriation Benefit:**
Maximum Amount: $5,000
Repatriation Benefit Percentage: 5%

**Felonious Assault Benefit:**
Maximum Amount: $25,000
Felonious Assault Benefit Percentage: 10%

**Child Education Benefit:**
Maximum Amount: $2,500
Percentage of Principal Sum: 2.5%
Minimum Amount: $500

**Day Care Benefit:**
Maximum Amount: $2,500
Day Care Benefit Percentage: 2.5%
Minimum Amount: $500

**Rehabilitation Benefit:**
Maximum Amount: $2,500
Rehabilitation Benefit Percentage: 2.5%

**Spouse Education Benefit:**
Maximum Amount: $2,500  
Percentage of Principal Sum: 2.5%  
Minimum Amount: $500  

**Adaptive Home and Vehicle Benefit:**  
Maximum Amount: $5,000  
Adaptive Home and Vehicle Benefit Percentage: 5%  

**Coma Benefit:**  
Waiting Period: 30 day(s)  

**Critical Burn Benefit:**  
Maximum Amount: $5,000  
Critical Burn Benefit Percentage: 5%  

**Therapeutic Counseling Benefit:**  
Maximum Amount: $2,500  
Therapeutic Counseling Benefit Percentage: 2.5%  

**Accident Hospital Income Benefit:**  
Waiting Period: 7 day(s)  
Daily Accident Hospital Income Benefit: 1% to a maximum of $1,500  

**Accident Hospital Income Benefit (Covered Accident):**  
Waiting Period: 7 day(s)  
Daily Accident Hospital Income Benefit: 1% to a maximum of $1,500  

**Intensive Care Unit Benefit:**  
Maximum Benefit Period: 30 day(s)  

**Outpatient Care Benefit:**  
Maximum Benefit Amount: $5,000  

**Recuperation Benefit:**  
Maximum Benefit Amount: $5,000  
Maximum Benefit Period: 30 day(s)  

**Continuation of Medical Coverage (COBRA) Benefit:**  
Maximum Benefit Amount: $2,500  
Minimum Benefit Amount: $500  
Percentage for the Continuation of Medical Coverage Benefit: 2.5%  

**Extended Dependents Coverage Benefit**  

**Extended Care Facility Benefit:**  
Extended Care Facility Benefit Percentage: 5% to a maximum of $5,000  

**Common Disaster Benefit:**  
Common Disaster Limit: $1,000,000  

**Accident Medical Expense Benefit:**  
Deductible Amount: $100  
Maximum Benefit Amount: $100,000  

**Survivor Income Benefit:**  
Percentage of Principal Sum: 1%  
Payment Period: 12 month(s)  

**HIV Occupational Accident Benefit:**  
Benefit Amount: 10% of Principal Sum
Dependent Child Dismemberment Benefit

Funeral Expense Benefit:
Maximum Amount: $2,500
Percentage of Principal Sum: 2.5%

Permanent Total Disability Benefit:
Disability Commencement Period: 365 day(s)
Qualification Period: 12 month(s)
Benefit Amount: See Principal Sum Amount

Loss of Use Benefit

Traumatic Brain Injury
Hospital Confinement Period: 30 day(s)
Benefit Amount: 100% of Principal Sum

Bereavement Counseling Benefit
Maximum Amount $500

Accelerated Benefit

Waiver of Premium

Conversion Right
Conversion Limit: $250,000

ELIGIBILITY AND ENROLLMENT

Eligible Persons: Who is eligible for coverage?
All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.

Eligibility for Coverage: When will I become eligible?
You will become eligible for coverage on the latest of:
1) the Policy Effective Date;
2) the date You become a member of an Eligible Class; or
3) the date You complete the Eligibility Waiting Period for coverage shown in the Schedule of Insurance, if applicable.

Eligibility for Dependent Coverage: When will I become eligible for Dependent Coverage?
You will become eligible for Dependent coverage on the later of:
1) the date You become eligible for employee coverage; or
2) the date You acquire Your first Dependent.
You may not cover Your Dependent if such Dependent is covered as an Employee under The Policy. No person can be insured as a Dependent of more than one Employee under The Policy.

Enrollment: How do I enroll for coverage?
To enroll You must:
1) complete and sign a group insurance enrollment form which is satisfactory to Us, for Your coverage and Your Dependent's coverage; and
2) deliver it to Your Employer.

You have the option to enroll by voice recording or electronically. Your Employer will provide instructions.

If You do not enroll for Your coverage and/or Your Dependent's coverage within 30 days after becoming eligible under The Policy, or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll, You may enroll for Your coverage and/or Your Dependent's coverage only:
1) during an Annual Enrollment Period designated by the Policyholder; or
2) within 30 days of the date You have a Change in Family Status.

**Change in Family Status: What constitutes a Change in Family Status?**

A Change in Family Status occurs when:
1) You get married or You execute a domestic partner affidavit;
2) You and Your spouse divorce or terminate a domestic partnership;
3) Your child is born or You adopt or become the legal guardian of a child;
4) Your spouse or domestic partner dies;
5) Your child dies;
6) Your spouse is no longer employed, which results in a loss of group insurance; or
7) You have a change in cost of coverage for dependent's plan.

**Newlywed Coverage:** If You marry while covered under The Policy, Your Spouse shall automatically become covered under The Policy for 30 days after the date of marriage. Benefits and amounts will be the minimum amount for those We are providing for Spouse coverage under The Policy at that time.

Coverage of Your Spouse will cease after 30 days of the date of marriage unless You:
1) request in writing that coverage for Your Spouse be continued; and
2) pay the additional required premium.

**Newborn/New Child Coverage:** If, while covered under The Policy, You:
1) have a newborn child; or
2) adopt or receive a foster or stepchild;
the child will become covered under The Policy for 30 days after the date of birth or the date of financial dependence on You. Benefits and amounts will be the minimum amount for those We are providing for Dependent Children under The Policy at that time.

Coverage of the new child will cease after 30 days from the date of birth or financial dependence unless You:
1) request in writing that coverage for Your child be continued; and
2) pay the additional required premium.

**PERIOD OF COVERAGE**

**Effective Date: When does my coverage start?**

Coverage will start on the latest to occur of:
1) the date You become eligible, if You enroll on or before that date; or
2) the first day of January on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
3) the date You enroll if You do so within 30 days of the date You are eligible.

All Effective Dates of coverage are subject to the Deferred Effective Date provision.

**Deferred Effective Date: When will my effective date for coverage or a change in my coverage be deferred?**

If, on the date You are to be covered:
1) under The Policy;
2) for increased benefits; or
3) for a new benefit;
You are not Actively at Work due to a physical or mental condition, such coverage will not start until the date You are Actively at Work.

**Continuity from a Prior Policy: Is there Continuity of Coverage from a Prior Policy?**

Your initial coverage under The Policy will begin, and will not be deferred if on the day before the Effective Date, You were insured under the Prior Policy, but on the Effective Date, You were not Actively at Work, but would otherwise meet the Eligibility requirements of The Policy. However, Your Amount of Insurance will be the amount of accidental death and dismemberment principal sum:
1) You had under the Prior Policy; or
2) shown in the Schedule of Insurance;
reduced by any coverage amount:
1) that is in force, paid or payable under the Prior Policy; or
2) that would have been so payable under the Prior Policy had timely election been made.

Such amount of insurance under this provision is subject to any reductions in The Policy and will not increase.

Coverage provided through this provision ends on the first to occur of:
1) the last day of a period of 12 consecutive months after the Effective Date;
2) the date Your insurance terminates for any reason shown under the Termination provision;
3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; or
4) the date You are Actively at Work.

However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active Employee under The Policy.

**Dependent Effective Date: When does Dependent coverage start?**
Contributory Coverage will start on the latest to occur of:
1) the date You become eligible for Dependent coverage, if You have enrolled on or before that date; or
2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
3) the date You enroll if You do so within 30 days from the date You are eligible for Dependent coverage.

In no event will Dependent coverage become effective before You become eligible.

**Dependent Deferred Effective Date: When will the effective date for Dependent coverage or a change in coverage be deferred?**
If, on the date Your Dependent is to become covered:
1) under The Policy;
2) for increased benefits; or
3) for a new benefit;
he or she is:
1) confined in a hospital; or
2) Confined Elsewhere;
such coverage will not start until he or she:
1) is discharged from the hospital; or
2) is no longer Confined Elsewhere;
and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of Dependent Children.

**Confined Elsewhere** means Your Dependent is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

**Dependent Continuity from a Prior Policy: Is there Continuity of Coverage from a Prior Policy for my Dependents?**
If on the day before the Effective Date, You were covered with respect to Your Dependents under the Prior Policy, the Deferred Effective Date provision will not apply to initial coverage under The Policy for such Dependents. However, the Dependent Amount of Insurance will be the amount of accidental death and dismemberment insurance:
1) they had under the Prior Policy; or
2) shown in the Schedule of Insurance;
reduced by any coverage amount:
1) that is in force, paid or payable under the Prior Policy; or
2) that would have been so payable under the Prior Policy had timely election been made.

**Change in Coverage: When may I change my coverage or Coverage for my Dependents?**
After Your initial enrollment You may increase or decrease coverage for You or Your Dependents or add a new Dependent to Your existing Dependent coverage:
1) during any Annual Enrollment Period designated by the Policyholder; or
2) within 30 days of the date of a Change in Family Status.

**Effective Date for Changes in Coverage: When will changes in coverage become effective?**
Any decrease in coverage will take effect on the date of the change. Any increase in coverage will take effect on the date of the change.

**Termination: When will my coverage end?**

Your coverage will end on the earliest of the following:

1. the last day of the month following the date The Policy terminates;
2. the last day of the month following the date You are no longer in a class eligible for coverage, or the Policy no longer covers Your class;
3. the last day of the month following the date the required premium is due but not paid;
4. the last day of the month following the date Your Employer terminates Your employment;
5. the last day of the month following the date You are no longer Actively at Work;

unless continued in accordance with one of the Continuation Provisions.

**Dependent Termination: When does coverage for my Dependent end?**

Coverage for Your Dependent will end on the earliest to occur of:

1. the last day of the month following the date Your coverage ends;
2. the last day of the month following the date the required premium is due but not paid;
3. the last day of the month following the date You are no longer eligible for Dependent coverage;
4. the last day of the month following the date We or the Employer terminate Dependent coverage; or
5. the last day of the month following the date the Dependent no longer meets the definition of Dependent.

unless continued in accordance with the continuation provisions.

However, Dependent Child coverage will not terminate if the Dependent Child is enrolled in a postsecondary education institution and takes a medical leave of absence before the earlier of:

1. one year after the first day of the Medically Necessary Leave of Absence; or
2. the date the coverage would otherwise terminate under the terms of coverage.

Medically Necessary Leave of Absence means a leave of absence from a postsecondary educational institution or a change in enrollment of the Dependent Child at the institution that:

1. begins while the Dependent Child is suffering from a serious illness;
2. is medically necessary; and
3. causes the Dependent to lose student status for the purpose of Dependent Child coverage.

**Continuation Provisions: Can my coverage and coverage for my Dependents be continued beyond the date it would otherwise terminate?**

Coverage can be continued by Your Employer beyond a date shown in the Termination provision, if Your Employer provides a plan of continuation which applies to all employees the same way. Coverage may not be continued under more than one Continuation Provision.

The amount of continued coverage applicable to You or Your Dependents will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

1. is subject to any reductions in The Policy;
2. is subject to payment of premium;
3. may be continued up to the maximum time shown in the provisions; and
4. terminates if The Policy terminates.

In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions.

In all other respects, the terms of Your coverage and coverage for Your Dependents remain unchanged.

**Leave of Absence:** If You are on a documented leave of absence, other than Family and Medical Leave or Military Leave of Absence, Your coverage (including Dependent Accidental Death and Dismemberment coverage) may be continued for 24 month(s). If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

**Military Leave of Absence:** If You or Your Dependent enter active military service and are granted a military leave of absence in writing, Your coverage (including Dependent Accidental Death and Dismemberment coverage) may be continued for up to 24 month(s). If the leave ends prior to the agreed upon date, this continuation will cease immediately.

**Lay Off:** If You are temporarily laid off by the Employer due to lack of work, Your coverage (including Dependent Accidental Death and Dismemberment coverage) may be continued until the last day of the month in which the layoff commenced. If the lay-off becomes permanent, this continuation will cease immediately.
Status Change: If You are:
1) employed by the Policyholder; and
2) no longer in an Eligible Class due to a reduction in the number of scheduled hours You work;
Your coverage (including Dependent Accidental Death and Dismemberment coverage) may be continued until the last
day of the month from the date Your scheduled hours were reduced.

Family and Medical Leave: If You are granted a leave of absence, in writing, in accordance with state and/or federal
family and medical leave laws, all of Your coverages (including Dependent Accidental Death and Dismemberment
coverage) may be continued for up to 12 weeks, or 26 weeks if You qualify for Family Military Leave, or longer if required
by state law, following the date Your insurance would have terminated. If the leave of absence ends prior to the agreed
upon date, this continuation will cease immediately.

Sabbatical: If You are on a documented paid sabbatical, Your coverage (including Dependent Accidental Death and
Dismemberment coverage) may be continued up to 365 day(s) from the month in which the sabbatical commenced. If the
sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.

Spouse Continuation: Can coverage for my Spouse be continued in the event of my death?
If You die while Your Spouse is covered under The Policy, Your surviving Spouse may continue:
1) his or her coverage; and
2) coverage of Your Dependent Child(ren) who were covered by The Policy on the date of Your death.
We must receive Your Spouse’s written request and the required premium to continue the coverage within 31 days of the
Premium Due Date next following the date of Your death.

Solely for the purpose of continuing the coverage, Your Spouse will be considered the insured person. However, Your
Spouse's or any of the Dependent Child(ren)'s coverage will not continue beyond:
1) a date the coverage would otherwise have ended under the Dependent Termination provision; or
2) the Premium Due Date next following the date Your Spouse remarries.

Dependent Continuation: Can coverage for my Dependents be continued if I die?
If You die while insured under The Policy, the Accidental Death and Dismemberment Insurance coverage for Your
Dependents in force at the time of Your death may be continued, until the earliest of:
1) the date the coverage would otherwise have ended under the Dependent Termination provision;
2) the date Your Spouse remarries, dies, or obtains coverage under another group plan; or
3) 5 years from Your date of death.

Coverage continued under this provision will be Contributory Coverage and may not be increased.

Continuation for Dependent Child(ren) with Disabilities: Will coverage for Dependent Children with Disabilities be
continued?
If Your Dependent Child(ren) reach the age at which they would otherwise cease to be a Dependent as defined, and they are:
1) age 26 or older; and
2) disabled; and
3) primarily dependent upon You for financial support;
then Dependent Child(ren) coverage will not terminate solely due to age. However:
1) You must submit proof satisfactory to Us of such Dependent Child(ren)'s disability within 31 days of the date he or
she reaches such age; and
2) such Dependent Child(ren) must have become disabled before attaining age 26.

Coverage under The Policy will continue as long as:
1) You remain insured;
2) the child continues to meet the required conditions; and
3) any required premium is paid when due.

We have the right to require proof, satisfactory to Us, as often as necessary during the first two years of continuation, that
the child continues to meet these conditions. We will not require proof more often than once a year after that.

Waiver of Premium: Does coverage continue if I am Disabled?
Waiver of Premium is a provision which allows You to continue Your and Your Dependent’s Accidental Death and Dismemberment Insurance coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.

If You qualify for Waiver of Premium, the amount of continued coverage:
1) will be the amount in force on the date You cease to be an Active Employee;  
2) will be subject to any reductions provided by The Policy; and  
3) will not increase.

**Disabled:** What does Disabled mean?  
Disabled means You are wholly and continuously prevented from performing any work or occupation for wage or profit, for which You are reasonably qualified or trained, as a result of injury or sickness.

In addition, You will be considered disabled if You have been diagnosed with a life expectancy of 6 months or less.

If You are in an occupation that requires You to maintain a license, Your failure to pass a physical examination required to maintain that license does not alone mean that You are disabled.

**Conditions for Qualification:** What conditions must I satisfy before I qualify for this provision?  
To qualify for Waiver of Premium You must:
1) be covered under The Policy and be under age 60 when You become Disabled;  
2) be Disabled and provide Proof of Loss that You have been Disabled for 9 consecutive month(s), starting on the date You were last Actively at Work; and  
3) provide such proof within one year of the date You became Disabled.

**Refund of Premium:** Will premiums be refunded if I am Disabled?  
When You are approved for Waiver of Premium, We will refund to You, or to Your estate if You have died, any premiums paid during the period You have been continuously Disabled.

**When Premiums are Waived:** When will premiums be waived?  
If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. In any case, We will not waive premiums for the first 9 month(s) You are Disabled. We have the right to:
1) require Proof of Loss that You are Disabled; and  
2) have You examined at reasonable intervals during the first 2 years after receiving initial Proof of Loss, but not more than once a year after that.

If You fail to submit any required Proof of Loss or refuse to be examined as required by Us then Waiver of Premium ceases.

However, if We deny Your application for Waiver of Premium, You may be eligible to convert coverage in accordance with the Conversion Right.

If You cease to be Disabled and return to work for a total of 5 days or less during the first 9 month(s) that You are Disabled, the 9 month(s) waiting period will not be interrupted. Except for the 5 days or less that You worked, You must be Disabled by the same condition for the total 9 month(s) period. If You return to work for more than 5 days, You must satisfy a new waiting period.

**Waiver Ceases:** When will Waiver of Premium cease?  
We will waive premium payments and continue Your coverage, while You remain Disabled, until the date You attain age 65 if Disabled prior to age 60.

We will waive premium payments for Your Dependent Accidental Death and Dismemberment Insurance and continue such coverage, while You remain Disabled, until the earliest of the date:
1) You die;  
2) You no longer qualify for Waiver of Premium;  
3) The Policy terminates;  
4) You attain age 60;  
5) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or  
6) Your Dependent no longer meets the definition of Dependent.

**What happens when Waiver of Premium ceases?**
When the Waiver of Premium ceases:

1) if You return to work in an Eligible Class, as an Active Employee, then You may again be eligible for coverage for Yourself and Your Dependents, as long as premiums are paid when due; or
2) if You do not return to work in an Eligible Class, coverage will end and You and Your Dependent may be eligible to exercise the Conversion Right for You and Your Dependents if You do so within the time limits described in such provision. The Amount of Accidental Death and Dismemberment Insurance that may be converted will be subject to the terms and conditions of the Conversion Right.

Effect of Policy Termination: What happens to the Waiver of Premium if Policy terminates?
If The Policy terminates before You qualify for Waiver of Premium:
1) You may be eligible to exercise the Conversion Right, provided You do so within the time limits described in such provision; and
2) You may still be approved for Waiver of Premium if You qualify.

If The Policy terminates after You qualify for Waiver of Premium:
1) Your Dependent coverage will terminate; and
2) Your coverage under the terms of this provision will not be affected.

Exercise of Conversion Right: What happens to the Waiver of Premium Provision if I convert my coverage?
If You exercise Your right under the Conversion Right, this Waiver of Premium provision will automatically terminate. However, You may still be eligible for this Waiver of Premium provision, if, within 12 months of conversion of Your coverage to an individual policy:
1) You fulfill all the conditions of the Waiver of Premium provision; and
2) You surrender the individual policy and all benefits and payments under the individual policy except for any refund of premiums.

Conversion Right: If my coverage under The Policy ends, do I have a right to conversion?
If You or Your Dependents cease to be covered under The Policy because You cease to be eligible for coverage and:
1) The Policy has not terminated; and
2) You have paid any required premium;
You have a Conversion Right as provided below.

The Conversion Right allows You to request coverage under a conversion policy from the Insurer, without giving medical evidence of insurability, to cover Yourself and Your Dependents who are covered under The Policy on the date Your coverage ceases. Dependents who continue to be covered under The Policy in the same or a different class cannot be covered under Your converted policy.

Insurer, as used for this Conversion Right, means Us or another insurance company which has agreed with Us to issue converted policies according to this conversion right.

You must:
1) give the Insurer a written request for the converted policy; and
2) pay the Insurer the initial premium;
within 31 days after You cease to be covered under The Policy.

The Conversion Right will provide a converted policy that:
1) will have the provisions, limitations and exclusions on the form the Insurer is issuing for this purpose at conversion;
2) will provide coverage on a twenty four hour a day basis;
3) will provide benefits for Accidental Death and Dismemberment alone;
4) will take effect on the date You cease to be covered under The Policy;
5) may exclude any condition excluded by The Policy;
6) will not pay for any loss covered by The Policy;
7) will provide a Principal Sum for You which will be:
   a) the amount of Your Principal Sum under The Policy on the date of conversion, rounded to the nearest $1,000, subject to a minimum of $25,000.00 and a maximum of $250,000, if You are under age 70;
   b) $25,000.00, if You are age 70 or older but less than age 75; or
   c) $12,500.00, if You are age 75 or older;
8) will have premiums based on the Insurer’s rates in effect for new applicants of Your class and age at conversion.
The Principal Sum amounts for Your Dependents who become covered under the converted policy will be the amounts We are offering for this purpose at conversion.

Reinstatement after Military Service:  Can my coverage be reinstated after return from active military service?
If:
1) Your coverage terminates because You enter active military service; and
2) You are rehired within 12 months of the date Your coverage terminated;
then coverage for You and Your previously covered Spouse/Dependents may be reinstated, provided You request such reinstatement within 31 days of the date You return to work.

The reinstated coverage will be the same coverage amounts in force on the date coverage terminated and will be subject to all the terms and provisions of The Policy.

BENEFITS

Accidental Death Benefit:  When is the Accidental Death Benefit payable?
If You or Your Dependents sustain an Injury that results in Loss of life within 365 days of the date of accident, We will pay the deceased person’s amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance.  The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

Accidental Death Benefit with Double Indemnity while On a Common Carrier:  When is the Accidental Death Benefit with Double Indemnity while on a Common Carrier payable?
If You or Your Dependents sustain an Injury that results in Loss of life within 365 days of the date of accident, We will pay the deceased person’s amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

If the Injury occurs while On a Common Carrier, We will double the Principal Sum payable for this Benefit.  However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.

Your amount of Principal Sum is shown in the Schedule of Insurance.  The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

Accidental Death while Actively at Work Benefit:  When is the Accidental Death while Actively at Work Benefit payable?
If You sustain an Injury while Actively at Work and such Injury results in Loss of life within 365 days of the date of accident, We will pay Your Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance.  The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

Accidental Death Motor Vehicle Benefit:  When is the Accidental Death Motor Vehicle Benefit payable?
If You or Your Dependents sustain an Injury while:
1) the licensed driver of; or
2) a passenger in;
a Motor Vehicle, and such injury results in Loss of life within 365 days of the date of accident, We will pay the deceased person’s amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.
Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

Accidental Death Motor Vehicle and Pedestrian Benefit: When is the Accidental Death Motor Vehicle and Pedestrian Benefit payable?

If You or Your Dependents sustain an Injury:
1) while the licensed driver of, or a passenger in, a Motor Vehicle; or
2) as a result of being struck by a Motor Vehicle or Common Carrier while:
   a) a Pedestrian; or
   b) riding on a non-motorized bicycle; and
such Injury results in Loss of life within 365 days of the date of accident, We will pay the deceased person’s amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

Accidental Death Benefit while in a Covered Accident: When is the Accidental Death Benefit while in a Covered Accident payable?

If You or Your Dependents sustain an Injury in a Covered Accident and such Injury results in Loss of life within 365 days of the date of the Covered Accident, We will pay the deceased person’s amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

If the injured person has more than one Covered Accident under this Benefit, only one benefit, the largest, will be payable.

Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

Accidental Death and Dismemberment Benefit: When is the Accidental Death and Dismemberment Benefit payable?

If You or Your Dependents sustain an Injury that results in any of the following Losses within 365 days of the date of accident, We will pay the injured person’s amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

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Loss means with regard to:
1) hands and feet, actual severance through or above wrist or ankle joints;
2) sight, speech and hearing, entire and irrecoverable loss thereof;
3) thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
4) movement, complete and irreversible paralysis of such limbs.

**Accidental Death and Dismemberment while On a Scheduled Aircraft, Military Transport Aircraft, and Common Carrier Benefit:** When is the Accidental Death and Dismemberment while On a Scheduled Aircraft, Military Transport Aircraft, and Common Carrier Benefit payable?

If You or Your Dependents sustain an Injury that results in any of the following Losses within 365 days of the date of accident, We will pay the injured person’s amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, if the Injury occurred while the injured person was:

1) a passenger On a Scheduled Aircraft, Military Transport Aircraft, or Common Carrier; or
2) struck by an aircraft.

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

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**Loss** means with regard to:

1) hands and feet, actual severance through or above wrist or ankle joints;
2) sight, speech and hearing, entire and irrecoverable loss thereof;
3) thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
4) movement, complete and irreversible paralysis of such limbs.

**Accidental Death and Dismemberment while On a Scheduled Aircraft or Military Transport Aircraft Benefit:** When is the Accidental Death and Dismemberment while On a Scheduled Aircraft or Military Transport Aircraft Benefit payable?

If You or Your Dependents sustain an Injury that results in any of the following Losses within 365 days of the date of accident, We will pay the injured person’s amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, if the Injury occurred while the injured person was:

1) a passenger On a Scheduled Aircraft or Military Transport Aircraft; or
2) struck by an aircraft.

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.
For Loss of: Benefit:
Life..............................................................................................................Principal Sum
Both Hands or Both Feet or Sight of Both Eyes........................................Principal Sum
One Hand and One Foot........................................................................Principal Sum
Speech and Hearing in Both Ears...............................................................Principal Sum
Either Hand or Foot and Sight of One Eye...............................................Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....................Principal Sum
Movement of Both Lower Limbs (Paraplegia)............................................Three-Quarters of Principal Sum
Movement of Three Limbs (Trigleia)......................................................Three-Quarters of Principal Sum
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).............................................................One-Half of Principal Sum
Either Hand or Foot................................................................................One-Half of Principal Sum
Sight of One Eye....................................................................................One-Half of Principal Sum
Speech or Hearing in Both Ears...............................................................One-Half of Principal Sum
Movement of One Limb (Uniplegia)........................................................One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand.................................................One-Quarter of Principal Sum

Loss means with regard to:
1) hands and feet, actual severance through or above wrist or ankle joints;
2) sight, speech and hearing, entire and irrecoverable loss thereof;
3) thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
4) movement, complete and irreversible paralysis of such limbs.

Accidental Death and Dismemberment while on a Covered Trip Benefit: When is the Accidental Death and Dismemberment while on a Covered Trip Benefit payable?
If You or Your Dependents sustain an Injury while on a Covered Trip and such Injury results in any of the following Losses within 365 days of the date of accident, We will pay the injured person’s amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

For Loss of: Benefit:
Life..............................................................................................................Principal Sum
Both Hands or Both Feet or Sight of Both Eyes........................................Principal Sum
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Speech and Hearing in Both Ears...............................................................Principal Sum
Either Hand or Foot and Sight of One Eye...............................................Principal Sum
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Loss means with regard to:
1) hands and feet, actual severance through or above wrist or ankle joints;
2) sight, speech and hearing, entire and irrecoverable loss thereof;
3) thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
4) movement, complete and irreversible paralysis of such limbs.
**Accidental Death and Dismemberment while Actively at Work Benefit:**
*When is the Accidental Death and Dismemberment while Actively at Work Benefit payable?*

If You sustain an Injury while Actively at Work and such Injury results in any of the following Losses within 365 days of the date of accident, We will pay Your Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss.

This Benefit will be paid:
1. after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2. according to the General Provisions of Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependent’s Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.

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2. sight, speech and hearing, entire and irrecoverable loss thereof;
3. thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
4. movement, complete and irreversible paralysis of such limbs.

**Double Indemnity while On a Common Carrier Benefit:**
*When is the Double Indemnity while On a Common Carrier Benefit payable?*

If the Injury occurs while the injured person is On a Common Carrier, We will double the Principal Sum payable. However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.

**Exposure and Disappearance:**
*What if Loss is due to exposure or disappearance?*

Exposure to the elements will be presumed to be Injury if:
1. it results from the forced landing, stranding, sinking or wrecking of a conveyance in which You or Your Dependents were an occupant at the time of the accident; and
2. The Policy would have covered an Injury resulting from the accident.

We will presume that You or Your Dependents suffered Loss of life if:
1. the person’s body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
2. the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
3. The Policy would have covered an Injury resulting from the accident.

**Seat Belt and Air Bag Benefit:**
*When is the Seat Belt and Air Bag Benefit payable?*

If You or Your Dependents sustain an Injury that results in a Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Seat Belt and Air Bag Benefit if the Injury occurred while the injured person was:
1. a passenger riding in; or
2. the licensed operator of;
a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police
accident report.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if the injured person was:
1) positioned in a seat equipped with a factory-installed Air Bag; and
2) properly strapped in the Seat Belt when the Air Bag inflated.

The Seat Belt Benefit is the lesser of:
1) an amount resulting from multiplying the injured person’s amount of Principal Sum by the Seat Belt Benefit Percentage; or
2) the Maximum Amount for this Benefit.

The Air Bag Benefit is the lesser of:
1) an amount resulting from multiplying the injured person’s amount of Principal Sum by the Air Bag Benefit Percentage; or
2) the Maximum Amount for this Benefit.

If it cannot be determined that the injured person was wearing a Seat Belt at the time of Accident, a Minimum Benefit will be payable under the Seat Belt Benefit.

Accident, for the purpose of this Benefit only, means the unintentional collision of a Motor Vehicle during which the injured person was wearing a Seat Belt.

Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Motor Vehicle or its proper replacement parts installed as required by the Motor Vehicle’s manufacturer’s specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.

Seat Belt means:
1) an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle, or proper replacement parts installed as required by the Motor Vehicle’s manufacturer’s specifications; or
2) a child restraint device that meets the standards of the National Safety Council and is properly secured and used in accordance with applicable state law and installed according to the recommendations of its manufacturer for children of like age and weight.

The Seat Belt and Air Bag Benefit will not be payable if the injured person is operating the Motor Vehicle at the time of Injury while:
1) Intoxicated; or
2) taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician.

Intoxicated means:
1) the blood alcohol content;
2) the results of other means of testing blood alcohol level; or
3) the results of other means of testing other substances;
that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Anti-Inflation Benefit: When is the Anti-Inflation Benefit payable?
If You or Your Dependents sustain an Injury that results in a Loss payable under the Accidental Death and Dismemberment Benefit, the Anti-Inflation Benefit will provide an additional inflation adjustment to the injured person’s amount of Principal Sum.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.
The Anti-Inflation Benefit is the injured person’s amount of Principal Sum, at the time of claim, multiplied by:

1) the Anti-Inflation Benefit Percentage;
2) for every two (2) years of continuous coverage under The Policy;

to a maximum of ten (10) years, subject to a Maximum Benefit Amount of the injured person’s amount of original Principal Sum. We will apply the Anti-Inflation adjustment to any additional benefit payable under The Policy.

If You or Your Dependents increase the Principal Sum, We will apply the Anti-Inflation Benefit separately to each additional increase under The Policy. Likewise, if You or Your Dependents decrease the Principal Sum, We will reduce any Anti-Inflation Benefit which was increased.

If Your or Your Dependents’ coverage under The Policy is an uninterrupted continuation of coverage from a Prior Policy, We will use the effective date under the Prior Policy to calculate the Anti-Inflation Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Repatriation Benefit:** *When is the Repatriation Benefit payable?*

If You or Your Dependents sustain an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Repatriation Benefit, if the death occurs outside the territorial limits of the state or country of the deceased person’s place of permanent residence.

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Repatriation Benefit will pay the least of:

1) the actual expenses incurred for:
   a) preparation of the body for burial or cremation; and
   b) transportation of the body to the place of burial or cremation;
2) the amount resulting from multiplying the deceased person’s amount of Principal Sum by the Repatriation Benefit Percentage; or
3) the Maximum Amount for this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Felonious Assault Benefit:** *When is the Felonious Assault Benefit payable?*

If You or Your Dependents sustain an Injury that results in Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Felonious Assault Benefit, if Injury is the result of a Felonious Assault.

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Felonious Assault Benefit will pay the lesser of:

1) the amount resulting from multiplying the injured person’s amount of Principal Sum by the Felonious Assault Percentage; or
2) the Maximum Amount for this Benefit.

**Felonious Assault** means a violent or criminal act directed at You or Your Dependents during the course of:

1) a robbery, kidnapping or criminal assault; or
2) an attempt at any of the above;

which constitutes a felony under the law.

The Felonious Assault Benefit will not pay for a Loss that results from a Felonious Assault committed by:

1) a member of the injured person’s family;
2) a member of the household in which the injured person lives; or
3) the injured person’s fellow employee.

The specific amounts for this Benefit are shown in the Schedule of Insurance.
**Child Education Benefit:** *When is the Child Education Benefit payable?*
If You or Your Spouse sustains an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Child Education Benefit to Your Dependent Child(ren).

This Benefit will be paid:
1) after We receive proof that your Dependent Child(ren) qualify as a Student, as defined in this Benefit; and
2) according to the General Provisions of The Policy.

If You die, the Child Education Benefit provides an annual amount equal to the lesser of:
1) the amount resulting from multiplying Your Principal Sum by the Child Education Percentage; or
2) the Maximum Amount for this Benefit.

If Your Spouse dies, the Child Education Benefit provides an annual amount equal to the lesser of:
1) the amount resulting from multiplying Your Spouse’s amount of Principal Sum by the Child Education Percentage; or
2) the Maximum Amount for this Benefit.

The Child Education Benefit is payable to each of Your Dependent Child(ren):
1) on the date; and
2) for whom;

We have received proof satisfactory to Us that he or she is a Student.

If he or she is a minor, We will pay the benefit to the Student’s legal guardian.

We will pay the Child Education Benefit to a qualifying Student until the first to occur of:
1) Our payment of the fourth Child Education Benefit to or on behalf of that person; or
2) the end of the 12th consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.

We will not pay more than one Child Education Benefit to any one Student during any one school year.

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of The Policy if:
1) a Principal Sum is payable because of Your death or Your Spouse’s death; and
2) no person qualifies as a Student.

**Student** means Your Dependent Child(ren) who is covered on the date of Your or Your Spouse’s death and:
1) is a full-time (at least 12 course credit hours per semester) post-high school student at an accredited institution of learning on the date of Your or Your Spouse’s death; or
2) became a full time (at least 12 course credit hours per semester) post high school student at an accredited institution of learning within 365 days after Your or Your Spouse’s death and was a student in the 12th grade on the date of Your or Your Spouse’s death.

If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student qualifies as a Student.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Day Care Benefit:** *When is the Day Care Benefit payable?*
If You or Your Spouse sustains an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Day Care Benefit for each of your Dependent Children who are covered if such Dependent Child is under age 7 at the time of Your or Your Spouse’s death.

This Benefit will be paid:
1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
2) according to the General Provisions of The Policy.

We will make one Day Care Benefit payment each year, for a maximum of 4 Day Care Benefit payments, for each Dependent Child. The Benefit will be paid to the person who has primary responsibility for the Dependent Child’s Day Care expenses.
Proof of enrollment satisfactory to Us for each Dependent Child in a Day Care Program includes, but will not be limited to, the following:

1) a copy of the Dependent Child's approved enrollment application in a Day Care Program;
2) cancelled check(s) evidencing payment to a Day Care facility or Day Care provider;
3) a letter from the Day Care facility or Day Care provider stating that the Dependent Child:
   a) is attending a Day Care Program; or
   b) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the death.

Proof of enrollment must be sent to Us prior to the last day of the 12th month following the date of death.

If you die, the Day Care Benefit pays an amount equal to the lesser of:
1) the amount resulting from multiplying Your Principal sum by the Day Care Benefit Percentage; or
2) the Maximum Amount for this Benefit.

If Your Spouse dies, the Day Care Benefit pays an amount equal to the lesser of:
1) the amount resulting from multiplying Your Spouse’s amount of Principal sum by the Day Care Benefit Percentage; or
2) the Maximum Amount for this Benefit.

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision for payment of benefits for Loss of life if:
1) a Principal Sum is payable because of the deceased person’s death; and
2) no person qualifies as a Child eligible for the Day Care Benefit.

Day Care or Day Care Program means a program of child care which:
1) is operated in a private home, school or other facility;
2) provides, and makes a charge for, the care of children; and
3) is licensed as a day care center or is operated by a licensed day care provider, if such licensing is required by the state or jurisdiction in which it is located; or
4) licensing is not required, provides childcare on a daily basis for 12 months a year.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Rehabilitation Benefit: When is the Rehabilitation Benefit payable?
If You or Your Dependents sustain an Injury that results in a Loss other than Loss of life, payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Rehabilitation Benefit for Rehabilitative Program Expenses Incurred within one (1) year of the date of accident.

This Benefit will be paid:
1) after We receive proof of Expenses Incurred for a Rehabilitative Program, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Rehabilitation Benefit provides an amount equal to the least of:
1) the actual Expense Incurred for a Rehabilitative Program;
2) the amount resulting from multiplying the injured person’s amount of Principal Sum by the Rehabilitation Benefit Percentage; or
3) the Maximum Amount for this Benefit.

Rehabilitative Program means any training which:
1) is required due to the injured person’s Injury; and
2) prepares the injured person for an occupation for which he or she was not previously trained.

Expense Incurred means the actual cost of:
1) training; and
2) materials needed for the training.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Spouse Education Benefit: When is the Spouse Education Benefit payable?
If You sustain an Injury that results in a Loss of life, payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Spouse Education Benefit to Your surviving Spouse.

This Benefit will be paid:
1) after We receive proof satisfactory to Us that the Spouse has enrolled in an Occupational Training program; and
2) according to the General Provisions of The Policy.

The Spouse Education Benefit is the least of:
1) the Expense Incurred for Occupational Training;
2) the amount resulting from multiplying Your Principal Sum by the Spouse Education Benefit Percentage; or
3) the Maximum Amount for this Benefit.

If a Principal Sum is payable because of Your death and there is no surviving Spouse, We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision.

Your surviving Spouse must enroll in Occupational Training:
1) for the purpose of obtaining an independent source of income; and
2) within one (1) year of Your death.

**Occupational Training** means any:
1) education;
2) professional; or
3) trade training;
program which prepares the Spouse for an occupation for which he or she was not previously qualified.

**Expense Incurred** means:
1) the actual tuition charged, exclusive of room and board; and
2) the actual cost of the materials needed;
for the Occupational Training.
The expense must be incurred within two (2) years of the date of Your death.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Adaptive Home and Vehicle Benefit: When is the Adaptive Home and Vehicle Benefit payable?**
If You or Your Dependents sustain an Injury that results in a Loss, other than a Loss of life, payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Adaptive Home and Vehicle Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Adaptive Home and Vehicle Benefit pays a benefit for the one-time cost of alterations to the injured person's:
1) principal residence; and/or
2) private automobile;
to make the residence accessible and/or the private automobile drivable or rideable for him or her. The costs must be incurred within two years from the date of accident.

We will pay the Adaptive Home and Vehicle Benefit if:
1) such home alterations are:
   a) made by a person or persons with experience in such alterations; and
   b) recommended by a recognized organization associated with the Injury; and
2) such vehicle modifications are:
   a) carried out by a person or persons with experience in such matters; and
   b) approved by the Motor Vehicle Department.

The Adaptive Home and Vehicle Benefit will provide an amount equal to the least of:
1) the actual cost of the alterations;
2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Adaptive Home and Vehicle Benefit Percentage; or
3) the Maximum Amount for this Benefit.
The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Coma Benefit:** *When is the Coma Benefit payable?*

If, as a result of an Injury, You or Your Dependents:
1) are in a Coma within 31 days from the date of accident; and
2) remain continuously in a Coma for at least the number of days shown as the Waiting Period;

We will pay 1% of the Coma Maximum Benefit Amount for each month after the Waiting Period that the injured person remains in a Coma.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

We will pay the benefit until the earliest to occur of:
1) the end of the month in which the injured person dies;
2) the end of the month in which the injured person recovers from the Coma; or
3) when the total payment equals the Coma Maximum Benefit Amount.

The Coma Maximum Benefit equals the injured person’s amount of Principal Sum less all other payments under The Policy for the Injury.

**Coma** means complete and continuous:
1) unconsciousness; and
2) inability to respond to external or internal stimuli, as verified by a Physician.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Critical Burn Benefit:** *When is the Critical Burn Benefit payable?*

If You or Your Dependents are Critically Burned and require reconstructive surgery as determined by a Physician, We will pay a Critical Burn Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Critical Burn Benefit is an amount equal to the least of:
1) the actual cost for the expense of the reconstructive surgery;
2) the amount resulting from multiplying the injured person’s amount of Principal Sum by the Critical Burn Percentage; or
3) the Maximum Amount for this Benefit.

No benefit is payable under this Benefit for any Loss which has been paid to the injured person under the Accidental Death and Dismemberment Benefit.

**Critically Burned** means the injured person suffered burns which:
1) are certified by a Physician as more severe than second degree burns; and
2) result in scarring over at least 25% of the body which will last indefinitely and can only be corrected through reconstructive surgery.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Therapeutic Counseling Benefit:** *When is the Therapeutic Counseling Benefit payable?*

If You or Your Dependents sustain an Injury that results in a Loss, other than Loss of life, that is payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Therapeutic Counseling Benefit if the injured person requires Therapeutic Counseling due to the Loss.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

Therapeutic Counseling must:
1) begin within 90 days of the date of the Loss; and
2) be incurred no later than one year from the date of the Loss.

The Therapeutic Counseling Benefit is an amount equal to the least of:
1) the Reasonable Expenses incurred for Therapeutic Counseling;
2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Therapeutic Counseling Percentage; or
3) the Maximum Amount for this Benefit.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where such Therapeutic Counseling was received. For purposes of this benefit, We reserve the right to determine Reasonable Expenses. A Reasonable Expense is considered to be incurred on the date the Therapeutic Counseling is rendered.

Accident Hospital Income Benefit: When is the Accident Hospital Income Benefit payable?
If You or Your Dependents are Confined in a Hospital during one or more Periods of Confinement and the:
1) Confinement is due to Injury;
2) first day of Confinement occurs within 7 days after the accident; and
3) the Confinement exceeds the Waiting Period;
We will pay the Daily Accident Hospital Income Benefit or a portion thereof, for each day the injured person is Confined.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

We will not pay for any Day of Confinement which:
1) is during the Waiting Period at the beginning of Confinement;
2) exceeds the Payment Period; or
3) occurs more than two (2) years after the date of accident.

We will pay for the days during the Waiting Period if:
1) the Waiting Period states that "payment is retroactive"; and
2) the Confinement exceeds the Waiting Period.

The Waiting Period is applied only once for any one accident if the injured person is Confined more than once due to the same Injury.

Confined or Confinement means being an inpatient in a Hospital due to Injury.

Day of Confinement means a day of inpatient Confinement in a Hospital for which a daily room and board charge is made for a full day of Confinement. The daily room and board charge does not apply to a Veterans Administration or any other government owned or operated Hospital which does not charge for daily room and board.

Period of Confinement means the interval of time during which an injured person is Confined as an inpatient in a Hospital. A Period of Confinement begins on the date of admission to the Hospital and ends on the date of release from the Hospital. If a Benefit is payable, and the injured person is subsequently Confined to a Hospital for the same Injury within 90 days, We will consider it the same Period of Confinement.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Accident Hospital Income Benefit (Covered Accident): When is the Accident Hospital Income Benefit for a Covered Accident payable?
If You or Your Dependents are Confined in a Hospital during one or more Periods of Confinement and the:
1) Confinement is due to Injury sustained in a Covered Accident; and
2) the first day of Confinement occurs within 90 days after the accident; We will pay the Accident Hospital Income Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

If the injured person is Confined as a result of more than one Covered Accident, only one benefit, the largest, will be payable.

We will not pay for any Day of Confinement which:
1) exceeds the Payment Period;
2) occurs more than 1 year after the date of accident;
3) exceeds the Benefit Amount; or
4) is paid or payable under the Intensive Care Unit Benefit of The Policy.

Confined or Confinement means being an inpatient in a Hospital due to Injury.

Day of Confinement means a day of inpatient Confinement in a Hospital for which a daily room and board charge is made for a full day of Confinement. The daily room and board charge does not apply to a Veterans Administration or any other government owned or operated Hospital which does not charge for daily room and board.

Period of Confinement means the interval of time during which an injured person is Confined as an inpatient in a Hospital. A Period of Confinement begins on the date of admission to the Hospital and ends on the date of release from a Hospital. If a Benefit is payable to the injured person, and such person is subsequently Confined to a Hospital for the same Injury within 90 days, We will consider it the same Period of Confinement.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Intensive Care Unit Benefit: When is the Intensive Care Unit Benefit payable?
If You or Your Dependents are Confined during a Period of Confinement and the:
1) Confinement is due to Injury sustained in a Covered Accident; and
2) the first day of Confinement occurs within 30 days after the accident;
We will pay an Intensive Care Unit Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

If the injured person is Confined in an Intensive Care Unit as a result of more than one Covered Accident, only one benefit, the largest, will be payable.

The Benefit is payable as long as the Period of Confinement continues up to the Maximum Benefit Period.

Confined or Confinement means the patient is:
1) admitted to an Intensive Care Unit; and
2) charged for at least one day's room and board by the Hospital for each time he or she is admitted. The daily room and board charge does not apply to a Veterans Administration or any other government owned or operated Hospital which does not charge for daily room and board.

Period of Confinement means the interval of time during which the injured person is Confined as an inpatient in an Intensive Care Unit. A Period of Confinement begins on the date of admission to the Intensive Care Unit and ends on the date of release from the Intensive Care Unit.

Intensive Care Unit (ICU) means only that specifically designated facility of the Hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured. The ICU must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. The patients must be under constant and continuous care of nurses assigned only to the ICU. These units must be listed as Intensive Care Units in the current edition of the American Hospital Associate Guide or eligible to be listed therein. This guide lists three types of facilities that meet this definition:
1) Intensive Care Unit;
2) Cardiac Intensive Care Unit; and
3) Infant (Neonatal) Intensive Care Unit.

These do not include surgical recovery rooms, progressive care, intermediate care, private or semi-private monitored rooms, observation units, telemetry units, or other facilities which do not meet the standards for an Intensive Care Unit as defined.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Outpatient Care Benefit: *When is the Outpatient Care Benefit payable?*

If You or Your Dependents:
1) sustain an Injury while in a Covered Accident; and
2) require and receive treatment as an outpatient in an outpatient unit of a Hospital within 24 hours of the date of the Injury;

We will pay an Outpatient Care Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

If the injured person receives outpatient care as a result of more than one Covered Accident, only one benefit, the largest, will be payable.

We will not pay this Benefit more than once each year for each person covered under this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Recuperation Benefit: *When is the Recuperation Benefit payable?*

If You or Your Dependents sustain an Injury while in a Covered Accident and receive benefits under The Policy under either:
1) the Accident Hospital Income Benefit; or
2) the Intensive Care Unit Benefit;

We will pay an additional Recuperation Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

If the injured person sustains an Injury as a result of more than one Covered Accident, only one benefit, the largest, will be payable.

This Benefit is payable for the same number of days that We pay the Accident Hospital Income Benefit and Intensive Care Benefit under The Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Continuation of Medical Coverage (COBRA) Benefit: *When is the Continuation of Medical Coverage (COBRA) Benefit payable?*

If You sustain an Injury that results in a Loss of life payable under the Accidental Death and Dismemberment Benefit, and Your Dependents:
1) are covered under The Policy; and
2) elect to continue medical coverage in accordance with the Consolidated Omnibus Reconciliation Act of 1988 (COBRA);

We will pay a Continuation of Medical Coverage Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.
We will pay the COBRA Benefit in three annual installment amounts each equal to the lesser of:

1) the amount resulting from multiplying Your Principal Sum by the Percentage for the Continuation of Medical Coverage Benefit; or
2) the Maximum Amount for this Benefit.

The COBRA Benefit is payable to Your Dependents’ insurance carrier on the date We receive the bill for such continuation of coverage.

If the Principal Sum is payable because of Your death; and

1) no person qualifies as a Dependent; or
2) Your Dependents do not elect to continue coverage pursuant to COBRA;
We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of The Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Extended Dependents Coverage Benefit**: *When is the Extended Dependents Coverage Benefit payable?*

If You die while Your Dependents are covered under The Policy, We will waive the payment of premiums, and continue coverage for Your Dependents.

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

We will waive the premium and continue coverage for each of Your Dependents until the first to occur of:

1) the date Your Spouse remarries;
2) the date he or she ceases to qualify as Your Dependent;
3) the date which is one year from the date of Your death; or
4) the date The Policy terminates.

**Extended Care Facility Benefit**: *When is the Extended Care Facility Benefit payable?*

If You are Disabled and Confined in an Extended Care Facility and the Confinement was due to an Injury that:

1) began within 100 days of the date of accident; and
2) is reasonably expected to continue without interruption for the rest of Your life;
We will pay an Extended Care Facility Benefit.

This Benefit will be paid:

1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Extended Care Facility Benefit provides an amount equal to Your Principal Sum multiplied by the Extended Care Facility Benefit Percentage. The total amount payable under this benefit when combined with the Accidental Death and Dismemberment Benefit for the same Injury, will not exceed Your Principal Sum.

Payment for this Benefit will begin on the first day of the 13th month of consecutive Confinement.

Benefits for less than one month will be pro-rated.

We will pay this Benefit until the earliest to occur of:

1) the date You cease to be Confined in an Extended Care Facility;
2) the date You cease to be Disabled; or
3) 50 consecutive months of payment.

However, if You die during a period for which the Benefit is payable and before the Benefit has been paid for the maximum number of months stated above, We will pay the unpaid Benefit for the remaining months in one lump sum to Your Designated Beneficiary.

We may require You to submit, on a periodic basis, proof of continuous Confinement due to Disability.

**Confined or Confinement** means being an inpatient in an Extended Care Facility due to Injury.
Extended Care Facility means a place which:
1) is licensed by the state in which it is located;
2) provides nursing home care on an inpatient basis under the supervision of a Physician;
3) has nursing services provided by or under the supervision of a registered nurse (RN), licensed vocational nurse (LVN), or licensed practical nurse (LPN);
4) keeps a daily medical record of each patient; and
5) is either a freestanding facility or a ward, wing, or swing bed of a Hospital or other institution.

Disabled or Disability means, as a result of Injury, You are wholly and continuously prevented from:
1) performing any work or occupation for wage or profit for which You are reasonably qualified or trained; or
2) if not employed, engaging in the normal activities of a person of like age and gender in good health.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Common Disaster Benefit: When is the Common Disaster Benefit payable?
If You and Your Spouse die as the result of Injury:
1) received in the same accident; or
2) in separate accidents which occur within 24 hours of each other;
and a Principal Sum is payable under the Accidental Death and Dismemberment Benefit for each death, the Principal Sum applicable to Your Spouse will be increased to equal the lesser of:
1) Your Principal Sum; or
2) an amount which, when added to Your Principal Sum, equals the Common Disaster Limit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Accident Medical Expense Benefit: When is the Accident Medical Expense Benefit payable?
We will pay the Reasonable Expenses that You or Your Dependents incur:
1) for Medical Care due to Injury; and
2) in excess of the Deductible Amount;
if the first expense is incurred within 12 weeks of the date of the accident.

The Deductible Amount will be applied separately to each accident.

This Benefit will be paid:
1) after We receive proof of incurred Reasonable Expenses for Medical Care Reasonable Expenses; and
2) according to the General Provisions of The Policy.

We will not pay:
1) for expenses which are not incurred by the injured person;
2) more than the Maximum Amount for this Benefit for all expenses incurred as the result of any one accident; or
3) for expenses incurred more than 1 year after the accident.

An expense is considered to be incurred on the date the Medical Care is rendered.

Medical Care means necessary:
1) medical or surgical treatment, services and supplies; and
2) Hospital, nursing and ambulance services.

Each item of Medical Care must be:
1) prescribed or administered by a Physician; and
2) for the sole purpose of treating the Injury.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where such Medical care was received by the injured person.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Survivor Income Benefit: When is the Survivor Income Benefit payable?
If You or Your Spouse sustain an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Survivor Benefit if Your Dependents are covered.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Survivor Income Benefit provides a monthly Benefit equal to a Percentage of the deceased person’s Principal Sum for the Payment Period.

The Survivor Income Benefit will be paid:
1) to the beneficiary You designated; or
2) if no beneficiary has been designated:
   a) to Your surviving Spouse;
   b) if no surviving Spouse, in equal shares to Your surviving Dependent Children;
   c) if no surviving Dependents, to Your estate.

If a minor child is entitled to this Benefit, We may, at Our option, make Benefit payments according to the Claims to be Paid provision of The Policy. We will begin payments on the first day of the month next following the date the death claim is paid.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**HIV Occupational Accident Benefit:** When is the HIV Occupational Accident Benefit payable?
If, as a direct result of an Injury as defined in this Benefit You test HIV Positive, We will pay an HIV Occupational Accident Benefit.

In order to receive this Benefit, You must:
1) file with Your Employer, within 48 hours of the accident, an incident report (notice of exposure), on a form satisfactory to Us, which describes the nature of the exposure to HIV;
2) submit such incident report to Us as soon as reasonably possible after the accident;
3) not have previously tested positive for HIV, or if You had previously tested positive for HIV, You must have subsequently tested negative for HIV prior to the date of the accident;
4) submit to Us, as soon as reasonably possible, proof that You tested negative for HIV in a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing) within 48 hours of the Injury at an authorized laboratory other than the laboratory of Your Employer; and
5) thereafter, test HIV Positive within 26 weeks of the date of the Injury reported in item 1) above.
We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:
1) after We receive Proof of HIV test results as indicated in this Benefit; and
2) according to the General Provisions of The Policy.

We will not pay for any cost incurred for HIV tests or any related testing.

In no event will We provide benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or any complications arising there from, except as specifically provided in this Benefit.

**Injury,** for the purpose of this Benefit, means an accidental:
1) cutaneous exposure through abraded skin;
2) percutaneous exposure; or
3) mucocutaneous exposure;
that occurs while You are covered by this Benefit and Actively at Work.

**HIV** means human immunodeficiency virus.

**HIV Positive** means the presence of HIV antibodies in Your blood as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as Western Blot. All such tests must
be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Dependent Child Dismemberment Benefit:**  *When is the Dependent Child Dismemberment Benefit payable?*
If Your Dependent Child sustains a Loss, other than Loss of Life under the Accidental Death and Dismemberment Benefit, We will double the Principal Sum amount payable for the Loss.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

We will not pay more than an amount equal to double the Principal Sum under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses which are due to the same Injury.

**Funeral Expense Benefit:**  *When is the Funeral Expense Benefit payable?*
If You or Your Dependents sustain an Injury that results in Loss of life payable under the Accidental Death and Dismemberment Benefit, We will pay an additional Funeral Expense Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Funeral Expense Benefit will provide an amount equal to the least of:
1) the expense incurred for Customary Funeral Expenses;
2) the amount resulting from multiplying the deceased person's amount of Principal Sum by the Funeral Expense Percentage; or
3) the Maximum Amount for this Benefit.

**Customary Funeral Expenses** mean services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased and the costs incurred for the purchase of a cemetery plot, tomb or mausoleum for the burial or interment of the deceased, including plaque, tombstone or monument.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Permanent Total Disability Benefit:**  *When is the Permanent Total Disability Benefit payable?*
If You or Your Spouse are Disabled and the injured person's Disability:
1) resulted from Injury received before attainment of the Age Limit;
2) began within the Disability Commencement Period after the accident;
3) continued without interruption for at least the Qualification Period; and
4) is reasonably expected to continue without interruption until death;

We will pay the Benefit Amount, less any amount paid or payable under the Accidental Death and Dismemberment Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss for the injured person while he or she is alive, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

**Disabled or Total Disability**, for the purpose of this Benefit, means Your or Your Spouse’s:
1) inability to perform the material and substantial duties of any occupation for which You, he or she is suited by education, training and experience; or
2) with respect to a Spouse who is unemployed, his or her inability to engage in the normal and customary activities of a person of like age and gender in good health.

Your unemployed Spouse must be:
1) regularly attended by Physician; and
2) continuously confined within his or her house or Hospital, provided such house or Hospital confinement will not preclude transportation of Your Spouse to or from a Hospital or Physician's office for necessary treatment at the direction of his or her Physician.
The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Loss of Use Benefit: When is the Loss of Use Benefit payable?**
If You or Your Dependents sustain an Injury that results in any of the following Losses within 90 days of the date of accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, to any one person, under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses due to the same accident.

The injured person's amount of Principal Sum is shown in the Schedule of Insurance.

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<thead>
<tr>
<th>For Loss of:</th>
<th>Benefit Amount</th>
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<tr>
<td>Four Entire Limbs</td>
<td>Principal Sum</td>
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<tr>
<td>Three Entire Limbs</td>
<td>Three-Quarters of Principal Sum</td>
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<tr>
<td>Two Entire Limbs</td>
<td>Two-Thirds of Principal Sum</td>
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<tr>
<td>One Entire Limb</td>
<td>One-Half of Principal Sum</td>
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**Entire Limb** means with regard to:
1) the arm, the total area from shoulder joint to finger tips;
2) the leg, the total area from hip joint to toes.

**Loss of Use** means total paralysis of an Entire Limb or Limbs which:
1) has continued without interruption for a period of not less than 12 consecutive months; and
2) is determined by a Physician to be permanent, complete and irreversible.

**Traumatic Brain Injury Benefit: When is the Traumatic Brain Injury Benefit payable?**
If You or Your Dependents sustain an Injury that results in a Traumatic Brain Injury within 90 days of the date of accident which:
1) requires that the injured person be Hospitalized for at least the Hospital Confinement Period following the accident; and
2) continues for 12 consecutive months;
We will pay a Traumatic Brain Injury Benefit.

This Benefit will be paid:
1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
2) according to the General Provisions of The Policy.

The Traumatic Brain Injury Benefit is equal to the injured person's amount of Principal Sum.

We will not pay this Benefit if a benefit is payable to the injured person for Loss of Life under the Accidental Death and Dismemberment Benefit.

**Traumatic Brain Injury** means physical damage to the brain which is certified by a Physician at the end of 12 consecutive months to:
1) be permanent, complete, and irreversible; and
2) prevent the injured person from performing all the substantial and material functions and activities of a person of like age and gender in good health.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

**Bereavement Counseling Benefit: When is the Bereavement Counseling Benefit payable?**
If You or Your Dependents die and a Benefit is payable for Loss of life under the Accidental Death and Dismemberment Benefit, We will pay the expenses You or Your Dependents incur for Bereavement Counseling.
This Benefit will be paid:
1) after We receive proof of Bereavement Counseling expenses, satisfactory to Us, within one year of the date of Your or Your Dependent's death; and
2) according to the General Provisions of The Policy.

We will pay up to $50.00 per visit up to the Maximum Amount for this Benefit per person.

The expenses for Bereavement Counseling must first be incurred within 90 days of the date of the death.

Bereavement Counseling means treatment or counseling for the grief reaction resulting from Your or Your Dependent's Loss of life. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

The specific amounts for this Benefit are shown in the Schedule of Insurance.

Accelerated Benefit: When is the Accelerated Benefit payable?
In the event that You or Your Dependents are Terminally Injured, You may be eligible to receive an Accelerated Benefit. We will pay the applicable Accelerated Benefit amount as shown below, provided the Terminally Injured person:
1) is covered under The Policy for an amount of at least $10,000;
2) is under age 60; and
3) gave Proof of Loss to Us of such Terminal Injury.

You must request in writing that a portion of the Terminally Injured person's Amount of Accidental Death and Dismemberment Insurance be paid as an Accelerated Benefit.

However, if You or Your Dependents are incompetent or unable to provide a request for the Accelerated Benefit, Your or Your Dependents' legal guardian may submit the request.

The Amount of Accidental Death and Dismemberment Insurance payable upon the Terminally Injured person's death will be reduced by any Accelerated Benefit Amount paid under this benefit.

You may request a minimum Accelerated Benefit amount of $3,000, and a maximum of $100,000. However, in no event will the Accelerated Benefit Amount exceed 30% of the Terminally Injured person's Amount of Accidental Death and Dismemberment Insurance. This option may be exercised only once for You and only once for each of Your Dependents.

For example, if You are covered for an Accidental Death and Dismemberment Insurance Benefit Amount under The Policy of $100,000 and are Terminally Injured, You can request any portion of the Amount of Accidental Death and Dismemberment Insurance Benefits from $3,000 to $30,000 to be paid now instead of to Your Beneficiary upon death. However, if You decide to request only $3,000 now, You cannot request the additional $27,000 in the future.

Any benefits received under this benefit may be taxable. You should consult a personal tax advisor for further information.

In the event:
1) You or Your Dependents are required by law to accelerate benefits to meet the claims of creditors; or
2) if a government agency requires You or Your Dependents to apply for benefits to qualify for a government benefit or entitlement;

You or Your Dependents will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.

If You have executed an assignment of rights and interest with respect to Your or Your Dependents Amount of Accidental Death and Dismemberment Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

Terminal Injury or Terminally Injured means Your or Your Dependents bodily Injury which:
1) resulted directly and independently of all other causes from an accident which occurred while the injured person was covered under The Policy; and
2) resulted in the injured person having a life expectancy of 6 months or less.

Loss resulting from:
1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
2) medical or surgical treatment of a sickness or disease;
is not considered as resulting from Injury.

Proof of Terminal Injury: Must proof of Terminal Injury be submitted?
We reserve the right to require satisfactory proof of Terminal Injury on an ongoing basis. Any diagnosis submitted must be provided by a Physician licensed to practice in the United States.

If You or Your Dependents do not submit Proof of Loss of Terminal Injury, or if You or Your Dependents refuse to be examined by a Physician licensed to practice in the United States, as We may require, then We will not pay an Accelerated Benefit.

No Longer Terminally Injured: What happens to my coverage if I am no longer Terminally Injured or my Dependent is no longer Terminally Injured?
If the injured person is diagnosed by a Physician as no longer Terminally Injured and:
1) is in an Eligible Class, coverage will remain in force, provided premium is paid;
2) is not in an Eligible Class, but the injured person continues to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or
3) is not in an Eligible Class, but the injured person does not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision.

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.

EXCLUSIONS

Exclusions: What losses are not covered?
The Policy does not cover any loss caused or contributed to by:
1) sickness or treatment of a sickness, as described in the definition of Injury;
2) intentionally self-inflicted Injury;
3) suicide or attempted suicide, whether sane or insane;
4) war or act of war, whether declared or not;
5) Injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority, except Reserve National Guard Service other than the United States;

(We will refund the pro rata portion of any premium paid for You or Your Dependents while You or Your Dependents are in the armed forces on full-time active duty, for a period of two months or more. Written notice must be given to Us within 12 months of the date You or Your Dependents enter the armed forces);
6) Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
7) Injury sustained while On any aircraft:
   a) as a pilot, crewmember or student pilot;
   b) as a flight instructor or examiner;
   c) if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy;
   d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
8) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens unless as prescribed by or administered by a Physician;
9) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
10) Injury sustained while committing or attempting to commit a felony.
11) Injury sustained while Intoxicated.

Intoxicated means:
1) the blood alcohol content;
2) the results of other means of testing blood alcohol level; or
3) the results of other means of testing other substances;
that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

Reserve National Guard Service means: You or Your Dependents are:
1) attending or en route to or from any active duty training of less than sixty (60) days;
2) attending or en route to or from a service school of any duration;
3) taking part in any authorized inactive duty training; or
4) taking part as a unit member in a parade or exhibition authorized by official orders.

GENERAL PROVISIONS

Notice of Claim: When should I notify the Company of a claim?
You, or the person who has the right to claim benefits, must give Us, written notice of a claim within 30 days after:
1) the date of death; or
2) the date of loss.
If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant’s name, address and the Policy Number.

Claim Forms: Are special forms required to file a claim?
We will send forms to the claimant to provide Proof of Loss, within 15 days of receiving a Notice of Claim. If We do not send the forms within 15 days, the claimant may submit any other written proof which fully describes the nature and extent of the claim.

Proof of Loss: What is Proof of Loss?
Proof of Loss may include, but is not limited to, the following:
1) a completed claim form;
2) a certified copy of the death certificate (if applicable);
3) Your Enrollment form;
4) Your Beneficiary Designation (if applicable);
5) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
6) the names and addresses of all:
   a) Physicians or other qualified medical professionals You have consulted;
   b) hospitals or other medical facilities in which You have been treated; and
   c) pharmacies which have filled Your prescriptions within the past three years;
7) Your signed authorization for Us to obtain and release medical, employment and financial information (if applicable); or
8) Any additional information required by Us to adjudicate the claim.
All proof submitted must be satisfactory to Us.

Sending Proof of Loss: When must Proof of Loss be given?
Written Proof of Loss must be sent within 90 day(s) after the loss. All Proof of Loss should be sent to Us. However, all claims should be submitted to Us within 90 day(s) of the date coverage ends.
If proof is not given by the time it is due, it will not affect the claim if:
1) it was not possible to give proof within the required time; and
2) proof is given as soon as possible; but
3) not later than 1 year after it is due unless You, or the person who has the right to claim benefits, are not legally competent.

Physical Examination and Autopsy: Can We have a claimant examined or request an autopsy?
While a claim is pending We have the right at Our expense:
1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and
2) to have an autopsy performed in case of death where it is not forbidden by law.

Claim Payment: When are benefit payments issued?
When We determine that benefits are payable, We will pay the benefits in accordance with the Claims to be Paid provision, but not more than 90 day(s) after such Proof of Loss is received.

Claims to be Paid: To whom will benefits for my claim be paid?
Benefits for Loss of Life will be paid in accordance with the Beneficiary Designation. If no beneficiary is named, payment will be made according to the beneficiary designation under the group life policy issued to the Policyholder and in effect at the time of death.
If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:
1) the executors or administrators of Your estate; or
2) all to Your surviving Spouse; or
3) if Your Spouse does not survive You, in equal shares to Your surviving Child(ren); or
4) if no Child survives You, in equal shares to Your surviving parents.

In addition, We may, at Our option, pay a portion of Your Accidental Death Benefit up to $500 to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.

If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:
1) $200 at Your death; and
2) monthly installments of not more than $200.
Payment to any person as shown above will release Us from all further liability for the amount paid.

We will pay the Accidental Death and Dismemberment Insurance Benefit at Your Dependents' death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executors or administrators of Your estate.

We will make any payments, other than for loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:
1) Your estate;
2) a person who is a minor; or
3) a person who is not legally competent,
then We may pay up to $1,000 to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.

**Beneficiary Designation:** *How do I designate or change my beneficiary?*

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.

Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer.

In no event may a beneficiary be changed by a Power of Attorney.

**Claim Denial:** *What notification will my Beneficiary or I receive if a claim is denied?*

If a claim for benefits is wholly or partly denied, You or Your beneficiary will be furnished with written notification of the decision.

This written notification will:
1) give the specific reason(s) for the denial;
2) make specific reference to the provisions on which the denial is based;
3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
4) provide an explanation of the review procedure.

In addition, if a claim for benefits is wholly or partially denied and all administrative remedies have been exhausted, You are entitled to pursue such claim anew, from the beginning, in a court with jurisdiction and to a trial by jury.

**Claim Appeal:** *What recourse do my Beneficiary or I have if a claim is denied?*

On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so, he or she:
1) must request a review upon written application within:
   a) 180 days of receipt of claim denial if the claim requires Us to make a determination of disability; or
   b) 60 days of receipt of claim denial if the claim does not require Us to make a determination of disability; and
2) may request copies of all documents, records, and other information relevant to the claim; and
3) may submit written comments, documents, records and other information relating to the claim.

We will respond in writing with Our final decision on the claim.
In addition, if a claim for benefits is wholly or partially denied and all administrative remedies have been exhausted, You are entitled to pursue such claim anew, from the beginning, in a court with jurisdiction and to a trial by jury.

**Assignment:** Are there any rights of assignment?
Except for the dismemberment benefits under the Accidental Death and Dismemberment Benefit, You have the right to absolutely assign Your rights and interest under The Policy including, but not limited, to the following:
  1) the right to make any contributions required to keep the insurance in force;
  2) the right to convert; and
  3) the right to name and change a beneficiary.

We will recognize any absolute assignment made by You under The Policy, provided:
  1) it is duly executed; and
  2) a copy is acknowledged and on file with Us.

We and the Policyholder assume no responsibility:
  1) for the validity or effect of any assignment; or
  2) to provide any assignee with notices which We may be obligated to provide to You.

You do not have the right to collaterally assign Your rights and interest under The Policy.

**Legal Actions:** When can legal action be taken against Us?
Legal action cannot be taken against Us:
  1) sooner than 60 days after the date Proof of Loss is furnished; or
  2) more than 3 years after the date Proof of Loss is required to be furnished according to the terms of The Policy.

**Workers’ Compensation:** How does The Policy affect Workers’ Compensation coverage?
The Policy does not replace Workers’ Compensation or affect any requirement for Workers’ Compensation coverage.

**Insurance Fraud:** How does the Company deal with fraud?
Insurance Fraud occurs when You, Your Dependents and/or Your Employer provide Us with false information or file a claim for benefits that contains any false, incomplete or misleading information with the intent to injure, defraud or deceive Us. It is a crime if You, Your Dependents and/or Your Employer commit Insurance Fraud. We will use all means available to Us to detect, investigate, deter and prosecute those who commit Insurance Fraud. We will pursue all available legal remedies if You, Your Dependents and/or Your Employer perpetrate Insurance Fraud.

**Misstatements:** What happens if facts are misstated?
In the absence of Insurance Fraud, if material facts about You or Your Dependents were not stated accurately:
  1) the premium may be adjusted; and
  2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

**DEFINITIONS**

**Active Employee** means an employee who works for the Employer on a regular basis in the usual course of the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.

**Actively at Work** means at work with Your Employer on a day that is one of Your Employer's scheduled workdays. On that day, You must be performing for wage or profit all of the regular duties of Your job:
  1) in the usual way; and
  2) for Your usual number of hours.

We will also consider You to be Actively At Work on any regularly scheduled vacation day or holiday, only if You were Actively At Work on the preceding scheduled work day.

Actively At Work will also include a Business Trip.

Actively at Work does not include everyday travel to and from work.

**Airworthiness Certificate** means:
1) the “Standard” Airworthiness Certificate issued by the United States Federal Aviation Administration (FAA); or
2) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.

**Business Trip** means a bona fide trip while on assignment for or at the direction of the Employer for the purpose of furthering the business of the Policyholder which:
1) begins when You leave Your residence or place of regular employment, whichever occurs last, for the purpose of beginning the trip; and
2) ends when You return to Your residence or place of regular employment, whichever occurs first.

**Civil or Public Aircraft** means a civil or public aircraft which:
1) has a current and valid Airworthiness Certificate;
2) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and
3) is not operated by the militia, or armed forces of any state, national government or international authority.

**Common Carrier** means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by that concern.

Common Carrier will not mean any such conveyance which is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.

**Contributory Coverage** means coverage for which You are required to contribute toward the cost. Contributory Coverage is shown in the Schedule of Insurance.

**Covered Accident** means one of the following types of accidents:
- **Type A**: On a Common Carrier: must occur while You or Your Dependents are a fare paying passenger On a Common Carrier;
- **Type B**: Interstate Highway Motor Vehicle Accident: must occur while You or Your Dependents are the licensed operator of or passenger On a Motor Vehicle only while on an Interstate Highway;
- **Type C**: Motor Vehicle/Pedestrian Accident: must occur while You or Your Dependents are a Pedestrian or the licensed operator of or passenger On a Motor Vehicle: or
- **Type D**: All Other Accidents not listed as Type A, Type B or Type C above.

**Covered Trip** means a trip:
1) while You or Your Dependents are riding On a Common Carrier as a passenger and not as a pilot, operator or crewmember; and
2) charged to Your credit card account;
that begins and ends at the places designated on the ticket purchased for the trip.

**Dependent Child(ren)** means:
Your children, stepchildren, foster children, legally adopted children, children in the process of adoption, any child who qualifies for the benefits through a Qualified Medical Child Support Order, children in which You have been appointed as a legal guardian; or any other children related to You by blood or marriage or domestic partnership and are:
1) from live birth but not yet 26 years; or
2) age 26 or older and disabled. Such children must have become disabled before attaining age 26. You must submit proof, satisfactory to Us, of such children’s disability.

**Dependents** means Your Spouse and Your Dependent Child(ren). A dependent must be a citizen or legal resident of the United States, its territories and protectorates. Any person who is in full-time military service cannot be a Dependent.

**Employer** means the Policyholder.

**FAA** means:
1) the Federal Aviation Administration of the United States; or
2) the equivalent aviation authority for the country of the aircraft’s registry, if the governmental authority is recognized by the United States.

**Hospital** means an institution which:
1) operates pursuant to law;
2) primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of Physicians; and
4) provides 24-hour nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:
1) a nursing home, convalescent home, or skilled nursing facility;
2) a place for rest, custodial care, or for the aged;
3) a clinic; or
4) a place for the treatment of mental illness, alcoholism, or substance abuse.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:
1) part of an institution that meets the above requirements; and
2) listed in the American Hospital Association Guide as a general Hospital.

Injury means bodily injury resulting:
1) directly from an accident; and
2) independently of all other causes;
which occurs while You or Your Dependents are covered under The Policy.

Loss resulting from:
1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
2) medical or surgical treatment of a sickness or disease;
is not considered as resulting from Injury.

Military Transport Aircraft means a transport aircraft operated by:
1) the United States Air Mobility Command (AMC); or
2) a national military air transport service of a governmental authority recognized by the United States.

Motor Vehicle means a self-propelled, four (4) or more wheeled:
1) private passenger: car, station wagon, van or sport utility vehicle;
2) motor home or camper; or
3) pick-up truck;
not being used as a Common Carrier.

A Motor Vehicle does not include farm equipment, snowmobiles, all-terrain vehicles, lawnmowers or any other type of equipment vehicles.

On means, when used with reference to any conveyance (land, water or air), in or on, boarding or alighting from the conveyance.

Pedestrian means You or Your Dependents while You or they are standing or walking on an open public street or highway.

Physician means a person who is:
1) a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that We recognize or are required by law to recognize;
2) licensed to practice in the jurisdiction where care is being given;
3) practicing within the scope of that license; and
4) not Related to You by blood or marriage.

Prior Policy means the group accidental death and dismemberment insurance Policy carried by the Policyholder on the day before the Policy Effective Date and will only include the coverage which is transferred to Us.

Related means Your Spouse or other adult living with You, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, grandchild, or step-child or similar relationship in law.

Scheduled Aircraft means a Civil or Public Aircraft operated by a scheduled airline which:
1) is licensed by the FAA for the transportation of passengers for hire; and
2) publishes its flight schedules and fares for regular passenger service.
Spouse means Your spouse who is not legally separated or divorced from You. Spouse will include Your domestic partner or party to a civil union, provided You:

1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners or parties to a civil union for purposes of The Policy; or

2) have registered as domestic partners or parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered domestic partners or parties to a civil union provided You continue to meet the requirements described in the domestic partner affidavit or required by law.

The Policy means the policy which We issued to the Policyholder under the Policy Number shown on the face page.

We, Us, or Our means the insurance company named on the face page of The Policy.

You or Your means the person to whom this certificate is issued.
AMENDATORY RIDER

This rider is attached to all certificates given in connection with The Policy and is effective on The Policy Effective Date.

This rider is intended to amend Your certificate, as indicated below, to comply with the laws of Your state of residence. Only those references to benefits, provisions or terms actually included in Your certificate will affect Your coverage. In addition, any reference made herein to Dependent coverage will only apply if Dependent coverage is provided in Your certificate.

For Delaware residents:
The **Spouse** definition is amended to read as follows:

Spouse means Your spouse who is not legally separated or divorced from You. Spouse will include Your party to a civil union, provided You:

1) have established that You and Your partner are parties to a civil union for purposes of The Policy; or
2) have registered as parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered parties to a civil union provided You continue to meet the requirements required by law.

For Hawaii residents:
The **Spouse** definition is amended to read as follows:

Spouse means Your spouse who is not legally separated or divorced from You. Spouse will include Your party to a civil union, provided You:

1) have established that You and Your partner are parties to a civil union for purposes of The Policy; or
2) have registered as parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered parties to a civil union provided You continue to meet the requirements required by law.

For Illinois residents, The **Policy Interpretation** provision is deleted.

For Louisiana residents:
1) the following will be considered **Dependent Child(ren)** and are added to the definition of **Dependent Child(ren)**:
   a) unmarried Child who is placed in your home pursuant to an adoption placement agreement; executed with a licensed adoption agency (from the date of placement in your home);
   b) an unmarried Child who is placed in your home following execution of an act of voluntary surrender (as of the date on which the act of voluntary surrender becomes irrevocable);
   c) your unmarried grandchild who is in your legal custody.
2) The child limiting age is changed to 21 years, or 24 years if a student, if less than such ages.
3) The following is added to the definition of **Dependent Child(ren)**: "Coverage will be continued for a Child up to age 24 who is deemed to be unable to attend school full-time due to a mental or nervous condition, problem or disorder."
4) The following replaces the last sentence of the **Dependents** definition: "Any person who is in full-time military service cannot be a dependent, unless that person is subsequently called to military service and any required premium is paid."
5) The following provision is added:

**Reinstatement after Military Service:** Can my coverage be reinstated after return from active military service?
If:

1) Your coverage terminates because You enter active military service; and
2) You are rehired within 12 months of the date You return from active military service;
then coverage may be reinstated, provided You request such reinstatement within 31 days of the date you return to work.

The reinstated coverage will:

1) be the same coverage amounts in force on the date coverage terminated; and
2) not be subject to any Waiting Period for Coverage, Evidence of Insurability or Pre-existing Conditions Limitations; and
3) be subject to all the terms and provisions of The Policy.

For **Maine** residents:
1) The time period stated in the Notice of Claim provision is changed to 30 days if not already 30 days.
2) The time period stated in the Claim Forms provision is changed to 15 days if not already 15 days.
3) The time periods stated in the Sending Proof of Loss provision are changed to 90 days and 1 year if not already 90 days and 1 year, respectively.
4) The time period stated in the Claim Payment provision is changed to 30 days if not already 30 days.
5) The dollar amount stated in the Claims to be Paid provision is changed to $2,000 if not already $2,000.
6) The phrase "In the absence of Insurance Fraud" is deleted from the Misstatements provision.

For **Michigan** residents:
The Policy Interpretation provision is deleted in its entirety.

For **Minnesota** residents:
The definition of Disabled or Total Disability in the Permanent Total Disability Benefit is replaced by the following:

**Disabled or Total Disability**, for the purpose of this Benefit, means Your or Your Spouse's:
3) inability during the first two years of disability to perform the Essential Duties of Your or Your Spouse's Occupation; and
4) after that, Your or Your Spouse's inability to engage in Any Occupation for which you are suited by education, training and experience; or
5) with respect to a Spouse who is unemployed, his or her inability to engage in the normal and customary activities of a person of like age and gender in good health.

Your unemployed Spouse must be:
a. regularly attended by Physician; and
b. continuously confined within his or her house or Hospital, provided such house or Hospital confinement will not preclude transportation of Your Spouse to or from a Hospital or Physician's office for necessary treatment at the direction of his or her Physician.

For **Montana** residents:
1) The time period stated in the Conversion Right provision is changed to 3 years, if greater than 3 years.
2) The dollar amount stated in the Conversion Right provision is changed to $10,000, if less than $10,000.
3) The 2nd paragraph of the Conversion Policy Provisions is deleted.
4) The dollar amount stated in the second paragraph of the Claims to be Paid provision is changed to $500, if not $500.
5) The following provision is added to the Claims to be Paid provision.

**Payable Interest:** Is interest payable on death claims?
Claims payable for loss of life will be paid within 60 days of the date due proof is received. If the claim is paid more than 30 days after the date due proof is received, the amount payable will include interest. Interest will be paid at the discount rate, on 90-day commercial paper, in effect at the Federal Reserve Bank in the Ninth Federal Reserve District on the date due proof is received.

For **New Hampshire** residents:
1) Item 1 of the definitions of Disabled and Disabled or Disability is replaced by the following:
   1) performing any work or occupation for wage or profit for which You are, or become, reasonably qualified by reason of education, training or experience.
2) Item 3 of the last paragraph of the Sending Proof of Loss provision is deleted.
3) Item 3 of the Conditions for Qualification provision is replaced by the following:
   1) provide such proof in accordance with the Sending Proof of Loss provision.
4) The Policy Interpretation provision is deleted.
5) The time period stated in the definition of Period of Confinement in the Accident Hospital Income Benefit, is changed to 180 days, if less than 180 days.
6) Item 1 of the definition of Extended Care Facility in the Extended Care Facility Benefit is replaced by the following:
   1) Operates pursuant to law;
7) The following is added to the Period of Coverage:

**Spouse Continuation:** Can coverage be continued for a divorced Spouse?
If You are legally separated or divorced from Your Spouse, coverage for Your former Spouse may continue
under The Policy until the earliest of:
1) the last day of the third year following the anniversary of a final divorce or legal separation;
2) the date You remarry;
3) the date Your former Spouse remarries;
4) a date specified in the final divorce decree;
5) the date Your former Spouse fails to pay any premiums that may be due; or
6) the date You die.

For Oregon residents:
2) The Spouse definition is amended to read as follows:
   Spouse means Your spouse who:
   1) is under age 65;
   2) is not legally separated or divorced from You; and
   3) is not in active full-time military service outside the continental United States, Hawaii, Puerto Rico or Alaska. However, Your spouse who is in active full-time military service inside the continental United States, Hawaii, Puerto Rico or Alaska will be considered a Dependent.
   Spouse will include Your domestic partner provided You:
   3) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners for purposes of The Policy; or
   4) have registered as domestic partners with a government agency or office where such registration is available.
   You will continue to be considered domestic partners provided You continue to meet the requirements of the law or as described in the domestic partner affidavit.
3) The following is added to the definition of Dependent Child(ren):
   Dependent Child(ren) will also include child(ren) of Your Oregon registered domestic partner.
4) The Continuation Provisions section is amended to include the following for Employers with 10 or more employees:
   Jury Duty: If You are scheduled to serve or are required to serve as a juror, Your coverage may be continued until the last day of Your Jury Duty, provided You:
   3) elected to have Your coverage continued; and
   4) provided notice of the election to Your employer in accordance with Your employer’s notification policy.

For Rhode Island residents:
1) The Spouse definition is amended to read as follows:
   Spouse means Your spouse who is not legally separated or divorced from You.
   Spouse will include Your party to a civil union, provided You:
   1) have established that You and Your partner are parties to a civil union for purposes of The Policy; or
   2) have registered as parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.
   You will continue to be considered parties to a civil union provided You continue to meet the requirements required by law.
2) The following is added to Continuation Provisions:
   Family Military Leave of Absence: If Your spouse or child enters active full-time military service outside of the continental United States, Hawaii, Puerto Rico or Alaska, and You:
   4) have been employed with the same employer for at least two years; and
   5) have completed 1,250 hours of service during a 12 month period immediately prior to the date Military Leave of Absence would begin; and
   6) have exhausted all the other time made available to You by Your Employer except sick time and short term disability;
   then Your coverage may be continued for up to 30 days. If the leave ends prior to the agreed upon date, this continuation will cease immediately.
   To elect a Family Military Leave of Absence, You must notify Your Employer at least 14 days prior to the date the leave would begin if the leave would consist of five or more consecutive work days. For a leave of less than five days, the Employee should give notice as soon as reasonable possible.

For South Carolina residents:
1) The time period in the Notice of Claim provision is changed to 20 days, if not already 20 days.
2) The following is added to the Physical Examinations and Autopsy provision: “Such autopsy must be performed during the period of contestability and must take place in the state of South Carolina.”

3) Item 2 of the Legal Actions provision is replaced by the following:
   2) 6 years of the date Proof of Loss is required to be furnished according to the terms of The Policy.

For South Dakota residents, the provision titled Policy Interpretation is deleted in its entirety.

For Texas residents, the provision titled Policy Interpretation is deleted in its entirety.

For Utah residents:
1) The following benefits are not available:
   - Anti-Inflation Benefit
   - Therapeutic Counseling Benefit
   - Accidental Death Benefit with Double Indemnity while On a Common Carrier
   - Accidental Death Motor Vehicle Benefit
   - Accidental Death Benefit while in a Covered Accident
   - Accidental Death and Dismemberment: while Actively at Work
   - Double Indemnity while On A Common Carrier
2) The maximum age for a student, stated in the Child Education Benefit is changed to 26 if not already 26.
3) The definition of Dependent Child(ren) is amended as follows:
   1) items a and b of item 2 are deleted
   2) the second item 2 is deleted
   3) the maximum age for a child is changed to 26 if not already 26.
4) The following is added to the first sentence of the Change in Family Status provision:
   or from the date of placement for adoption with You.
5) Item 3 of the Sending Proof of Loss provision is deleted in its entirety.

6) The age references in the Continuation for Dependent Child(ren) with Disabilities provision are changed to 26 if not already 26.
7) Waiting periods must be eliminated from all Accidental Death and Dismemberment policies, including the Accidental Hospital Income Benefit.

For Vermont residents:
**Purpose:** Vermont law requires that health insurers offer coverage to parties to a civil union that is equivalent to coverage provided to married persons.

**Definitions, Terms, Conditions and Provisions:** The definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

1) Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms, include the relationship created by a civil union established according to Vermont law.

2) Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a civil union established according to Vermont law.

3) Terms that mean or refer to family relationships arising from a marriage, such as “family”, “immediate family”, “dependent”, “children”, “next of kin”, “relative”, “beneficiary”, “survivor” and any other such terms include family relationships created by a civil union established according to Vermont law.

4) "Dependent" means a spouse, a party to a civil union established according to Vermont law, and a child or children (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.

5) "Child or covered child" means a child (natural, step-child, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union established according to Vermont law.

**CAUTION: FEDERAL LAW RIGHTS MAY OR MAY NOT BE AVAILABLE**

Vermont law grants parties to a civil union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a civil union. For example,
federal law, the Employee Income Retirement Security Act of 1974 known as “ERISA”, controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer health benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer’s enrollment of a party to a civil union in an ERISA employee welfare benefit plan. However, governmental employers (not federal government) are required to provide health benefits to the dependents of a party to a civil union if the public employer provides health benefits to the dependents of married persons. Federal law also controls group health insurance continuation rights under COBRA for employers with 20 or more employees as well as the Internal Revenue Code treatment of health insurance premiums. As a result, parties to a civil union and their families may or may not have access to certain benefits under this policy, contract, certificate, rider or endorsement that derive from federal law. You are advised to seek expert advice to determine your rights under this contract.

For Washington residents:
1) The Accelerated Benefit is not available.
2) The provision titled Policy Interpretation is deleted in its entirety.

For Wisconsin residents:
The time periods stated in the Claim Appeal provision are removed.

In all other respects, the Policy and certificates remain the same.

Signed for Hartford Life and Accident Insurance Company.

Terence Shields, Secretary
Michael Concannon, Executive Vice President
The Plan Described in this Booklet
is Insured by the

Hartford Life and Accident Insurance Company
Simsbury, Connecticut
Member of The Hartford Insurance Group