

NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE HAWAII LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of Hawaii who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Hawaii Life and Disability Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state, and in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Hawaii Life and Disability Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Hawaii. You should not rely on coverage by the Hawaii Life and Disability Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

**The Hawaii Life and Disability Insurance Guaranty Association
1132 Bishop Street, Suite 1590
Honolulu, Hawaii 96813**

**Department of Commerce and Consumer Affairs
Insurance Division
P.O. Box 3614
Honolulu, Hawaii 96811**

The state law that provides for this safety-net is called the Hawaii Life and Disability Insurance Guaranty Association Act. Below is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Hawaii Life and Disability Insurance Guaranty Association if they live in this state and hold a life or disability insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state); or
- the insurer was not a member of the Guaranty Association. A nonprofit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange are examples of nonmember insurers.

The Guaranty Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out: The basic protections provided by the Association are:

- Life Insurance
- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values
- Health Insurance
- \$500,000 in hospital, medical and surgical insurance benefits
- \$300,000 in disability insurance benefits
- \$300,000 in long-term care insurance benefits
- \$100,000 in other types of health insurance benefits
- Annuities
- \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules apply with regard to hospital, medical and surgical insurance benefits and with regard to one owner or multiple non-group policies of life insurance.



STANDARD INSURANCE COMPANY

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

CERTIFICATE

GROUP LIFE INSURANCE

Policyholder:	HSTA Voluntary Employees Beneficiary Assn Trust
Policy Number:	763948-B
Effective Date:	September 1, 2025
Revision Date:	Not applicable

The Group Policy has been issued to the Policyholder.

We certify that you will be insured as provided by the terms of the Policyholder's coverage under the Group Policy. If the terms of this Certificate differs from the terms of the Policyholder's coverage under the Group Policy, the latter will govern. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

Unless defined differently within a particular provision, the terms "you" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in bold face type.

A handwritten signature in black ink, appearing to read "David Klein".

President and CEO

GC1219-LIFE

763948-B

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COVERAGE FEATURES

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

GENERAL POLICY INFORMATION

Group Policy Number:	763948-B
Type of Insurance Provided:	
Life Insurance:	Yes
Accidental Death And Dismemberment (AD&D) Insurance:	Yes
Dependent Life Insurance For Your Spouse:	Yes
Dependent Life Insurance For Your Child:	Yes
Policyholder:	HSTA Voluntary Employees Beneficiary Assn Trust
Group Policy Effective Date:	September 1, 2025
Revision Date:	Not applicable
State of Issue:	Hawaii

BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance**. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Member means a member in good standing of the Policyholder who is eligible for coverage as determined by Hawaii State Teachers Association.

Class Definition:

Class 1:	All active Members who have Active or Associate membership in the Hawaii State Teachers Association
Class 2:	All retired Members who have Retiree or Associate membership in the Hawaii State Teachers Association-Retired

Eligibility Waiting Period: You are eligible on the date you become a Member, but not before the Group Policy Effective Date.

PREMIUM CONTRIBUTIONS

Life Insurance:

Plan 1 (Basic Plus):	Contributory
Plan 2 (Voluntary):	Contributory

Dependent Life Insurance:

Plan 1:	Contributory
Plan 2:	Contributory
Plan 3:	Contributory

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

Life Insurance is Contributory, requiring premium contributions from Members.

You may become insured under Plan 1 (Basic Plus) if you meet the requirements to become insured under the Group Policy.

If you are insured under Plan 1 (Basic Plus), you may also become insured under Plan 2 (Voluntary) if you meet the requirements to become insured under Plan 2 (Voluntary) Life Insurance under the Group Policy.

If you are a Class 1 Member, the combined amount of your Plan 1 (Basic Plus) and Plan 2 (Voluntary) Life Insurance may not exceed 8 times your Annual Earnings.

Class 1:

Plan 1 (Basic Plus): An amount determined by your age as follows:

Age of Member	Amount
44 or under	\$55,000
45 through 49	\$45,000
50 through 54	\$39,000
55 through 59	\$30,000
60 through 64	\$22,000
65 through 69	\$16,000
70 through 74	\$16,000
75 or over	\$7,000

Plan 2 (Voluntary): One of the following options as elected by you:

Option 1:

Age of Member	Amount
44 or under	\$30,316
45 through 49	\$30,390
50 through 54	\$30,179
55 through 59	\$22,045
60 through 64	\$19,039
65 through 69	\$10,037
70 through 74	\$10,037
75 or over	\$5,062

Option 2:

Age of Member	Amount
44 or under	\$60,632
45 through 49	\$60,780
50 through 54	\$60,358

55 through 59	\$44,090
60 through 64	\$38,078
65 through 69	\$20,074
70 through 74	\$20,074
75 or over	\$10,124

Option 3:

Age of Member	Amount
44 or under	\$90,948
45 through 49	\$91,170
50 through 54	\$90,537
55 through 59	\$66,135
60 through 64	\$57,117
65 through 69	\$30,111
70 through 74	\$30,111
75 or over	\$15,186

Option 4:

Age of Member	Amount
44 or under	\$121,264
45 through 49	\$121,560
50 through 54	\$120,716
55 through 59	\$88,180
60 through 64	\$76,156
65 through 69	\$40,148
70 through 74	\$40,148
75 or over	\$20,248

Class 2:

Plan 1 (Basic Plus): An amount determined by your age as follows:

Age of Member	Amount
59 or under	\$16,000
60 through 64	\$12,300
65 through 69	\$6,900
70 through 74	\$6,900
75 or over	\$3,000

Plan 2 (Voluntary): One of the following options as elected by you:

Option 1:

Age of Member	Amount
59 or under	\$10,000
60 through 64	\$7,800
65 through 69	\$3,300
70 through 74	\$3,300
75 or over	\$800

Option 2:

Age of Member	Amount
59 or under	\$20,000
60 through 64	\$15,600
65 through 69	\$6,600
70 through 74	\$6,600

75 or over	\$1,600
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Option 3:

Age of Member	Amount
59 or under	\$30,000
60 through 64	\$23,400
65 through 69	\$9,900
70 through 74	\$9,900
75 or over	\$2,400

Option 4:

Age of Member	Amount
59 or under	\$40,000
60 through 64	\$31,200
65 through 69	\$13,200
70 through 74	\$13,200
75 or over	\$3,200

SCHEDULE OF DEPENDENT LIFE INSURANCE

If you are a Class 1 Member and insured under Plan 1 (Basic Plus) Life Insurance, you may apply for Plan 1 (Basic Family) Dependent Life Insurance for your Spouse and Child.

If you are a Class 1 Member insured for Plan 1 (Basic Plus) Life Insurance and your Dependents are insured for Plan 1 (Basic Family) Dependent Life Insurance under the Group Policy, you may apply for Plan 2 Dependent (Spouse Voluntary) Life Insurance for your Spouse, Plan 3 (Spouse Voluntary Additional) Dependents Life Insurance for your Spouse, or both.

If you are a Class 2 Member insured for Plan 1 (Basic Plus) Life Insurance under the Group Policy, you may apply for Plan 2 (Spouse Voluntary) Dependent Life Insurance for your Spouse.

The combined amount of Plan 1 (Basic Family), Plan 2 (Spouse Voluntary) and Plan 3 (Spouse Voluntary Additional) Dependent Life Insurance for your Spouse may not exceed 50% of the combined amount of your Plan 1 (Basic Plus) and Plan 2 (Voluntary) Life Insurance.

The amount of Plan 1 (Basic Family) Dependent Life Insurance for your Child may not exceed 100% of the combined amount of your Plan 1 (Basic Plus) and Plan 2 (Voluntary) Life Insurance.

For your Spouse and Child

Plan 1 (Basic Family):

Class 1:

For your Spouse:	\$2,500
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For your Child:	The following amount, based on the age of the insured Child:
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Age of Child	Amount
5 months or under	\$100
6 months through 23 months	\$400
2 years	\$800
3 years	\$1,200
4 years	\$1,600
5 years or over	\$2,000

Class 2:	None
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For your Spouse:

Class 1:

Plan 2 (Spouse Voluntary): One of the following options as elected by you:

Option 1:	\$2,500
Option 2:	\$5,000
Option 3:	\$7,500
Option 4:	\$10,000

Plan 3 (Spouse Voluntary Additional): \$6,000

Class 2:

Plan 2 (Spouse Voluntary): \$1,500

Plan 3 (Spouse Voluntary Additional): None

SCHEDULE OF AD&D INSURANCE

The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit for you. See AD&D Table Of Losses below. Retired Members are not eligible for AD&D Insurance.

For you:

AD&D Insurance Benefit:

Class 1:

If you are insured for Plan 1 (Basic Plus) Life Insurance, the amount of your Plan 1 (Basic Plus) AD&D Insurance Benefit is equal to the amount of your Plan 1 (Basic Plus) Life Insurance Benefit.

If you are insured for Plan 2 (Voluntary) Life Insurance, the amount of your Plan 2 (Voluntary) AD&D Insurance Benefit is equal to the amount of your Plan 2 (Voluntary) Life Insurance Benefit.

Class 2:

None

AD&D TABLE OF LOSSES

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

Loss:	Percentage Payable:
a. Life:	100%
b. One hand or one foot:	50%**
c. Sight in one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed above	100%
e. Thumb and index finger of the same hand	25%*
f. Four fingers of the same hand	25%*
g. Quadriplegia	100%
h. Triplegia	75%
i. Paraplegia	75%

- j. Hemiplegia 50%
- k. Uniplegia 25%

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

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

** If you lose a hand or foot and an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, Uniplegia, Triplegia, or Paraplegia involving that same hand or foot, we will pay the higher of the AD&D Insurance Benefits for that Loss.

REDUCTIONS IN INSURANCE

If you are an active member and reach an age shown below, the amount of insurance will be the amount determined from the Schedule Of Insurance, multiplied by the appropriate percentage below.

Plan 1 (Basic Plus) Life and AD&D Insurance

Your insurance as shown in the Schedule Of Insurance will not be further reduced because of your age.

Plan 2 (Voluntary) Life and AD&D Insurance

Your insurance as shown in the Schedule Of Insurance will not be further reduced because of your age.

Insurance for retired Members is not subject to reductions due to age.

Dependents Life Insurance is not subject to reductions due to age.

OTHER AD&D BENEFITS

Air Bag Benefit:

For you: The lesser of (1) \$25,000; or (2) 25% of the amount of AD&D Insurance Benefit otherwise payable for Loss of that life.

Career Adjustment Benefit:

For you: The tuition expenses for training incurred by your Spouse within 24 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$3,000.

Higher Education Benefit:

For you: The tuition expenses incurred per Child within 5 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$2,500 per year, or the cumulative total of \$10,000 or 8% of the AD&D Insurance Benefit, whichever is less.

Seat Belt Benefit:

For you: The lesser of (1) \$100,000; or (2) 50% of the amount of AD&D Insurance Benefit otherwise payable for Loss of that life.

OTHER PROVISIONS

Repatriation Benefit:

For Members whose death occurs within the state of Hawaii:

The lesser of (1) \$5,000; or (2) 10% of the expenses incurred to transport your body to a mortuary near your primary place of residence including expenses to prepare the body for shipment.

For Members whose death occurs outside the state of Hawaii:

The lesser of (1) \$5,000; or (2) 100% of the expenses incurred to transport your body to a mortuary near your primary place of residence including expenses to prepare the body for shipment.

Suicide Exclusion:

Applies to:

- a. Life Insurance
- b. AD&D Insurance
- c. Dependent Life Insurance For Your Spouse

See **Accidental Death And Dismemberment Insurance** for other exclusions

ERISA SUMMARY PLAN DESCRIPTION INFORMATION

Name of Plan: Life, AD&D and Dependents Life Insurance

Name, Address of Plan Sponsor: Board of Trustees
HSTA Voluntary Employees Beneficiary Assn Trust
1259 Aala St. Ste 202
Honolulu HI 96817

Plan Sponsor Tax ID Number: 23-7296050

Plan Number: 505

Type of Plan: Group Insurance Plan

Type of Administration: Contract Administration

Name, Address of Plan Administrator: Board of Trustees
HSTA Voluntary Employees Beneficiary Assn Trust
1259 Aala St. Ste 202
Honolulu HI 96817

Name, Address of Registered Agent for Service of Legal Process: Board of Trustees
HSTA Voluntary Employees Beneficiary Assn Trust
1259 Aala St. Ste 202
Honolulu HI 96817

If Legal Process Involves Claims For Benefits Under The Group Policy, Additional Notification of Legal Process Must Be Sent To: Standard Insurance Company
1100 SW 6th Ave
Portland OR 97204-1093

Sources of Contributions: Employer/Member

Funding Medium: Standard Insurance Company - Fully Insured

Plan Fiscal Year End: August 31

INSURING CLAUSE

If you, your Spouse or your Child die while insured under the Group Policy, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us, subject to the **Claims** provision.

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EVIDENCE OF INSURABILITY

- A. Evidence of Insurability will be required as follows:
1. If you apply for Contributory Life Insurance for yourself or Dependent Life Insurance for your Spouse more than 60 days after you become eligible.
 2. For reinstatements, if required.
 3. For Members or a Spouse eligible, but not insured under the Prior Plan.
 4. For any increase in Life Insurance or Spouse Life Insurance Benefit resulting from a plan or option change you elect.
- B. Evidence Of Insurability will not be required as follows:
- Evidence Of Insurability is not required for a Child.

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LIFE INSURANCE

- A. Amount Of Life Insurance
See **Coverage Features** for the Life Insurance schedule.
- B. When Life Insurance Becomes Effective
Your Life Insurance becomes effective as follows:
1. Life Insurance Subject To Evidence Of Insurability
Life Insurance subject to **Evidence Of Insurability** becomes effective on the first day of the calendar month following the date we approve your Evidence Of Insurability.
 2. Life Insurance Not Subject To Evidence Of Insurability
You must apply in Writing for Contributory Life Insurance and agree to pay premiums.
Contributory Life Insurance not subject to **Evidence Of Insurability** becomes effective on:
 - i. The first day of the calendar month following the date you become eligible if you apply on or before that date.
 - ii. The first day of the calendar month following the date you apply if you apply within 60 days after you become eligible.
- C. Changes In Life Insurance
1. Increases
You must apply in Writing for any elective increase in your Life Insurance.
An increase in your Life Insurance becomes effective as follows:
 - a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to **Evidence Of Insurability** becomes effective on the first day of the calendar month following the date we approve your Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to **Evidence Of Insurability** becomes effective as follows:

- i. The first day of the calendar month following the date of change in your classification.
- ii. The first day of the calendar month following the date you apply for an elective increase.

2. Decreases

- a. A decrease in your Life Insurance because of a change in your classification becomes effective on the first day of the calendar month following the date of the change.
- b. A decrease in your Life Insurance because of a change in your age becomes effective on the first day of the calendar month following the date of the change.
- c. Any other decrease in your Life Insurance becomes effective on the first day of the calendar month following the date the Policyholder receives your Written request for the decrease.

D. Suicide Exclusion: Life Insurance

The **Coverage Features** states which Life Insurance plan is subject to this suicide exclusion.

If your death results from suicide or other intentionally self-inflicted injury, while sane or insane, 1 and 2 below apply.

1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.
2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

E. When Life Insurance Ends

Your Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance.
2. The date the Group Policy terminates.
3. The first day of the calendar month following the date you cease to be a Member.

F. Reinstatement Of Life Insurance

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

1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

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DEPENDENT LIFE INSURANCE FOR YOUR SPOUSE

A. Amount Of Insurance

See **Coverage Features** for the Insurance amount.

B. Insuring Your Spouse

1. Eligibility

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

- a. The date you become eligible for Life Insurance.
- b. The date you first acquire a Spouse.

A Member may not be insured as both a Member and a Spouse.

2. Effective Date

Subject to the Dependent Deferred Effective Date If Confined section, your Dependent Life Insurance for your Spouse becomes effective as follows:

a. Insurance Subject To Evidence Of Insurability

Insurance subject to **Evidence Of Insurability** becomes effective on the later of:

- i. The date your Life Insurance becomes effective.
- ii. The first day of the calendar month following the date we approve the Spouse's Evidence Of Insurability.

b. Insurance Not Subject To Evidence Of Insurability

You must apply in Writing for Contributory Dependent Life Insurance for your Spouse and agree to pay premiums. Contributory Dependent Life Insurance for your Spouse not subject to **Evidence Of Insurability** becomes effective on the latest of:

- * The date your Life Insurance becomes effective if you apply on or before that date.
- * The first day of the calendar month following the date you become eligible to insure your Spouse if you apply on or before that date.
- * The first day of the calendar month following the date you apply if you apply within 60 days after you become eligible.

c. Dependent Deferred Effective Date If Confined

Dependent Life Insurance for your Spouse and increases in Dependent Life Insurance for your Spouse will not become effective for your Spouse who is confined to a Hospital or Nursing Home on the day before the scheduled effective date of your Spouse's Insurance or the effective date of the increase in Dependent Life Insurance for your Spouse.

You may apply in Writing and agree to pay premiums for Contributory Insurance for your Spouse within 60 days of the date you are eligible to apply for Insurance for your Spouse without submitting Evidence Of Insurability. Coverage will become effective on the date the Spouse is released from a Hospital or Nursing Home. If you do not apply within this period, you must submit Evidence Of Insurability with your application.

This section will not apply to Dependent Life Insurance for your Spouse equal to the amount of dependent life insurance in effect under the Prior Plan on the date before the Group Policy Effective Date.

C. Changes In Insurance

1. Increases

You must apply in Writing for any elective increase in your Dependent Life Insurance for your Spouse.

Subject to the Dependent Deferred Effective Date If Confined section, an increase in your Insurance for your Spouse becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in the Spouse Life Insurance Benefit subject to **Evidence Of Insurability** becomes effective on the first day of the calendar month following the date we approve your Spouse's Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Dependent Life Insurance for your Spouse not subject to **Evidence Of Insurability** becomes effective as follows:

- i. The first day of the calendar month following the date of the change in your classification.
- ii. The first day of the calendar month following the date you apply for an elective increase.

2. Decreases

a. A decrease in the Spouse Life Insurance Benefit because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

b. A decrease in the Spouse Life Insurance Benefit because of a change in age becomes effective on the first day of the calendar month following the date of the change in age.

c. A decrease in the Spouse Life Insurance Benefit because of a change in your classification becomes effective on the first day of the calendar month following the date of the change in your classification.

d. Any other decrease in the Spouse Life Insurance Benefit becomes effective on the first day of the calendar month following the date the Policyholder receives your Written request for the decrease.

D. Exclusions

If your Spouse's death results from suicide or other intentionally self-inflicted injury, while sane or insane, 1. and 2. below will apply.

1. The amount payable will exclude the amount of Dependent Life Insurance which has not been continuously in effect for your Spouse for at least 2 years on the date of death. In computing the 2-year period, we will include time your Spouse was insured under the Prior Plan.
2. We will refund all premiums paid for the amount of Dependent Life Insurance excluded from payment under this suicide exclusion which we determine are attributable to your Spouse.

E. When Insurance Ends

1. The date your Life Insurance ends.
2. The date Dependent Life Insurance for your Spouse terminates under the Group Policy, unless your Insurance continues under item 1 above.
3. The date the Group Policy terminates, or the date coverage under the Group Policy for your Spouse terminates, unless Insurance continues under item 1 above.
4. The date the last period ends for which a premium was paid for your Dependent Life Insurance for your Spouse, unless it continues under item 1 above.
5. The last day for which premium contributions have been paid following your Written request to terminate your Dependent Life Insurance for your Spouse.
6. For your Spouse, the date of your divorce or legal separation or termination of your Civil Union relationship.

DEPENDENT LIFE INSURANCE FOR YOUR CHILD

A. Amount Of Insurance

See **Coverage Features** for the Insurance amount.

B. Insuring Your Child

1. Eligibility

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

- a. The date you become eligible for Life Insurance.
- b. The date you first acquire a Child.

A Member may not be insured as both a Member and a Child. A Child may not be insured by more than one Member. For purposes of insurance under the Group Policy, Child does not include a person who is a full-time member of the armed forces of any country.

2. Effective Date

Subject to the Dependent Deferred Effective Date If Confined section, your Dependent Life Insurance for your Child becomes effective as follows:

a. Insurance Not Subject To Evidence Of Insurability

You must apply in Writing for Dependent Life Insurance for your Child and agree to pay premiums. Contributory Insurance for your Child not subject to **Evidence Of Insurability** becomes effective on the latest of:

- * The date your Life Insurance becomes effective if you apply on or before that date.
- * The first day of the calendar month following the date you become eligible to insure your Child if you apply on or before that date.
- * The first day of the calendar month following the date you apply if you apply after you become eligible.

Except as provided above, your first eligible newborn Child is automatically covered for the minimum Child Life Insurance Benefit amount shown in the **Coverage Features** up to the date you apply, if you apply within 60 days from the Child's live birth.

b. Dependent Deferred Effective Date If Confined

Dependent Life Insurance and increases in Dependent Life Insurance for your Child will not become effective for your Child who is confined to a Hospital or Nursing Home on the day before the scheduled effective date of your Child's Insurance or increases to your Child's Insurance.

You may apply in Writing and agree to pay premiums for Contributory Insurance for your Child. Coverage will become effective on the date the Child is released from a Hospital or Nursing Home.

This section will not apply to a newborn Child. This section will not apply to Dependent Life Insurance for your Child equal to the amount of dependent life insurance in effect under the Prior Plan on the day before the Group Policy Effective Date.

- c. While your Dependent Life Insurance for your Child is in effect, each new Child becomes insured immediately.

C. Changes In Insurance

1. Increases

You must apply in Writing for any elective increase in your insurance for your Child.

Subject to the Dependent Deferred Effective Date If Confined section, an increase in your Child's Insurance becomes effective as follows:

a. Increases Not Subject To Evidence Of Insurability

An increase in your Dependent Life Insurance for your Child not subject to **Evidence Of Insurability** becomes effective as follows:

- i. The first day of the calendar month following the date of the change in your classification.
- ii. The first day of the calendar month following the date you apply for an elective increase.

2. Decreases

- a. A decrease in the Child Life Insurance Benefit because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.
- b. Any other decrease in the Child Life Insurance Benefit becomes effective on the first day of the calendar month following the date the Policyholder receives your Written request for the decrease.

D. When Insurance Ends

Insurance ends automatically on the earliest of:

1. The date your Life Insurance ends.
2. The date Dependent Life Insurance for your Child terminates under the Group Policy, unless your Insurance continues under item 1 above.
3. The date the Group Policy terminates, or the date coverage under the Group Policy for your Child terminates, unless Insurance continues under item 1 above.
4. The date the last period ends for which a premium was paid for your Dependent Life Insurance for your Child, unless it continues under item 1 above.
5. The last day for which premium contributions have been paid following your Written request to terminate your Dependent Life Insurance for your Child.
6. For any Child, the date the Child ceases to be a Child.

LI.CH.OT.1

REPATRIATION BENEFIT

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

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

1. A Life Insurance Benefit is payable because of your death.
2. For Members whose death occurs within the state of Hawaii: You die more than 75 miles from your primary place of residence.

For Members whose death occurs outside the state of Hawaii: You die more than 200 miles from your primary place of residence.

3. Expenses are incurred to transport your body to a mortuary near your primary place of residence, including expenses to prepare the body for shipment.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. Insuring Clause

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

B. Becoming Insured For AD&D Insurance

1. Eligibility

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

2. Effective Date

AD&D Insurance becomes effective as follows:

You must apply in Writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

- i. The first day of the calendar month following the date you become eligible if you apply on or before that date.
- ii. The first day of the calendar month following the date you apply, if you apply after you become eligible.

C. Changes In AD&D Insurance

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

D. Definition Of Loss For AD&D Insurance

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

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

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

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

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

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

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

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

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

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

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs. Uniplegia means the complete and irreversible paralysis of one limb. Triplegia means the complete and irreversible paralysis of three limbs.

E. AD&D Insurance Exclusions

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

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary intake by any means of any poison, gas, fumes, prescription drugs, non-prescription drugs or illegal drugs, unless prescribed or taken under the direction of a Physician and taken in accordance with the Physician's instructions.
5. Alcohol – if your blood alcohol content is in excess of the legal limit for operating a motor vehicle as defined by the jurisdiction where the accident or Loss occurred. This exclusion applies regardless of whether the accident or Loss involved the operation of a motor vehicle.
6. Sickness or Pregnancy existing at the time of the accident or a heart attack or stroke.
7. Medical or surgical treatment for any of the above.

F. Amount Payable

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

G. Other AD&D Benefits

Air Bag Benefit

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

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

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag System manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by Proof Of Loss satisfactory to us.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

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

Career Adjustment Benefit

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

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

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. Your Spouse is, within 12 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

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

Higher Education Benefit

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

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

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

The Higher Education Benefit will be paid annually to each Child who meets the requirements of item 2 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

Seat Belt Benefit

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

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

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. The deceased is wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by Proof Of Loss satisfactory to us.

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

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

H. When AD&D Insurance Ends

AD&D Insurance for you ends automatically on the earliest of:

1. The date your Life Insurance ends.
2. The date AD&D Insurance terminates under the Group Policy.
3. The date the last period ends for which a premium was paid for your AD&D Insurance.
4. The last day for which premium contributions have been paid following your Written request to terminate your AD&D Insurance for you

LI.AD.OT.1

RIGHT TO CONVERT

A. Right To Convert

You and your Dependents may buy an individual policy of life insurance without Evidence Of Insurability if all of the following requirements are met:

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

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

B. Definitions For Right To Convert

1. Conversion Period means the 60-day period after the date of any Qualifying Event.
2. Insurance means your Life Insurance and your Dependent Life Insurance under the Group Policy, excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your or your Dependents' Insurance for any reason except the Member's failure to make a required premium contribution.

C. Limits On Right To Convert

If your or your Dependents' Insurance ends or is reduced because of termination or amendment of the Group Policy, the following will apply.

1. You and your Dependents may not convert Insurance which has been in effect for less than 5 years.
2. The maximum amount that may be converted is the lesser of:
 - a. The amount of Insurance which ended, minus any other group life insurance for which you and your Dependents become eligible during the Conversion Period.
 - b. \$10,000

D. The Individual Policy

You and your Dependents may select an individual whole life insurance policy we issue to persons of your or your Dependents age, except:

1. A policy with disability, accidental death, or other additional benefits.
2. A policy in an amount less than the minimum amount we issue.

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

E. Death During The Conversion Period

If you or your Dependents die during the Conversion Period, we will pay a death benefit equal to the maximum amount you or your Dependents had a Right To Convert, whether or not you or your Dependents applied for an individual policy. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your or your Dependent's Qualifying Event.

If you or your Spouse apply for an individual policy of life insurance, and death occurs during the Right To Convert Period, and if you or your Spouse name a Beneficiary in your or your Spouse's application that is different from the last Beneficiary you or your Spouse named under the Group Policy, then it will be considered a change of Beneficiary to the person named in the application. The change will take effect on the date of the application.

LI.RC.OT.1

CLAIMS

A. Filing A Claim

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

B. Time Limits On Filing Proof Of Loss

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

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

C. Proof Of Loss

Proof Of Loss means Written proof that a loss occurred:

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

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in Writing and must be provided at the expense of the claimant.

D. Investigation Of Claim

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

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

E. Time Of Payment

We will pay benefits within 60 days after the latest date shown below:

1. The date Proof Of Loss is satisfied.
2. The date we receive sufficient information to determine liability, the extent of liability and the appropriate payee legally entitled to benefits.
3. The date that legal impediments to payment of benefits that depend on the action of parties other than us are resolved and sufficient evidence of resolution is provided to us. Legal impediments to payment include, but are not limited to:
 - a. The establishment of guardianships or conservatorships.
 - b. The appointment and qualification of trustees, executors and administrators.
 - c. The submission of information required to satisfy state or federal reporting requirements.

Interest, if applicable, will accrue 30 days from the latest of the dates shown above, continuing up to the date of payment.

Payment made in good faith shall discharge us of liability to the extent of such payment.

F. Notice Of Decision On Claim

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

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

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

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

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.
5. Information concerning the claimant's right to a review of our decision.
6. Information concerning the right to bring a civil action for benefits under section 502(a) of ERISA if the claim is denied on review.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in Writing within 60 days after receiving notice of the denial of any other claim.

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

We will review the claim promptly after we receive the request. Within 60 days after we receive the request for review we will send the claimant: (a) a Written decision on review; or (b) a notice that we are extending the review period for 60 days.

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

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

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

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

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

LI.CL.HI.1

ASSIGNMENT

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

LI.AS.OT.1

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 5 below, benefits payable because of your death will be paid to the Beneficiary you named. See B through E of this section.
2. AD&D Insurance Benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which the benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living:
Spouse and Child Life Insurance Benefits.
4. Spouse and Child Life Insurance Benefits payable to you because of the death of your Dependent which were unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.

5. Additional Benefits will be paid as follows:

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

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

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

B. Naming A Beneficiary

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

If you name two or more Beneficiaries in a class:

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

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

Your Beneficiary designations for your Plan 1 Life Insurance and AD&D Insurance must be the same as your Plan 2 Life Insurance and AD&D Insurance Beneficiary designations.

Your designation must meet all of the following requirements:

1. You must name or change Beneficiaries in Writing. Writing includes a form Signed by you or a verification from us or our designated agent, the Policyholder or the Policyholder's designated agent, or the Employer or the Employer's designated agent of an electronic or telephonic designation made by you.
2. Must be dated.
3. Must be delivered to us or our designated agent, the Policyholder or the Policyholder's designated agent, or the Employer or the Employer's designated agent, during your lifetime.
4. Must relate to the insurance provided under the Group Policy.

Your designation will take effect on the date it is received by us or our designated agent, the Policyholder or the Policyholder's designated agent, or the Employer or the Employer's designated agent.

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

C. Simultaneous Death Provision

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

D. No Surviving Beneficiary

If you do not name a Beneficiary for each different insurance plan where you may elect a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your spouse/Spouse.
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Method Of Payment

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

1. Lump Sum

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

2. Standard Secure Access Checking Account

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

- a. Bears interest at a rate equal to the 13-week Treasury Bill (T-Bill) auction rate, but not to exceed 5%.
- b. Is owned by the Recipient.
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient.
- d. Is fully guaranteed by us.

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

LI.BB.OT.1

RIGHT TO RECOVERY

If benefits have been overpaid on any claim then full reimbursement to us is required within 60 days of notification to you, your Beneficiary or your estate. If reimbursement is not made then we have the right to do any of the following:

1. Reduce future benefits until full reimbursement is made.
2. Recover such overpayments from you, your Beneficiary or your estate.

Such reimbursement is required whether the overpayment is due to fraud, our error in processing a claim or any other reason.

LI.RR.OT.1

CLAIMANT COOPERATION

If you or your Beneficiary fails to cooperate with us in the administration of your claim, we may close or deny the claim. Such cooperation includes, but is not limited to, providing any information or documentation needed to determine if benefits are payable or the actual benefit amount due.

LI.CLC.OT.1

AGENCY, RELEASE AND INDEMNIFICATION

Individuals selected by the Policyholder to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard Insurance Company. The Policyholder and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy. The Policyholder hereby releases, holds harmless and indemnifies Standard Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of any of them or their representatives, agency or employees.

LI.AR.OT.1

TIME LIMITS ON LEGAL ACTIONS

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

LI.TL.OT.1

INCONTESTABILITY OF INSURANCE

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

No misrepresentation will be used to reduce or deny a claim unless all of the following requirements are met:

1. The insurance would not have been approved for you, your Spouse or your Child if we had known the truth.
2. We have given you or any other person claiming benefits a copy of the Signed Written instrument which contains the misrepresentation.

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

CLERICAL ERROR, MISSTATEMENT AND AGENCY

A. Clerical Error And Agency

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

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

The Policyholder and your employer act on their own behalf as your agent, and not as our agent. The Policyholder and your employer have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

B. Misstatement Of Age

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

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

LI.CE.OT.1

DEFINITIONS

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

Annual Earnings means your annual rate of earnings from your employer. Your Annual Earnings will be based on your earnings in effect on your last full day of active work.

Annual Earnings includes:

1. Commissions averaged over the preceding 12 calendar months or over the period of your employment if less than 12 months.
2. Shift differential pay.
3. Contributions you make through a salary reduction agreement with your employer to:
 - a. An IRC Section 401(k), 403(b), 408(k) or 457 deferred compensation arrangement.
 - b. An executive nonqualified deferred compensation arrangement.
4. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Bonuses.
2. Overtime pay.
3. Your employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
4. Stock options or stock bonuses.
5. Any other extra compensation.

Child means:

1. Your child from live birth through age 18, (through age 22 if a registered student in full time attendance at an accredited educational institution).
2. Your disabled child who is 19 years of age or older, is your qualifying child as defined by the Internal Revenue Service for whom you or your Spouse claims as a dependent on Federal Income Taxes filed for the preceding calendar year and meets one of the following requirements:
 - a. Has been insured continuously under the Group Policy prior to reaching age 19.
 - b. Who is 19 years of age or older at the time of your initial eligibility under the Group Policy.
3. Child includes any of the following, if they otherwise meet the definition of Child:
 - a. Your adopted child.
 - b. Your stepchild if living in your home.

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

Dependent means your Spouse or Child.

Dependent Life Insurance means Dependent Life Insurance For Your Spouse and/or Dependent Life Insurance For Your Child, if any, under the Group Policy. It may also be referred to as Spouse Life Insurance Benefit and/or Child Life Insurance Benefit as applicable.

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

Evidence Of Insurability means an applicant must do all of the following:

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

Group Policy means this group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number, the Policyholder's attached application, group life insurance Certificates with the same Group Policy Number, and any amendments to the Group Policy or Certificates.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed Physicians.

Injury means an injury to the body.

Life Insurance means life insurance under the Group Policy.

Nursing Home means a licensed institution operated for the purpose of providing nursing care and treatment for individuals which provides 24-hour nursing services under the direction and supervision of a Physician.

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

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

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

Sickness means your sickness, illness or disease.

Signed means any symbol or method executed or adopted by you with the present intention to authenticate a record, and which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law, and authorized or accepted by us.

Spouse means:

1. A person to whom you are legally married; or
2. A person who is party to a Civil Union with you. Civil Union means a civil union established according to applicable law.

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

Writing or Written means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law, and authorized or accepted by us.

LI.DF.OT.1

ERISA INFORMATION AND NOTICE OF RIGHTS

The following information and notice of rights and protections is furnished by the Plan Administrator as required by the Employee Retirement Income Security Act of 1974 (ERISA).

A. General Plan Information

The General Plan Information required by ERISA is shown in the **Coverage Features**.

B. Statement Of Your Rights Under ERISA

1. Right To Examine Plan Documents

You have the right to examine all Plan documents, including any insurance contracts or collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. These documents may be examined free of charge at the Plan Administrator's office.

2. Right To Obtain Copies Of Plan Documents

You have the right to obtain copies of all Plan documents, including any insurance contracts or collective bargaining agreements, a copy of the latest annual report (Form 5500 Series), and updated summary plan description upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for these copies.

3. Right To Receive A Copy Of Annual Report

The Plan Administrator must give you a copy of the Plan's summary annual financial report, if the Plan was required to file an annual report. There will be no charge for the report.

4. Right To Review Of Denied Claims

If your claim for a Plan benefit is denied or ignored, in whole or in part, you have the right: a) to know why this was done; b) to obtain copies of documents relating to the decision, without charge; and c) to have your claim reviewed and reconsidered, all within certain time schedules.

C. Obligations Of Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of all Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

D. Enforcing ERISA Rights

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

E. Additional Procedures For Claims Based on Disability Determinations Filed on or after April 1, 2018

If we deny any part of your claim for a benefit that relies on a disability determination, you will receive a written notice of denial containing a copy of any internal rule or guideline relied upon in making the decision, or a statement that no such rules or guidelines exist. The notice of denial will also include information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

If all or part of a claim is denied, you may request a review. Before we issue a decision on review for a benefit that relies on a disability decision, we will provide you, free of charge, with any new evidence or rationale considered, relied upon, or generated by us in connection with the claim, and we will provide such new evidence or rationale sufficiently in advance of the decision deadline date to give you a reasonable opportunity to respond prior to that date.

If our review results in a denial of any part of your claim for a benefit that relies on a disability decision, your written notice of denial will contain a copy of any internal rule or guideline relied upon in making the decision, or a statement that no such rules or guidelines exist. The notice of denial will also include information concerning your right to bring a civil action for benefits under section 502(a) of ERISA and a description of any applicable contractual limitations period that applies to your right to bring such an action, including the calendar date on which the contractual limitations period expires for the claim.

F. Plan And ERISA Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

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