



UnitedHealthcare[®]

**GROUP LIFE
ACCIDENTAL DEATH AND DISMEMBERMENT
CERTIFICATE OF COVERAGE

FOR
WISONSIN HEALTH FUND**

**POLICY NUMBER: 371764
EFFECTIVE DATE: January 1, 2024**

**WI – UHIC/2023
Class 1
(1-24)**

UnitedHealthcare Insurance Company

Home Office: 185 Asylum Street, Hartford, Connecticut 06103-3408
Administrative Office: 9900 Bren Road East, Minnetonka, MN 55343
www.uhc.com

CERTIFICATE OF COVERAGE

Policyholder: Wisconsin Health Fund
Policy Effective Date: January 1, 2024
Policy Anniversary Date: January 1 of each year
Policy Number: 371764
Beneficiary: As on file with the Administrator

UnitedHealthcare Insurance Company (We, Our, Us or the Company), has issued the Policy to the Policyholder shown above.

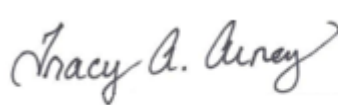
This Certificate replaces any other Certificate previously issued and is incorporated in and made part of the Policy on the Effective Date shown in the Policy's Incorporation Provision.

Read Your Certificate Carefully. If You have questions or need information about Your insurance, call 1-866-615-8727.

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 or a specific provision herein.

Time Periods: All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

Signed for the Company by:



Tracy A. Arney, Secretary



Jessica Paik, President

Insurance Products: Group Term Life Insurance and Accidental Death and Dismemberment Insurance

Non-Participating (no dividends paid)

Noninsurance Benefits: Noninsurance benefits are not part of Your Certificate and do not modify Your insurance benefits. We may offer or arrange for various entities or vendors to offer benefits or other considerations to You for the purpose of promoting Your general health and well-being. Noninsurance benefits may be modified or terminated at any time. Such modification or termination may be made based on availability of services or other reasons at Our discretion or at the discretion of the insurer or entity providing such services.

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

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

UnitedHealthcare Insurance Company
185 Asylum Street, Hartford, Connecticut (Home Office)
Phone: 1-866-615-8727

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

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873

You may also call to request a complaint form at (800) 236-8517 (outside of Madison) or 608-266-0103 in Madison or email them at <http://oci.wi.gov/>.

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SCHEDULE OF BENEFITS

Policyholder: Wisconsin Health Fund

Description of Eligible Class(es): Employees of the Policyholder who are Actively at Work and who are in an Eligible Class:

Full-time Members election Option 1 working at least 20 hours per week

Employee Waiting Period: the date the Employee begins continuous employment with the Policyholder, subject to the requirements shown in the Eligibility provision.

Dependent Child Maximum Age: 26 years

Insurance Funding Information:

Contributory Insurance:

- Basic Dependent Life Insurance- You pay the entire premium

Non-Contributory Insurance:

- Basic Life, Accidental Death and Dismemberment Insurance - Your Employer pays the entire premium

Premium Rate Change: Your premium may change on any premium due date if rates for Your Class are changed under the Policy.

SCHEDULE OF BENEFITS (continued)

<u>Additional Life Insurance Benefits</u>	<u>Benefit Information</u>
Accelerated Death Benefit	Employee: Up to 75% of combined Basic Life Insurance Maximum Benefit Amount: \$37,500
Repatriation Benefit – Life	The lesser of actual expenses incurred, or \$25,000
<u>Additional Accidental Death and Dismemberment Benefits</u>	<u>Benefit Information</u>
Seatbelt and Airbag Benefit	10% of the Accidental Death and Dismemberment Benefit Amount Maximum Benefit Amount: \$20,000
Common Carrier Hazard Benefit	100% of the Accidental Death and Dismemberment Benefit for Loss of life Maximum Benefit Amount: \$100,000
Education Benefit	5% of the Accidental Death and Dismemberment Benefit for Loss of life Maximum per Child: \$1,250 Maximum Benefit Amount for all Education Benefits combined: \$2,500
Rehabilitative Physical Therapy Benefit	10% of the Accidental Death and Dismemberment Benefit for the Loss Maximum Benefit Amount: \$5,000
Repatriation Benefit – Accidental Death	5% of the Accidental Death and Dismemberment Benefit for Loss of life Maximum Benefit Amount: \$2,500
Spouse Education or Occupational Training Benefit	10% of the Accidental Death and Dismemberment Benefit for Loss of life Maximum Benefit Amount: \$3,000

SCHEDULE OF BENEFITS (continued)

Reduction in Basic Insurance Due to Age

We will reduce the Basic Life Insurance Benefit Amount and Basic Accidental Death and Dismemberment Benefit Amount for You to 65% at age 65 and to 50% at age 70 and will terminate at Your retirement or as stated in the Covered Person Termination of Insurance, whichever occurs first. These percentages will apply to the original current amount of insurance. The reductions will be effective on the Policy Anniversary Date on or next following the month in which Your birthday occurs.

These reductions will also apply if, after reaching age 65:

1. You first become insured under the Policy; or
2. Your insurance increases.

DEFINITIONS

Active Work or Actively at Work means You are performing all the regular duties of Your occupation:

1. at Your usual place of employment or any other business location where You are required to travel;
2. for the entire normal workday; and
3. for at least the minimum number of hours per week, as shown in the Description of Eligible Class(es) in the Schedule of Benefits.

You or Your Employer must provide Us satisfactory documentation that You are Actively at Work in accordance with the Proof of Claim provision.

Unless You are disabled or terminate Your employment on the prior workday or on a day of absence, We will consider You to be Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an approved or emergency leave of absence (except medical leave).

Certificate or Certificate of Coverage means this document, which describes the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

Change in Status means any of the following changes:

1. a change in marital status (marriage, divorce, legal separation, annulment);
2. a change in the number of Your dependents for tax purposes (birth, legal adoption of a child, placement of a child for adoption, or death of a dependent);
3. certain changes in employment status that affect Your or Your Dependent's benefit eligibility, such as termination of employment, a strike or lockout, the start of or return from an unpaid leave of absence, a change in worksite, a change in work schedule (between full-time and part-time work, decrease or increase in hours);
4. a significant increase in the cost of insurance or a significant reduction of insurance under Your other insurance or Your spouse's insurance; or
5. the addition, elimination, or significant reduction, of an insurance option.

Child means Your Dependent Child who is under the Dependent Child Maximum Age shown in the Schedule of Benefits and who is:

1. a natural Child;
2. a stepchild, legally adopted Child or Child placed for adoption;
3. a Child for whom legal guardianship has been awarded to You or Your spouse; or
4. a foster Child, or any other Child who lives with You in a regular parent-child relationship, provided You claim such Child as a Dependent on Your most recent federal income tax return.

The Child will cease to be an eligible Dependent on the last day of the month following the date the Child reaches the Dependent Child Maximum Age unless the Child is an Incapacitated Child.

Contributory Insurance means insurance which You have elected and for which You have agreed to make the required premium contributions.

Covered Person means the Employee insured under the Policy and to whom this Certificate is issued.

DEFINITIONS (continued)

Dependent means Your Spouse and Your Child. A Dependent must be a citizen or legal resident of the United States of America, Puerto Rico, Guam or any other locations where We may legally provide such insurance. No one can be insured as a Dependent of more than one Covered Person.

Employee means a person who works for the Employer on a regular basis:

1. in the normal business of the Employer;
2. is paid for services by the Employer;
3. who resides in the United States, its territories and protectorates; and
4. is Actively at Work for the Employer , or any subsidiary or affiliate insured under the Policy.

Employee does not include temporary, leased or seasonal Employees.

No director or officer of an Employer will be considered an Employee unless they work directly for and receive a salary, from the Employer.

Employer means the Policyholder and:

1. may also include any division, subsidiary, or affiliated company named in the Schedule of Benefits; and
2. does not include any employer who is not the Policyholder.

Enrollment Period means a period of time, determined by the Employer and Us, as described below:

1. **Initial Enrollment Period:** the period during which You may first enroll for insurance;
2. **Re-Enrollment Period:** the period during which You may enroll after You have let Your insurance end;
3. **Annual Enrollment Period:** the period of time before each Policy Anniversary Date, during which You may enroll for insurance or change Your insurance;
4. **Open Enrollment Period:** the period during which You may enroll for insurance or change Your insurance;
or
5. **Modified Open Enrollment Period:** the period during which You may increase Your amount of insurance by one unit/increment.

Evidence of Insurability means specific information about You and Your Dependent which You provide to Us when applying for insurance. That information includes

1. a completed and signed application;
2. a medical examination if requested;
3. an Attending Physician's Statement if requested; and
4. any additional information We may require.

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 Benefits.

DEFINITIONS (continued)

Hospital means an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and Treatment of sick and injured persons on an inpatient basis;
3. operates facilities for medical and surgical diagnosis and Treatment by or under the supervision of a staff of legally qualified Physicians;
4. provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.s); and
5. is located within the United States or its territories and protectorates and is approved by the Joint Commission on the Accreditation of Hospitals (JCAH).

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 rehabilitation center;
3. a place for rest, custodial care, or for the aged; or
4. a clinic.

Immediate Family means Your spouse or domestic partner, child, parent or sibling; or Your spouse's or domestic partner's child, parent or sibling.

Incapacitated Child means a Child who is:

1. insured under the Policy on the date that they reach the Dependent Child Maximum Age;
2. physically or mentally disabled;
3. unmarried;
4. financially dependent upon You; and
5. meets the conditions stated in the Continuation of an Incapacitated Child provision.

Injury means bodily injury, which occurs as the result of an accident while insured under the Policy. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or any other cause.

Intoxicated or Intoxication means being under the influence as defined by applicable state law as determined by:

1. the blood alcohol content; or
2. the results of other means of testing blood alcohol content or the content of other substances.

Non-Contributory Insurance means insurance which You do not have to elect nor make any premium contributions.

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; and
3. practicing within the scope of that license.

The term Physician does not include You or members of Your Immediate Family.

Policy means the legal contract between the Policyholder and Us. It may be changed or discontinued without Your or Your Beneficiary's consent. The Policy may be inspected at the office of the Policyholder.

Prior Group Plan means the Life and AD&D group insurance policy carried by the Employer on the day before the Policy's Effective Date.

Sickness means an illness, disease, pregnancy or complication of pregnancy.

Spouse means Your Spouse who:

1. is lawfully married to You; and
2. is not legally separated or divorced from You.

DEFINITIONS (continued)

Treatment means any consultation, advice, tests, attendance or observation, supplies or equipment, including prescriptions or the use of prescription drugs or medications.

Vocational Rehabilitation Consultant means someone who specializes in the areas of:

1. vocational rehabilitation;
2. vocational and occupation availability in the current labor market; and
3. skills that are needed to perform specific occupations.

The term Vocational Rehabilitation Consultant does not include You or members of Your Immediate Family.

We, Our, Us or the Company means UnitedHealthcare Insurance Company, and its administrators and representatives.

You or Your means the Employee insured under the Policy and to whom this Certificate is issued.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person Eligibility: You will become eligible for insurance on the latest of:

1. the Effective Date of the Policy ;
2. the date You complete the required Employee Waiting Period shown in the Schedule of Benefits;
3. the date the Policy is changed to include Your Class; or
4. the date You enter a Class eligible for insurance, as shown in the Schedule of Benefits.

Dependent Eligibility: Dependents are eligible for insurance on the latest of the following dates:

1. the date a person becomes a Dependent;
2. the date You become eligible for Dependent insurance; or
3. the date Your Class becomes eligible for Dependent insurance under the Policy.

Your Dependents will not be eligible for Dependent insurance if they:

1. are eligible for insurance under the Policy as a Covered Person ; or
2. are a member of the armed forces on active duty, except for duty of 30 days or less for training in the Reserves or National Guard.

Dependents will not be insured until You are insured.

Enrolling for Your Insurance and Your Dependent's Insurance Under the Policy:

For Non-Contributory Insurance: Your Employer will automatically enroll You and Your Dependents.

For Contributory Insurance: You must complete Your Employer's enrollment process for You and Your Dependents. If You do not enroll for Your insurance and/or Your Dependent's insurance within 31 days after becoming eligible under the Policy, You may enroll only:

1. during an Annual Enrollment Period; or
2. within 31 days of the date You have a Change in Status.

Enrollment for Your or Your Dependent's Life Insurance may be subject to the Evidence of Insurability Requirements provision.

If You elect Basic Life for the first time or request an increase up to the Guaranteed Issue amount, the election may be subject to the Evidence of Insurability Requirements provision.

During an Annual Enrollment Period, if You do not request changes or re-enroll for insurance, You will continue to be insured for the same insurance amount.

Covered Person Effective Date of Insurance:

If Your insurance is Non-Contributory and Evidence of Insurability is not required, Your insurance will start on the date You become eligible for insurance, regardless of when You apply.

If Your insurance is Contributory, and Evidence of Insurability is not required, Your insurance will start on the latest of:

1. the date You become eligible, if You enroll on or before that date;
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 31 days from the date You are eligible or have a Change in Status.

Any insurance 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, as stated in Your notification.

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

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS (continued)

Dependent Effective Date of Insurance:

If Dependent insurance is Non-Contributory and Evidence of Insurability is not required, insurance will start on the date Your Dependent becomes eligible, regardless of when You apply for Your Dependent's insurance.

If Dependent insurance is Contributory and Evidence of Insurability is not required, insurance will start on the latest of:

1. the date Your Dependent became eligible, if You enroll Your Dependent on or before that date; or
2. the date You enroll Your Dependent, if You do so within 31 days from the date Your Dependent is eligible or You have a Change in Status.

Any insurance for which Evidence of Insurability is required, will become effective on the later of:

1. the date Your Dependent becomes eligible; or
2. the date We approve Your Dependent's Evidence of Insurability, as stated in Your Dependent's notification.

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

Deferred Effective Date:

If You are not Actively at Work on the date Your insurance is scheduled to take effect, it will take effect on the date You return to Active Work. If Your insurance is scheduled to take effect on a non-working day, Your Actively at Work status will be based on the last working day before the scheduled Effective Date of Your insurance.

Your Dependent's insurance, (other than for a newborn child) will not take effect on any day they are confined in a Hospital. Insurance will take effect on the day following Your Dependent's discharge from the Hospital.

Evidence of Insurability Requirements:

Evidence of Insurability is required, at Your expense, for Your Insurance if You:

1. apply more than 31 days after the date You:
 - a. first became eligible for insurance; or
 - b. have a Change in Status;unless You apply during an Annual Enrollment Period;
2. apply for an amount that is:
 - a. more than the Guaranteed Issue Amount; or
 - b. an increase in Your insurance by more than 1 level of insurance during an Annual Enrollment Period;
3. apply after You had previously terminated Your insurance while in an Eligible Class, unless You apply due to a Change in Status;
4. apply for insurance and Your Employer has less than 2 Employees; or
5. are under the Waiver of Premium Benefit and return to Active Work for less than 10 days and apply to increase Your Life Insurance.

Evidence of Insurability is required, at Your expense, if You are applying for Insurance for Your Spouse and You:

1. do not apply within 31 days:
 - a. after the date Your Spouse first became eligible; or
 - b. after a Change in Status.
2. apply for an amount that is:
 - a. more than Your Spouse's Guaranteed Issue Amount; or
 - b. an increase in Your Spouse's insurance by more than 1 level of insurance.

You must use forms provided by Us when providing Evidence of Insurability.

Once approved, We may require Evidence of Insurability again if Your amount of Insurance is greater than the Guaranteed Issue Amount and:

1. would increase:
 - a. solely because Your Annual Earnings increased more than \$25,000; or
 - b. by more than 25%; and
2. it has been more than 3 years since Your Evidence of Insurability was last approved.

Evidence of Insurability must be approved by Us in writing for insurance to become effective. Evidence of Insurability is not required for Your Dependent Children.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS (continued)

Effective Date of Change in Amount of Insurance: If there is a decrease in the amount of Your or Your Dependent's insurance, the decrease will take effect on the Policy Anniversary Date on or next following the date of the decrease.

If there is an increase in the amount of Your or Your Dependent's insurance, made during an Annual Enrollment Period, it will be effective on the later of:

1. the date of enrollment;
2. the next Policy Anniversary Date; or
3. the date We approve Your or Your Spouse's Evidence of Insurability, if required.

A change in insurance due to a Change in Status will be effective on the later of:

1. the date of the Change in Status, if You apply within 31 days after the date of the Change in Status; or
2. the date We approve Your Evidence of Insurability, if required.

A change in insurance that is made other than during an Annual Enrollment Period will be effective on the Policy Anniversary Date on or next following the date We approve Your or Your Spouse's Evidence of Insurability.

Once insurance begins, any increase in or addition to insurance will be effective immediately or on the date We approve any required Evidence of Insurability.

Any increase in or addition to insurance for You or Your Dependents will be subject to the Deferred Effective Date.

Continuity of Your Insurance Under a Prior Group Plan:

We will waive the Deferred Effective Date requirement for Your initial insurance under the Policy if:

1. On the day before the Policy Effective Date:
 - a. You were insured under the Prior Group Plan;
 - b. premium for Your insurance under the Prior Group Plan was not being waived due to a waiver of premium provision or You were not eligible under the Prior Group Plan to have premiums waived under a waiver of premium provision; and
 - c. You are not receiving or eligible to receive benefits under the Prior Group Plan; and
2. On the Policy Effective Date You:
 - a. are not Actively at Work; and
 - b. are eligible for insurance except for meeting the Actively at Work requirement.

The benefit amounts and limitations prior to Your return to Active Work will be the same as the benefits under the Prior Group Plan.

We will reduce the amount We pay under the Policy by any benefits still payable under the Prior Group Plan. When You return to Active Work, You will be eligible for the insurance amounts and provisions of the Policy.

Insurance provided pursuant to this provision will not extend beyond the earliest of the following dates:

1. the date Your insurance would end for any reason shown under Covered Person Termination of Insurance provision;
2. the date Your insurance would have ended under the Prior Group Plan had it remained in force; or
3. the last day of a period of 12 consecutive months after the Policy Effective Date.

Any premium received by Us will be refunded:

1. if We determine You are not eligible for waiver of the Deferred Effective Date based on the requirements provided pursuant to this provision; or
2. if receipt of such premium is beyond the termination period stated above for insurance continued pursuant to this provision.

We will waive the Deferred Effective Date requirement for Your Dependents' initial insurance under the Policy if, on the Policy Effective Date Your Dependents were insured under the Prior Group Plan.

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS (continued)

Covered Person Termination of Insurance: Your insurance will terminate on the earliest of the following dates:

1. the last day of the period the required premium is due but not paid, subject to the Grace Period provision;
2. the date last day of the month during which You cease to be a member of a class eligible for insurance;
3. the date the Policy terminates, or a specific benefit terminates;
4. the date last day of the month during which You are no longer Actively at Work due to a total disability, unless insurance is continued in accordance with the Waiver of Premium Benefit; or
5. the date last day of the month during which You are no longer Actively at Work for any other reason, unless insurance is continued in accordance with the Continuation of Insurance Provisions.

Dependent Termination of Insurance: Your Dependent's insurance will terminate on the earliest of the following dates:

1. the date Your insurance ends;
2. the date Your Dependent no longer meets the definition of Dependent;
3. the date You are no longer eligible for Dependent insurance;
4. the last day of the period the required premium is due but not paid, subject to the Grace Period;
5. the date Your Dependent becomes a member of the armed forces on active duty, except for duty of 30 days or less for training in the Reserves or National Guard; or
6. the date Your Life Insurance premiums are waived under the Waiver of Premium Benefit; or
7. the date the Policy terminates, or a specific benefit terminates.

Continuation of an Incapacitated Child: If, on the date a Child reaches the Dependent Child Maximum Age, they are:

1. insured under the Policy; and
2. an Incapacitated Child, as defined;

insurance will not terminate solely due to age.

The Child's insurance will continue as long as:

1. the Child qualifies as an Incapacitated Child; and
2. the required premium is paid.

We may initially and periodically require proof of continued incapacity and dependency. After the first two years, We cannot require proof more than once each year.

You must give Us notice of the incapacity within 31 days of the termination date.

Grace Period: A Grace Period of 45 days will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will continue in effect provided the premium is paid by the Policyholder before the end of the Grace Period. The Grace Period will not continue the insurance beyond a date shown in the Termination of Insurance provision.

CONTINUATION AND REINSTATEMENT PROVISIONS

Continuation of Insurance:

Insurance under the Policy may be continued beyond a date stated in the Covered Person Termination of Insurance provision, according to the Continuation Provisions. The amount of continued insurance applicable to You and Your Dependents will be the amount of insurance in effect on the date immediately before insurance would otherwise have ended and is subject to payment of premium. Insurance that is continued:

1. is subject to any reductions stated in the Policy;
2. may be continued up to the maximum time shown in the applicable provision(s); and
3. terminates if the Policy terminates.

The amount of insurance will not increase while insurance is continued under one or more of the following provisions.

Continuation Provisions:

1. leaves of absence must be approved in writing by Your Employer; and
2. when combined, will not extend longer than 3 months from the date You were last Actively at Work.

All other terms of Your and Your Dependents insurance under the Policy remain unchanged.

If Your insurance does not continue during an approved Continuation Provision, then when You return to Active Work:

1. You will not have to meet a new Employee Waiting Period; and
2. You will not have to give Us Evidence of Insurability to reinstate the insurance You had in effect before Your continuation began.

Continuation Provisions:

Family and Medical Leave: If You are granted a leave of absence, according to the Family and Medical Leave Act of 1993, or other applicable state or local law, Your insurance (including Dependent Life Insurance) may be continued for up to 12 weeks following the date Your leave commenced. Continuation may be a longer period if required by any other applicable state or local law. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Leave of Absence: If You are on a medical leave of absence, other than Family and Medical Leave or Military Leave of Absence, all of Your insurance (including Dependent Life Insurance) may be continued for up to 3 months from the date You stopped being Actively at Work, with respect to a medical leave of absence; or Continuation may be a longer period if required by law.

Military Leave of Absence: If You or Your Dependent enter active military service and are granted a military leave of absence, all of Your insurance (including Dependent Life Insurance) may be continued for up to 12 weeks from the date You stopped being Actively at Work or a longer period if required by law.

CONTINUATION AND REINSTATEMENT PROVISIONS (continued)

Disability: If You are an Employee receiving disability benefits under a long term disability benefit plan issued by Us to Your Employer, Your Life Insurance under the Policy will be continued for 12 consecutive months

Sickness or Injury: If You are no longer Actively at Work due to Sickness or Injury, all of Your insurance may continue until the earlier of:

1. the date You return to work; or
2. 3 months from the date You stopped being Actively at Work.

Continuation may be a longer period if required by law.

Status Change: If You are an Employee, but no longer in an Eligible Class due to a reduction in the number of scheduled hours You work, Your insurance (including Dependent Life Insurance) may be continued for up to 90 consecutive days after the date Your scheduled hours were reduced.

CONTINUATION AND REINSTATEMENT PROVISIONS (continued)

Reinstatement: If Your insurance ends because You are no longer employed by the Employer or no longer in Your Eligible Class; then insurance for You and Your previously insured Dependents may be reinstated, provided You request such reinstatement within 30 days of the date You return to work or to an Eligible Class.

The reinstated insurance will be the lesser of the:

1. insurance amounts in force on the date insurance ended; or
2. amount of insurance in Your new Eligible Class.

The reinstated insurance will :

1. not be subject to any Eligibility Waiting Period or Evidence of Insurability; and
2. be subject to all the other terms and provisions of the Policy.

We will credit any amount of time You or Your Dependents were previously insured under the Policy toward the satisfaction of time limits under the Life Insurance Suicide Limitation and Contestability provision(s) of the Policy.

We will not reinstate any amount of insurance which You or Your Dependents:

1. converted in accordance with the Conversion Right; or
2. continued under the Portability section;

unless You cancel such insurance.

LIFE INSURANCE BENEFIT AND CONVERSION RIGHT

Life Insurance Benefit: If You or Your Dependent(s) die while insured under the Policy, We will pay the deceased person's Life Insurance Benefit Amount after We receive Proof of Claim. The benefit will be paid according to the Beneficiary provision.

Conversion Right: If the Life Insurance or any portion of it under the Policy ends, You and Your Dependents who are citizens of the United States or permanent resident (green card holders) with a United States billing address may have the right to convert part or all of the terminated insurance to an individual policy without providing Evidence of Insurability. Conversion is not available for:

1. the Accidental Death and Dismemberment Benefits; or
2. any amount of Life Insurance for which You or Your Dependents were not eligible and insured;

under the Policy.

If insurance ends because:

1. the Policy is terminated; or
2. insurance for an Eligible Class is terminated; or

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

1. \$2,000; or
2. the Life Insurance Benefit amount 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 insurance.

If insurance under the Policy ends for any other reason, except non-payment of premium, the full amount of insurance which ended may be converted.

Conversion Process: To convert Your or Your Dependent's insurance, You must:

1. complete the required individual life conversion form;
2. have Your Employer sign the form; and
3. send the form to the Conversion Insurer at the address on the form.

The Conversion Insurer will verify Your eligibility and 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;

within 31 days of the date Your Life Insurance terminates.

Conversion Policy Provisions: The Conversion Policy will:

1. be issued on any one of the life insurance policy forms the Conversion Insurer is issuing for this purpose at the time of conversion; and
2. base premiums on the Conversion 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 insurance You had before converting;
2. any benefit other than life insurance; and
3. term insurance.

Conversion is not available for any amount of Life Insurance which is being continued according to:

1. the Waiver of Premium Benefit; or
2. Portability; or
3. the Continuation Provisions;

until such insurance ends.

LIFE INSURANCE BENEFIT AND CONVERSION RIGHT (continued)

Death within the Conversion Period: We will pay the deceased person's amount of Life Insurance You would have had the right to convert if:

1. You or Your Dependent die within 31 days of the date insurance terminates; and
2. We receive Proof of Claim.

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

Effect of Waiver of Premium on Conversion: If You apply and are approved for the Waiver of Premium Benefit after an individual Conversion Policy has been issued, any benefit payable at Your or Your Dependent's death under the Policy will be paid only if You cancel Your individual Conversion Policy. The Conversion Insurer will refund the premium paid for such Conversion Policy.

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

WAIVER OF PREMIUM

Waiver of Premium: If You become Totally Disabled, We will continue Your Basic Life Insurance in force without premium payment while You remain Totally Disabled if:

1. Your Total Disability began before age 60;
2. You remain Totally Disabled continuously for at least 9 consecutive months; and
3. You give Us proof of Total Disability, as required.

We will:

1. waive Your premium payment, for Basic Life Insurance only, on a monthly basis, beginning the first day of the month after the month You become Totally Disabled; and
2. refund any premium paid for the Basic Life Insurance on and after that day.

We will not refund premiums for any period more than 12 months before the date proof of disability was furnished.

Waiver of Premium does not apply to any of the following benefits, in force at the time Your Waiver of Premium begins:

1. any Accidental Death and Dismemberment insurance; or
2. any additional benefits under the Accidental Death and Dismemberment Insurance.

This Waiver of Premium will continue to be effective even if the Policy terminates after You become Totally Disabled.

Total Disability or Totally Disabled: For purposes of this benefit, You will be considered Totally Disabled if You are unable to perform each and every duty of:

1. Your occupation at Your usual place of employment ; and
2. any job suited to Your education, training or experience.

If, for any reason, You are no longer Totally Disabled, and:

1. You return to Active Work in an Eligible Class, the insurance for which premiums have been waived will be reinstated, subject to the terms of the Policy that are in effect on the reinstatement date; or
2. You do not return to Active Work within an Eligible Class, and You are not eligible for any other group life insurance, You are entitled to convert the applicable insurance according to the Conversion Right. Any insurance for which premiums have not been waived and which has terminated will not be eligible for conversion.

Proof of Total Disability: You must give Us proof of Total Disability:

1. on forms We provide;
2. no later than 12 months after the date You became Totally Disabled; and
3. within 60 days after Our request.

We may require You to be examined, initially and periodically, at Our expense, by a Physician, other medical practitioner or Vocational Rehabilitation Consultant of Our choice. After You have been Totally Disabled for more than 2 years from the date of Total Disability, We will not request proof more than once a year.

Life Insurance Benefit Amount under the Waiver of Premium Benefit: The amount of Life Insurance continued will:

1. be the amount in force on the date You became Totally Disabled;
2. be subject to any age reductions or terminations shown in the Schedule of Benefits; and
3. not increase.

Dependents may not be added while insurance is continued under this Waiver of Premium Benefit.

WAIVER OF PREMIUM (continued)

Death Benefit While Totally Disabled: If You die while insurance is being continued under this benefit, We will pay the death benefit if We receive proof that Total Disability was continuous from the date Total Disability began to the date of Your death.

Termination of the Waiver of Premium Benefit: You will no longer be eligible for the Waiver of Premium Benefit and Your Basic Life Insurance will terminate on the earliest of the following:

1. the date You cease to be Totally Disabled and do not return to Active Work;
2. the last day of the 60 day period following Our request for proof of Total Disability, if You do not give Us proof or refuse to take a medical exam;
3. the date You reach age 65; or
4. the date premium has been waived for 12 months and You have resided outside the United States for a total of 6 months or more during any 12 consecutive months for which premium has been waived.

ACCELERATED DEATH BENEFIT

Notice: The Accelerated Death Benefit payment may be taxable. You should seek assistance from Your personal tax advisor regarding taxes that may need to be paid as the result of claiming an Accelerated Death Benefit.

Accelerated Death Benefit: If while insured under the Policy, You become terminally ill, You may request an amount of Life Insurance be paid as an Accelerated Death Benefit. The request must be in writing and include written medical evidence signed by the treating Physician and acceptable to Us that You:

1. are under a Physician's care for that condition;
2. have a life expectancy of less than 12 months; and
3. have agreed to a medical exam in connection with a claim, if requested.

To qualify for this benefit the terminally ill person must be insured for at least \$10,000 of Life Insurance under the Policy. An Accelerated Death Benefit payment can only be made once in Your lifetime. You must continue to pay premium for the remaining amount of Life Insurance in force after the Accelerated Death Benefit has been paid.

The amount of the applicable Accelerated Death Benefit payable will not exceed:

1. the percentage of Your Life Insurance amount; and
2. the Accelerated Death Benefit Maximum Benefit Amount;

shown in the Schedule of Benefits.

The amount of Life Insurance payable upon the terminally ill person's death will be reduced by the Accelerated Death Benefit amount paid under this benefit.

Limitations: An Accelerated Death Benefit will not be payable if:

1. You have assigned Your Life Insurance Benefits;
2. We have been notified that all or a portion of Your Life Insurance Benefits are to be paid to Your former spouse as part of a divorce agreement;
3. You are required by law to accelerate benefits in order to meet the claims of creditor(s);
4. You are required by a government agency to accelerate benefits in order to qualify for a government benefit or entitlement; or
5. You are retired.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Accidental Death and Dismemberment Benefit: If You or Your Dependent sustain an Injury while insured under the Policy:

1. which results in any Loss as defined; and
2. within 365 days of an Accident;

We will pay for that Loss by applying the percentage shown in the Loss Table to the Benefit Amount shown in the Schedule of Benefits.

Accident/Accidental means an unforeseen event that:

1. occurs suddenly as a result of an external circumstance or trauma;
2. has specific identifiable components, including date and time; and
3. results in Injury to the physical structure of the body or death or dismemberment.

Loss Table:

	You	Your Insured Dependent
Loss of life	100%	100%
Loss of both hands or both feet	100%	100%
Loss of sight of both eyes	100%	100%
Loss of one hand and sight of one eye	100%	100%
Loss of one foot and sight of one eye	100%	100%
Quadriplegia	100%	100%
Paraplegia	75%	75%
Triplegia	50%	50%
Loss of one hand	50%	50%
Loss of one foot	50%	50%
Loss of sight of one eye	50%	50%
Loss of speech	50%	50%
Loss of hearing	50%	50%
Hemiplegia	50%	50%
Uniplegia	25%	25%
Loss of Thumb and Index Finger of the Same Hand	25%	25%

Loss means:

1. Loss of life: caused by an Accident.
2. Loss of hands or feet: severance at or above the wrist or ankle.
3. Loss of sight: total and irrecoverable loss of sight.
4. Quadriplegia: total and permanent Paralysis of both upper and lower limbs.
5. Paraplegia: total and permanent Paralysis of both lower limbs.
6. Loss of speech: the total and irrecoverable loss of speech.
7. Loss of hearing: total and irrecoverable loss of hearing.
8. Hemiplegia: total and permanent Paralysis of upper and lower limbs on one side of the body.
9. Loss of thumb and index finger means the actual, complete and permanent severance through or above the metacarpophalangeal joints.

Paralysis means the permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT (continued)

Exposure and Disappearance:

Exposure to the elements will be presumed to be an 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 You or Your Dependent were 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 Injury resulting from the Accident.

We will not pay more than the Benefit Amount shown in the Schedule of Benefits for losses resulting from any one Injury.

SEAT BELT AND AIRBAG BENEFIT

Seat Belt Benefit: If You or Your Dependent die from an Injury that results in the payment of a Loss of life benefit under the Accidental Death and Dismemberment Benefit, We will pay a Seat Belt Benefit if the Injury occurred while the deceased was:

1. a passenger riding in; or
2. the licensed operator of;

a Motor Vehicle and was wearing a Seat Belt at the time of the Accident, as verified on the police accident report.

This benefit is not payable if, at the time of the Accident, the driver of the Motor Vehicle:

1. was legally Intoxicated;
2. was taking drugs, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician; or
3. did not hold a valid driver's license.

Airbag Benefit: If a Seat Belt Benefit is payable, We will also pay an Airbag Benefit if the deceased was positioned in a seat equipped with a factory-installed Airbag.

The benefit payable:

1. will be paid in addition to the Accidental Death and Dismemberment Loss of life benefit; and
2. is shown in the Schedule of Benefits.

Airbag 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 Airbag is not considered a Seat Belt.

Common Carrier means a conveyance operated by a business, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by that business. 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.

Motor Vehicle means a self-propelled, four (4) or more wheeled conveyance 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.

Seat Belt means:

1. an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle;
2. proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications; or
3. 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.

The investigating officer must certify the correct position of the Seat Belt or child restraint device. A copy of the police accident report must be submitted with the claim.

CLAIM INFORMATION

All benefits payable under the Policy will be paid according to the following provisions.

Notice of Claim: You, the person who has the right to claim benefits or Your authorized representative, must give Us, written notice of a claim, at Our Home Office, 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.

The claim form is available from Your Employer, or can be requested from Us. If the form is not received from Us within 15 days of a request, written Proof of Claim should be sent to Us without waiting for the form. Written proof must fully describe the nature and extent of the claim.

Proof of Claim: Written Proof of Claim must be filed within 90 days of the loss. Failure to provide proof within 90 days does not invalidate or reduce a claim unless it was not reasonably possible to meet the time limit. If it is not possible to give proof within 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of Claim may include 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. all medical information, including reports of diagnostic testing and photocopies of medical records, including histories,
7. physical, mental or diagnostic examinations and treatment notes;
8. 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;
9. Your signed authorization for Us to obtain and release medical, employment, and financial information (if applicable);
10. documentation of Your hours worked, earnings and all other types of income;
11. proof of any Employer approved Leave of Absence; or
12. any additional information required by Us to adjudicate the claim.

All proof submitted must be satisfactory to Us.

You and Your Employer must fill out the applicable designated section of the claim form and then give it to Your attending Physician. The Physician should fill out their section of the form and send it directly to Us.

We may request that You provide proof of continuing Disability, satisfactory to Us, indicating that You are under the Regular Care of a Physician. The proof, provided at Your expense, must be received within 30 days of a request by Us.

In some cases, You will be required to give Us authorization to obtain additional medical information, and to provide non-medical information as part of Your Proof of Claim, or proof of continuing Disability. We will deny Your claim or stop making Your payments if the appropriate information is not submitted.

You must notify Us immediately when You return to work in any capacity.

Payment of Claim: Payment of Claim for loss of life will be paid in accordance with the Beneficiary provision. All other benefits under the Policy are paid to You.

CLAIM INFORMATION (continued)

Time of Claim Payment: We will pay a claim for loss of life after We receive due Proof of Claim. However, if special circumstances require an extension, We will provide You or Your authorized representative with:

1. a description of any further proof needed to complete the claim; and
2. an explanation of why such material is needed.

Benefits for a covered loss will then be paid upon receipt of all proper Proof of Claim.

Legal Action: You may not bring suit to recover under this section until 60 days after You have given Us written Proof of Claim. No suit may be brought more than three years after the date of loss, unless applicable law requires a longer period to bring Legal Action.

Beneficiary: means the person(s) You name in writing to receive any amount of insurance payable due to Your death. You may name or change a Beneficiary by giving written notice to the Administrator. The Beneficiary notice will be effective on the date made, subject to any payment We may have made before the notice was received. For Beneficiary notices, Administrator means the Employer.

If You name more than one Beneficiary, those who survive will share equally unless You specify otherwise. If there is no named Beneficiary living at the time of Your death, We will pay any amount due in the following order:

1. to Your legal spouse or Your domestic partner;
2. to Your natural or legally adopted children in equal shares;
3. to Your parents;
4. to Your brothers and sisters; or
5. to Your estate.

If Your named primary beneficiaries die before You, their share will be payable in equal shares to any other named primary beneficiaries who survive You. If You have named a contingent beneficiary, the contingent beneficiary will only be paid if all primary beneficiaries die before You. If You have not named a primary or contingent beneficiary, or if all the person(s) You have named as primary or contingent beneficiaries die before You, payment will be made as follows:

1. to Your legal spouse or domestic partner, if any
2. if there is no spouse or domestic partner, in equal shares to Your children.
3. if there is no spouse; or domestic partner or children, to Your parents, equally or to the survivor.
4. if there is no spouse; domestic partner, children, or parents, in equal shares to Your brothers and sisters.
5. if none of the above survives, to Your executors or administrators.

Physical Examination and Autopsy: We have the right to have You examined by a Physician of Our choice as often as necessary while the claim is pending. We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.

Settlement Options: Instead of a single payment, You may choose another settlement option We may have available. We will give You full information about that option upon request. If You have chosen a settlement option, no one may change it unless You consent in writing. Your Beneficiary may only choose a settlement option within 60 days after Your death if one has not been chosen.

Overpayment of Claim: We have the right to recover any overpayments due to fraud or any error We make in processing a claim. You must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from Your Beneficiary.

Conformity with State or Federal Statutes: If any provision of Your Certificate conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

CLAIM INFORMATION (continued)

Rights of Authority: When making a benefit determination under the Policy, We have the sole discretionary authority:

1. to determine Your or Your Dependent's eligibility, if applicable, for benefits;
2. to interpret the terms, conditions, limitations, and exclusions of the Policy; and
3. to interpret all other provisions of the Policy including the Certificate and any riders, endorsements or amendments.

We may delegate this discretionary authority to other entities or persons who provide services in regard to the administration of the Policy. This provision applies, only where the interpretation of the Policy is governed by the Employee Retirement Income Security Act (ERISA).

This provision:

1. does not prevent Your rights to bring legal action as stated in the Legal Action provision; and
2. does not serve to deprive any insurance department of its statutory rights and obligations.

Fraud: We will use all means necessary to support fraud detection, investigation, and prosecution. Submission of false or misleading information may result in denial of Your or Your Dependent's claim, and may be subject to prosecution and punishment to the full extent under state and/or federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

Contestability: We may not contest the validity of Your or Your Dependent's insurance, except for the non-payment of premiums, after it has been in force for two years from its date of issue. Statements made in any signed application relating to such insurability will not be used to contest the validity of the insurance after such insurance has been in force for two years from its date of issue. In the event Your insurance is rescinded, We will refund premiums paid for the periods such insurance is void. However, in the event of fraud, this clause will not affect Our right to contest claims made under the Accidental Death and Accidental Dismemberment Benefits.

Misstatement of Age: If Your or Your Dependent's age has been misstated, premiums will be adjusted. If the amount of the benefit is based on age, the benefit will be adjusted based upon Your or Your Dependent's correct age.

Workers' Compensation: The Policy does not provide benefits required by any Workers' Compensation laws.

DISABILITY EXTENSION BENEFIT

Disability Extension Benefit: We will continue Your Life Insurance while You are Totally Disabled and You:

1. are insured under the Policy at the time of Your Total Disability;
2. are less than age 65; and
3. continue to pay Your Life Insurance premium on a monthly basis.

The Disability Extension Benefit will continue if the Policy terminates after You become Totally Disabled; however, is subject to the Termination of the Disability Extension provision.

Total Disability or Totally Disabled: For purposes of this benefit, You will be considered Totally Disabled if You are unable to perform each and every duty of any job suited to Your education, training or experience.

If, for any reason, You are no longer Totally Disabled, and:

1. You return to Active Work in an Eligible Class, all of Your insurance will be reinstated subject to the terms of the Policy that are in effect on the reinstatement date; or
2. You do not return to Active Work within an Eligible Class, and You are not eligible for any other group life insurance, You are entitled to convert the applicable insurance according to the Conversion Right.

Proof of Total Disability: You must give Us proof of Total Disability:

1. on forms We provide;
2. no later than 12 months after the date You became Totally Disabled; and
3. within 60 days of Our request.

We may require You to be examined, initially and periodically, at Our expense, by a Physician, other medical practitioner or vocational expert of Our choice. After You have been Totally Disabled for more than 2 years from the date of Total Disability, We will not request proof more than once a year.

Amount of Life Insurance under the Disability Extension Benefit: The amount of Life Insurance continued will:

1. be the amount in force on the date You became Totally Disabled;
2. be subject to any age reductions or terminations shown in the Schedule of Benefits; and
3. not increase.

Death Benefit while Totally Disabled: If You die while insurance is being continued under this benefit, We will pay the death benefit if We receive proof that Total Disability was continuous from the date Total Disability began to the date of Your death.

Termination of the Disability Extension: Your insurance under the Disability Extension Benefit will terminate on the earliest of:

1. the date the required premium for Your insurance is not paid;
2. the date You reach age 65; or
3. the date You are no longer Totally Disabled.

REPATRIATION BENEFIT – LIFE

Repatriation Benefit: If You or Your Dependent sustain an Injury that results in death, We will pay a lump sum Repatriation Benefit, if:

1. Your or Your Dependent's death occurs:
 - a. more than 100 miles from; and
 - b. outside the territorial limits of the state or country of; the deceased person's permanent place of residence; and
2. expenses are incurred for the preparation and transportation of the deceased person's body to a mortuary near the deceased's permanent place of residence.

The benefit payable is the lesser of:

1. actual expenses incurred; or
2. the amount shown in the Schedule of Benefits.

The benefit is payable to the person who incurs the expenses. This benefit is paid in addition to any other benefits provided under the Policy.

ADAPTIVE HOME AND VEHICLE BENEFIT

Adaptive Home and Vehicle Benefit: 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 a lump sum Adaptive Home and Vehicle Benefit.

The Adaptive Home and Vehicle Benefit pays a benefit for the one-time cost of alterations to the insured injured person's:

1. principal residence; and/or
2. private automobile;

to make the residence accessible and/or the private automobile drivable or rideable. The costs must be incurred within two years from the date of the 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/or
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 benefit payable will be the lesser of:

1. the actual cost of the alterations; or
2. the amounts shown in the Schedule of Benefits.

This benefit is in addition to the Loss benefit payable under the Accidental Death and Dismemberment Benefit.

COMMON CARRIER HAZARD BENEFIT

Common Carrier Hazard Benefit: If You or Your Spouse sustain a Common Carrier Hazard Injury that results in Loss of life payable under the Accidental Death and Dismemberment Benefit, We will pay a lump sum Common Carrier Hazard Benefit.

The Common Carrier Hazard Benefit amount:

1. is the lesser of the amounts shown in the Schedule of Benefits; and
2. is in addition to the Loss of life benefit payable under the Accidental Death and Dismemberment Benefit.

Common Carrier Hazard means the Injury occurs:

1. while riding as a passenger (not as a pilot or crew member) on a Common Carrier or Military Transport Aircraft;
2. as a result of a parachute jump from an aircraft as described in item 1 above for any purpose other than recreational;
or
3. as a result of being struck by an aircraft as described in item 1 above.

Common Carrier means a conveyance operated by a business, other than the Employer, organized and licensed for the transportation of passengers for hire and operated by that business. Common Carrier will not mean any such conveyance which is:

1. an aircraft owned, operated, chartered or leased by or for the Employer; or
2. hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.

Military Transport Aircraft means a transport aircraft operated by:

1. the United States Air Mobility Command (AMC); or
2. the national military air transport service of a governmental authority recognized by the United States.

EDUCATION BENEFIT

Education Benefit: If You sustain an Injury that results in a Loss of life payable under the Accidental Death and Dismemberment Benefit, We will pay an Education Benefit.

Benefit Payable: The benefit is payable for each unmarried child under age 26 who provides proof that on the date of Your death:

1. they were enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level; or
2. if, at the 12th grade level, they enroll in an accredited post-secondary institution of higher learning within 365 days following the date of Your death.

The benefit amount is the lesser of the amounts shown in the Schedule of Benefits. This benefit is paid in addition to any other benefits provided under the Policy.

We will not pay more than:

1. one Education Benefit per child during any one school year; and
2. the Maximum Benefit Amount for all Education Benefits combined as shown in the Schedule of Benefits.

The Education Benefit will terminate for each child on the earliest of the date:

1. the child fails to furnish proof required by Us;
2. the child no longer meets the requirements stated in the Benefit Payable provision; or
3. on which the fourth Education Benefit has been paid.

REHABILITATIVE PHYSICAL THERAPY BENEFIT

Rehabilitative Physical Therapy Benefit: If You or Your Dependents:

1. sustain an Injury which results in a loss other than Loss of life, payable under the Accidental Death and Dismemberment Benefit; and
2. are prescribed rehabilitative physical therapy by Your or Your Dependent's attending Physician;

We will pay a Rehabilitative Physical Therapy Benefit.

The benefit payable is the lesser of the amounts shown in the Schedule of Benefits. This benefit is in addition to the benefit payable under the Accidental Death and Dismemberment Benefit.

This benefit will be divided into 12 equal monthly payments.

Benefits will end if Your or Your Dependent's attending Physician determines that rehabilitative physical therapy is no longer necessary.

REPATRIATION BENEFIT- ACCIDENTAL DEATH

Repatriation Benefit: If You or Your Dependent sustain an Injury that results in a Loss of life benefit payable under the Accidental Death and Dismemberment Benefit, We will pay a lump sum Repatriation Benefit, if:

1. Your or Your Dependent's death occurs:
 - a. more than 100 miles from; and
 - b. outside the territorial limits of the state or country of; the deceased person's permanent place of residence; and
2. expenses are incurred for the preparation and transportation of the deceased person's body to a mortuary near the deceased's permanent place of residence.

The benefit payable is the lesser of:

1. actual expenses incurred; or
2. the amounts shown in the Schedule of Benefits.

The benefit is payable to the person who incurs the expenses. This benefit is paid in addition to any other benefits provided under the Policy.

Spouse Education or Occupational Training Benefit

Spouse Education or Occupational Training Benefit: If You sustain an Injury that results in a Loss of life benefit payable under the Accidental Death and Dismemberment Benefit, We will pay a Spouse Education or Occupational Training Benefit to Your surviving spouse if Your spouse is enrolled in a post-secondary institution or Occupational Training program, for the purpose of obtaining an independent source of support and maintenance, and is within 3 months of the date of Your death.

The benefit payable is the lesser of:

1. the Expense Incurred for the training; or
2. the amounts shown in the Schedule of Benefits.

Occupational Training means any:

1. educational;
2. professional; or
3. trade training;

program which prepares the spouse for an occupation for which they were 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 1 year of the date of Your death.

CERTIFICATE MODIFICATIONS RIDER

Modification(s) to the Certificate

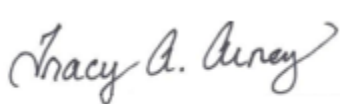
Policyholder: ABC Company

Policy Number: 1234

It is agreed that the Certificate is amended as follows:

Effective January 1, 2024, with respect to residents of the states as shown on the subsequent pages, the following provisions amend, replace or are added, when applicable, to the Certificate, and all other conditions apply:

Signed for UnitedHealthcare Insurance Company by:



Tracy A. Arney, Secretary



Jessica Paik, President

UnitedHealthcare Insurance Company
Hartford, Connecticut 06103-3408

CERTIFICATE MODIFICATIONS RIDER

STATUTORY PROVISIONS

ALASKA

Residents of the state of Alaska, the following provisions are included to bring your Certificate into conformity with Alaska state law:

Definitions

If **Domestic Partner** coverage is included, it is amended so that any references to gender (i.e., “of the opposite or same sex” or “of the same sex”) are removed.

Exclusions and Limitations

If Accidental Death and Dismemberment coverage is included, and

- the hazardous activities exclusion is included, it is amended to remove any reference to off road vehicles.
- the travel/flight exclusion is amended with regard to charter flights by deleting the phrase “seating 15 or more people.”

Claim Information

Overpayment of Claim is amended to advise that we have the right to recover any overpayments within 180 days of payment of a benefit.

ARKANSAS

Residents of the state of Arkansas, the following provision is included to bring your Certificate into conformity with Arkansas state law:

Insurer Information Notice

Any questions regarding the Policy may be directed to:
UnitedHealthcare Insurance Company
Administrative Offices
9900 Bren Road East
Minnetonka, MN 55343
1-866-615-8727

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:
Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, Arkansas 77202

Eligibility, Effective Date, and Termination

If Dependent coverage is included, **Continuation of an Incapacitated Child** is amended to remove the 31 day notice requirement of the incapacity.

CERTIFICATE MODIFICATIONS RIDER

IDAHO

Residents of the state of Idaho, the following provision is included to bring your Certificate into conformity with Idaho state law:

Insurer Information Notice

Any questions regarding the Policy may be directed to:

UnitedHealthcare Insurance Company
Administrative Offices
9900 Bren Road East
Minnetonka, MN 55343
1-866-615-8727

If the question is not resolved, you may contact the Idaho Department of Insurance:

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

MINNESOTA

Minnesota has determined that its statutory requirements apply to Minnesota residence when non-Minnesota situated Employers have 25 or more Employees residing in Minnesota.

Any questions regarding these statutory requirements may be directed in writing to:

UnitedHealthcare Specialty Benefits
Contract Services
Administrative Offices
9900 Bren Road East
Minnetonka, MN 55343

Definitions

If Dependent coverage is included, the definition of **Child** is amended to include a grandchild(ren).

Life Insurance Benefit and Conversion Right

Conversion Right is amended to remove the eligibility requirement for You or Your Dependent to have been insured under the policy for 5 years or more.

Exclusions and Limitations

If Accidental Death and Dismemberment coverage is included, and the hazardous activities exclusion is included, it is amended to only exclude organized auto racing.

Claim Information

Time of Claim Payment is amended to be paid not more than 30 days after receipt of due Proof of Claim.

Legal Actions is amended to extend the timeframe in which no suit may be brought from three years after the date of loss to five years.

CERTIFICATE MODIFICATIONS RIDER

Louisiana

Residents of the state of Louisiana, the following provision is included to bring your Certificate into conformity with Louisiana state law:

Applicable to Policies that include an Accelerated Death Benefit:

Notice: The Accelerated Death Benefit payment may be taxable. You or Your Spouse or Domestic Partner should seek assistance from Your personal tax advisor regarding taxes that may need to be paid as the result of claiming an Accelerated Death Benefit.

All places and references within the Certificate, that mention or speak to your spouse, will also include the reference to Domestic Partner.

Definitions

If Dependent coverage is included, the definition of **Child** is amended to include a Child placed for adoption, a grandchild(ren) in legal custody and residing with You, or a foster Child.

If Dependent coverage is included, and Eligible Student coverage is included, the definition of **Eligible Student** is amended to include a grandchild in legal custody,

If Dependent coverage is included, the definition of **Incapacitated Child** is amended to include grandchild(ren), and to remove any requirement that the Child be unmarried.

Claim Information

Payment of Claim is amended to include accrued interest on benefits starting 20 days from the date of receipt of Proof of Claim.

Time of Claim Payment is amended be paid not more than 60 days after receipt of proof of death. If We fail to do so, without just cause, the amount due will bear interest of 8% per annum from the date We receive due proof of death.

Legal Actions is amended to extend the timeframe in which no suit may be brought from three years after the date of loss to five years.

MISSOURI

Residents of the state of Missouri, the following provision is included to bring your Certificate into conformity with Missouri state law:

Waiver of Premium

If Waiver of Premium coverage is included, the definition of Total Disability or Totally Disabled is amended to include: "After You have been disabled for a period of 12 months, You will be considered Totally Disabled if You are unable to perform the material and substantial duties of any job suited to Your education, training or experience."

Claim Information

Time of Claim Payment is amended be paid not more than 30 days after receipt of due Proof of Claim.

CERTIFICATE MODIFICATIONS RIDER

MONTANA

Residents of the state of Montana, the following provision is included to bring your Certificate into conformity with Montana state law:

Life Insurance Benefit and Conversion Right

Conversion Right is amended to reduce the eligibility requirement for You or Your Dependent to have been insured under the policy, from 5 years to 3.

Claim Information

Time of Claim Payment is amended to be paid not more than 30 days after receipt of due Proof of Claim.

Overpayment of Claim is amended to limit the time frame for Us to request reimbursement for overpayment to 30 days.

NORTH CAROLINA

Residents of the state of North Carolina, the following provision is included to bring your Certificate into conformity with North Carolina state law:

Cancellation notice disclosure:

Important Cancellation Information. Please read the provision entitled Covered Person Termination of Insurance in the Eligibility, Effective Date and Terminations Provisions Section.

The Policy provides all of the benefits mandated by North Carolina Insurance Code, however, is issued under a group master policy located in another state and may be governed by that state's regulations.

Definitions

If Dependent coverage is included, the definition of **Hospital** is amended to include: "In North Carolina, Hospital also means a duly licensed State tax-supported institution which may be a specialty facility for one particular type of illness or one that may not have an operating room and related equipment for surgery. State tax-supported institutions includes community mental health centers and other health clinics which are certified as Medicaid providers."

Eligibility, Effective Date and Termination Provisions

If Dependent coverage is included, **Continuation of an Incapacitated Child** is amended to require proof of continued incapacity not more than once per year.

Portability

If **Portability** coverage is amended to remove: "You may not Port Your insurance if Your Termination of employment is due to Sickness or Injury." Also, providing Evidence of Insurability for all Ported amounts that exceed Your insurance or \$250,000, or your Spouse of \$100,000", is removed.

Exclusions and Limitations

If Accidental Death and Dismemberment coverage is included, and

- the Act of Accident of War exclusion is included, it is amended to include "The term "war" does not mean an act of terrorism. This exclusion does not apply if an insured is a known service member and such was known at the time of enrollment."
- the exclusion for Injury is included, it is replaced with: "Injury arising out of or in the course of any occupation or employment for pay or profit, services or supplies for the treatment of an occupational Injury or Sickness for which Your or Dependent are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. This exclusion does not apply if this insurance is issued on a 24 hour basis as shown in the Schedule of Benefits."

Claim Information

CERTIFICATE MODIFICATIONS RIDER

Proof of Claim is amended to extend the timeframe in which written proof of claim must be filed, to 180 days. Also, if Accidental Death and Dismemberment or Waiver of Premium coverage is included, for continued Disability, if under the Regular Care of a Physician, the proof will be provided at Our expense.

NORTH DAKOTA

Residents of the state of North Dakota, the following provision is included to bring your Certificate into conformity with North Dakota state law:

Right to return disclosure:

You have 20 days to review this Certificate. If You are not satisfied for any reason, You may send the Certificate back to Us within 20 days of its delivery. In that event, We will consider it void and refund all premium paid by You.

Claim Information

Time of Claim Payment is amended be paid not more than 2 months after receipt of due Proof of Claim.

Legal Actions is amended to extend the timeframe in which no suit may be brought from three years after the date of loss to five years.

OKLAHOMA

Residents of the state of Oklahoma, the following provision is included to bring your Certificate into conformity with Oklahoma state law:

Disclosure notice:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Exclusions and Limitations

If the **Life Insurance Exclusion** is included, it is amended as follows: "No benefit will be paid for Your or Your Dependent's loss of life contributed to or caused by an act or accident of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer."

If Accidental Death and Dismemberment coverage is included, and the Act of Accident of War exclusion is included, it is amended as follows: "an act or Accident of war, declared or undeclared, while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer."

CERTIFICATE MODIFICATIONS RIDER

TEXAS

Residents of the state of Texas, the following provision is included to bring your Certificate into conformity with Texas state law:

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

UnitedHealthcare Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: UnitedHealthcare Insurance Company

Toll-free: 1-866-615-8727

Mail: United HealthCare Insurance Company Administrative Offices
9900 Bren Road East, Minnetonka, MN 55343

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance,
P.O. Box 12030, Austin, TX 78711-2030

CERTIFICATE MODIFICATIONS RIDER

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

UnitedHealthcare Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: UnitedHealthcare Insurance Company

Teléfono gratuito: 1-866-615-8727

Dirección postal: United HealthCare Insurance Company Administrative Offices,
9900 Bren Road East, Minnetonka, MN 55343

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC: CO-CP,
Texas Department of Insurance,
P.O. Box 12030, Austin, TX 78711-2030

07/2023

If **Accelerated Death Benefit** coverage is included, the below disclosure applies:

If The Accelerated Death Benefit offered under this contract may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the Accelerated Death Benefit qualifies for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to the Accelerated Death Benefit are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive the Accelerated Death Benefit excludable from income under federal law.

Receipt of the Accelerated Death Benefit may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

CERTIFICATE MODIFICATIONS RIDER

Definitions

If Dependent coverage is included, the definition of **Child** is amended as follows:

Child means Your Dependent Child who is under the Dependent Child Maximum Age shown in the Schedule of Benefits and who is:

1. a natural Child;
2. a stepchild;
3. a legally adopted Child or adopted grandchild or prior to an adoption if:
 - a. the Covered Person or the Covered Person's Spouse is a party in a suit in which the adoption of the Child is sought; or
 - b. the Child is placed with the Covered Person or Covered Person's Spouse for the purpose of adoption, from the moment of placement as certified by the agency making the placement, whichever is earlier;
4. a foster Child;
5. a grandchild who is a dependent of the Covered Person or the Covered Person's Spouse for federal income tax purposes at the time the application for coverage of the grandchild is made. Coverage for a grandchild of the Covered Person or the Covered Person's Spouse may not be terminated solely because the covered grandchild is no longer a dependent of the insured for federal income tax purposes;
or
6. a Child for whom legal guardianship has been awarded to the Covered Person or the Covered Person's Spouse.

Accelerated Death Benefit

If **Accelerated Death Benefit** coverage is included, the life expectancy of less than 12 months, is extended to 24 months.

Portability

If **Portability** coverage is amended to remove the requirement of providing Evidence of Insurability for all Ported amounts that exceed Your insurance or \$250,000, or your Spouse of \$100,000.

Claim Information

Time of Claim Payment is amended be paid not more than 2 months after receipt of due Proof of Claim.

SUMMARY PLAN DESCRIPTION

Name of Plan: Wisconsin Health Fund

Name, Address and Telephone Number of Plan Sponsor:

Wisconsin Health Fund
6200 West Bluemound Rd
Milwaukee WI 53201
(414) 479-3688

Employer Identification Number (EIN): 39-6063342

IRS Plan Number: 501

Effective Date of Plan: January 1, 2024

Type of Plan: Welfare benefit plan

Name, Business Address, and Business Telephone Number of Plan Administrator:

Wisconsin Health Fund
6200 West Bluemound Rd
Milwaukee WI 53201
(414) 479-3688

Insurance Carrier:

UnitedHealthcare Insurance Company
Minnetonka, MN

Type of Administration of the Plan:

The Plan is administered on behalf of the Plan Administrator by the Insurance Carrier pursuant to the terms of the group insurance policy issued by the Insurance Carrier.

Person designated as agent for service of legal process:

HR Manager

Source of contributions and funding under the Plan:

The Plan is funded by the payment of premium required by the insurance policy.

Method of calculating the amount of contribution: Employee required contributions to the Plan Sponsor are the employee's share of costs as determined by the Plan Sponsor. From time to time the Plan Sponsor will determine the required employee contributions for reimbursement to the Plan Sponsor and distribute a schedule of such required contributions to employees.

Date of the end of the year for purposes of maintaining Plan's fiscal records: Plan year shall be a twelve-month period ending December 31.

Plan Details: The Plan's provisions relating to eligibility to participate and termination of eligibility as well as a description of the benefits provided by this Plan are described in detail in the Covered Person's Certificate of Coverage which precedes this ERISA information.

Plan Amendment and Termination: The Plan Sponsor reserves the right to modify, suspend or terminate this Plan at any time. The Employer does not promise the continuation of any benefits nor does it promise any specific level of benefits at or during retirement. Any benefits, rights or obligations of participants and beneficiaries under this Plan following termination are described in detail in the Covered Person's Certificate of Coverage which precedes this ERISA information.

The Plan Sponsor adopts all provisions of the insurance policy issued by the Insurance Carrier, as amended from time to time, as part of this Plan when it arranges for and maintains the insurance provided for in the policy.

This provision applies only where the interpretation of the Policy is governed by the Employee Retirement Income Security Act (ERISA).

STATEMENT OF EMPLOYEE ERISA RIGHTS

The Employee Retirement Income Security Act of 1974 (ERISA) guarantees certain rights and protections to participants of welfare plans. Federal law and regulations require that a "Statement of ERISA Rights" be included in this description of the Plan.

You may examine, without charge, all Plan documents, including any insurance contracts, collective bargaining agreements, annual reports, summary plan descriptions and other documents filed with the Department of Labor. You can examine copies of these documents in the Plan Administrator's office or at other specified locations, or you can ask your supervisor where copies of the documents are available.

If you want a personal copy of Plan documents or related material, you should send a written request to the Plan Administrator. You will be charged only the actual cost of these copies.

You are entitled to receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. These individuals, called "fiduciaries," have an obligation to administer the Plan prudently and to act in the interest of Plan participants and beneficiaries. The named fiduciary for this Plan is the Plan Sponsor. No one, including the Employer or any other person, may fire a Covered Person or otherwise discriminate against a Covered Person in any way to prevent that person from obtaining a benefit or exercising their rights under ERISA.

When you become eligible for payments from the Plan, you should follow the appropriate steps for filing a claim. In case of claim denial, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have your claim reviewed and reconsidered.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials 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 you the materials and pay you up to \$110 per day until you receive your 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 a suit in a state or federal court provided you have exhausted the procedures and complied with the timeframes for review of the adverse claim decision provided below. 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 costs and legal fees. For example, if you are successful, the court may order the person you sued to pay those costs and fees. If you lose or if the court finds your suit to be frivolous, you may be ordered to pay these costs and fees.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, contact the nearest Area Office of the Employee Benefits Security Administration, United States 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, D.C. 20210.

CLAIMS DENIAL FOR LIFE INSURANCE

Notice of a decision to deny a claim (in whole or in part) shall be furnished to the claimant within 90 days following the receipt of the claim or within 90 days following the expiration of the initial 90 day period, in a case where there are special circumstances requiring extension of time for processing the claim. If special circumstances require an extension of time for processing the claim, written notice of the extension shall be furnished to the claimant prior to the expiration of the initial 90 day period.

The notice of extension shall indicate the special circumstances requiring the extension and the date by which the notice of decision with respect to the claim is expected to be furnished. If a claim is denied (in whole or in part) notice shall be provided to the claimant in writing and shall set forth: 1) the reason(s) for the denial; 2) reference to the provision(s) of the Plan on which the denial is based; 3) a description of any additional material or information necessary for the claimant to perfect the claim, if the claim was denied because the claimant failed to provide all necessary information, and an explanation of why such material or information is necessary; and 4) an explanation of the claim review procedure. If written notice of the denial is not furnished to the claimant within 90 days (or if an extension was required, 180 days) from the date the claim was received, the claim shall be deemed denied and the claimant shall then be permitted to proceed with the procedure set forth below.

REVIEW OF DENIED CLAIMS AND COMPLAINT PROCEDURE FOR LIFE INSURANCE

If a covered person or any person claiming through a covered person wishes to have a denied claim reviewed, a written request must be sent to the address identified in the claim denial letter.

Any complaint or dispute related to review of denied claims shall be resolved in accordance with the procedure set forth by the Plan Sponsor and outlined below.

1. The complainant may contact the Insurance Carrier's service representative in an attempt to resolve the complaint in an informal manner.
2. If the complainant is not satisfied with any attempts at informal resolution, the complainant must submit a written request for review of a denied claim or a written notice of the complaint or dispute to the address identified on the claim denial letter within 60 days of receipt of the claim denial notice. The complainant may submit supporting documentation or information to be considered. The complainant must submit any requested additional information or documents.
3. A written notice of the final decision will usually be sent to the complainant within 60 days of receipt of the written request for review of a denied claim or notice of a complaint or dispute. However, if special circumstances require an extension of time to reach a final decision, written notice of the final decision will be sent as soon as possible following the expiration of the initial 60 day period, but no later than 120 days following receipt of the request for review of a denied claim or notice of a complaint or dispute. If special circumstances require such an extension of time, written notice of the extension shall be furnished to the complainant prior to the expiration of the initial 60 day period. The written notice of the final decision will give specific reason(s) for the decision and references to the provision(s) of the Plan on which the decision is based. If the final written decision is not furnished to the complainant within 60 days (or if an extension was required, 120 days) from the date of receipt of the request for review of a denied claim or notice of a complaint or dispute, the request for review or the complaint or dispute shall be deemed to be rejected and denied on review.