

SERFF Tracking Number: HARL-126754946 State: Arkansas  
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 46481  
Company Tracking Number: GBD-1100\_GCF\_50 STATE REDRAFT\_2010\_08  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GCF\_AR\_HLA\_Life\_GBD-1100 (10/08)\_2010 50 State Redraft  
Project Name/Number: /

## Filing at a Glance

Company: Hartford Life and Accident Insurance Company

Product Name: GCF\_AR\_HLA\_Life\_GBD-1100 SERFF Tr Num: HARL-126754946 State: Arkansas  
(10/08)\_2010 50 State Redraft

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- State Tr Num: 46481  
Closed

Sub-TOI: L04G.500 Other

Co Tr Num: GBD-1100\_GCF\_50 State Status: Approved-Closed  
STATE REDRAFT\_2010\_08

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Nancy Foohey, Yolanda Disposition Date: 08/13/2010  
Topps, Renee Torrito, Kathie Read,  
Lisa Mona

Date Submitted: 08/12/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 06/15/2010

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association,  
Trust

Filing Status Changed: 08/13/2010

Explanation for Other Group Market Type:

State Status Changed: 08/13/2010

Deemer Date:

Created By: Renee Torrito

Submitted By: Nancy Foohey

Corresponding Filing Tracking Number:

Filing Description:

New Submission Group Life Insurance

Form GBD-1100 (10/08) Group Life Insurance Certificate

SERFF Tracking Number: HARL-126754946 State: Arkansas  
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Form GBD-1000 A (10/08) series Policy of Incorporation  
(See attached forms list)

Form PA-9394 (10/08) Amendatory Rider

We are submitting the enclosed forms for your review and approval on a general use basis. We have redrafted our Certificate forms to enhance consistency, clarity and readability.

These forms are new and are a redrafting of Certificate forms Life Insurance Certificate Form GBD-1100 A.I et. al. approved by your Department on February 17, 2004, under Tracking No. 25069 and Policy of Incorporation (POI) forms Policy of Incorporation Form GBD-1000 A, et al. approved by your Department on November 5, 2003, under Tracking No. 24416. These forms do not replace any forms on file with your Department.

The forms included in this filing are intended for use with eligible group policyholders, including but not limited to employer-employee groups, association/affinity groups and union groups as defined and allowed by the laws and regulations of your state.

The Policy of Incorporation (POI) consists of a face page and insert pages. Each page comprising the POI is identified by a form number in the bottom left hand corner. When the Policy of Incorporation is assembled, it will retain the form number on the bottom of each page. The Certificate of Insurance and Amendatory Rider will be incorporated into and made part of the POI. The POI, issued on Form GBD-1000 A (10/08) will also be submitted under a separate cover letter to the Health bureau for review for use with disability insurance coverage. To help you easily identify the pages for your review and approval, a list of the pages with form numbers is included.

The Certificate of Insurance is presented for filing in modular format with each module assigned a separate number. We reserve the right to change the order of the modules and placement of the sections so that they may appear in a different order from what is filed. Additionally, we reserve the right to relocate modules from the Definitions section to another section within the Certificate of Insurance. When the Certificate of Insurance is assembled, the basic form number will appear on the face page of the Certificate of Insurance and the pages will be run in continuous text, without the module numbers.] When the Amendatory Rider as referenced in the forms listing above is produced, the form number will appear on the lower left corner on the first page of the Amendatory Rider. A list of the modules and forms is included.

Variable language in the Policy of Incorporation, Certificate of Insurance and Amendatory Rider forms is indicated by brackets. Language within brackets may or may not be included or we may make additions to, deletions from, or otherwise change the language within the brackets as defined and allowed by the laws and regulations of your state.

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Commonly accepted rules of grammar, punctuation and formatting will be applied to the Certificate of Insurance and Amendatory Rider. Words that are defined terms will be capitalized throughout the Certificate of Insurance and Amendatory Rider where appropriate. If a definition is not used, the corresponding words will not be capitalized. Numbers may be expressed in alpha or numeric format. Lists will be renumbered/relettered and moved to the appropriate location within the list. When text within the bracketed areas is deleted, spacing will be appropriately adjusted. When variable text from a page or pages is not included in the Certificate of Insurance, which would cause a blank page or blank pages to print, the blank page(s) will be removed from the Certificate of Insurance.

The Amendatory Rider as referenced in the forms listing above amends Certificates of Insurance as defined and allowed by the laws and regulations of your state. These amendments include but are not limited to accommodations of policyholder plan features and changes, or providing state specific requirements. For policies situated in your state insuring residents of other states, the Amendatory Rider provides state specific requirements mandated by those other states for their residents. For policies not issued in your state, the Amendatory Rider provides state specific requirements mandated by your state for your residents when insured under a policy situated in another state.

If you have any questions or comments, please call me at (860) 843-8311. If it would be more convenient to fax or email your comments, my fax number is (860) 392-3848 and my email address is Renee.Torrito@hartfordlife.com.

Thank you in advance for your consideration. We look forward to your approval in the near future.

## Company and Contact

### Filing Contact Information

Lisa Mona, Lisa.Mona@hartfordlife.com  
200 Hopmeadow St. 860-843-3641 [Phone]  
Simsbury, CT 06089

### Filing Company Information

Hartford Life and Accident Insurance Company CoCode: 70815 State of Domicile: Connecticut  
200 Hopmeadow Street Group Code: 91 Company Type: Life  
Simsbury, CT 06089 Group Name: State ID Number:  
(860) 547-5000 ext. [Phone] FEIN Number: 06-0838648

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No

SERFF Tracking Number: HARL-126754946 State: Arkansas  
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Product Name: GCF\_AR\_HLA\_Life\_GBD-1100 (10/08)\_2010 50 State Redraft  
Project Name/Number: /  
Fee Explanation: Policy/Certificate package \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Accident Insurance Company	\$50.00	08/12/2010	38737416

SERFF Tracking Number: HARL-126754946 State: Arkansas  
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Product Name: GCF\_AR\_HLA\_Life\_GBD-1100 (10/08)\_2010 50 State Redraft  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/13/2010	08/13/2010

SERFF Tracking Number: HARL-126754946 State: Arkansas  
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Project Name/Number: /

## Disposition

Disposition Date: 08/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HARL-126754946 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life Insurance Module List		Yes
Supporting Document	Policy of Incorporation Forms List		Yes
Form	Group Term Life Insurance		Yes
Form	Policy of Incorporation		Yes

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## Form Schedule

### Lead Form Number: GBD-1100 (10/08)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GBD-1100 (10/08)	Certificate	Group Term Life Insurance	Initial		41.700	AR_Certificate_Life_GBD-1100 (10-08)_HLA.pdf
	GBD-1000 (10/08)	Policy/Contract Certificate	Policy of Fraternal Incorporation	Initial		42.300	AR_Policy_Form_POI_GBD-1000 (10-08)_HLA.pdf



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

[200 Hopmeadow Street  
Simsbury, Connecticut 06089]  
(A stock insurance company)

**CERTIFICATE OF INSURANCE**

[[Policyholder]: ABC Policyholder]

[[Policy] Number: GL-123456]

[[Policy] Effective Date: January 1, 2009]

[[Policy] Anniversary Date: January 1, 2010]

[[Participating] [Employer]: ABC Employer]

[Account Number: 1234567]

[[Participating] [Employer] Effective Date: October 1, 2009]

[[Participating] [Employer] Anniversary Date: October 1, 2010]

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

[Signed for the Company

Ricardo A. Anzaldua, Secretary

John C. Walters, President

]

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**[READ YOUR CERTIFICATE CAREFULLY**

You have a right to examine Your certificate. If You are not satisfied, You may return it to Us within [30] days from the date You received Your certificate. In that event, We will consider it void from its Effective Date and any premiums paid will be refunded. Any claims paid under The [Policy] during the initial [30] day period will be deducted from the refund.]

*A note on capitalization in this Certificate:*

Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in The [Policy] or refers to a specific provision contained herein.

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[Certificate Face Page

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[GBD-1100 A01 (10/08)]

## [SCHEDULE OF INSURANCE

### HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

#### Term Life Insurance

[Participating] Entity: ABC Entity

<b>[POLICYHOLDER]:</b> ABC Policyholder	<b>CERTIFICATE NUMBER:</b> 789123	<b>CERTIFICATE EFFECTIVE DATE:</b> January 1, 2010
<b>[POLICY] NUMBER:</b> 123456	<b>FIRST PREMIUM:</b> \$12	<b>SCHEDULE EFFECTIVE DATE:</b> January 1, 2010
<b>YOUR NAME:</b> Jane Doe	<b>RENEWAL PREMIUM:</b> \$13	<b>RENEWAL PREMIUM DUE DATE:</b> January 1, 2011
	<b>[POLICY] AGE LIMIT:</b> 60 years of age	<b>RENEWAL PREMIUM PERIOD:</b> January 1, 2011 to January 1, 2012

Premiums may change on any renewal date, and will always increase on the renewal date occurring on or next following the date a person covered under The [Policy] attains Ages 30, 35, 40, 45, 50, 55, 60, And 65.

Your premium will remain unchanged for 10 years.

You [or Your Spouse] cannot be covered under more than two Certificates or [Policies] which contain a plan of Simplified Issue Term Level Life Insurance, issued by Us.

Your [or Your Spouse's] total Level Term Life Benefit Amount under this Term Life Insurance [Policy] issued by Us cannot exceed two times the maximum face amount.

If coverage exceeds the Aggregate Coverage Maximum (Under Age 70; \$300,000, Age 70 to 80; \$150,000) premiums paid for coverage over the Aggregate Coverage Maximum will be refunded. (The Aggregate Limit is the total amount of Simplified Issue Term Life Insurance an insured may have in force with Us under two Certificates of Insurance or Policies.)

#### Disclosure of Fees:

We may reduce or adjust premiums, rates, fees and/or other expenses for programs under The [Policy].

#### Disclosure of Services:

In addition to the insurance coverage, [the Policyholder] may offer noninsurance benefits and services to Active [Members] based on [the Policyholder's] plan design, programs and/or leave arrangements.

#### Disclosure of Payment to [the Policyholder]:

We have agreed to make payment to [the Policyholder] for reimbursement of cost(s) associated with:

- 1) audit;
- 2) marketing communication services; and
- 3) other administrative expenses.

#### Category of Person

#### Amount of Life Insurance

#### Life Insurance Benefit

#### Standard Issue Program

#### Basic Amount of Life Insurance

You	\$10,000
Your Spouse	\$5,000
Your Dependent Child(ren)	
a) under 6 months of age	\$500
b) 6 months or older	\$1,000

#### Supplemental Amount of Life Insurance

You	\$5,000
Your Spouse	\$1,000

**Guaranteed Issue Program**

You \$15,000  
Your Spouse \$5,000

**Modified Guaranteed Issue Program**

You only	1 <sup>st</sup> coverage year	\$1,000	4 <sup>th</sup> coverage year	\$4,000
	2 <sup>nd</sup> coverage year	\$2,000	5 <sup>th</sup> coverage year and beyond	\$5,000
	3 <sup>rd</sup> coverage year	\$3,000		

**Aggregate Coverage Maximum:** Your coverage under this and all level term life policies issued by Us to [the Policyholder] can not exceed \$1,000,000.

**Accidental Death and Dismemberment Benefit**

**Principal Sum:** \$10,000

**Dependent Accidental Death and Dismemberment Benefit**

**Principal Sum**

Your Spouse: \$5,000

Your Dependent Child(ren)  
newborn to age 19: \$1,000

**Reduction in Amount of Life Insurance**

We will reduce the Amount of Life Insurance for You and Your [Dependents] by any amount of Life Insurance paid in accordance with:

- 1) the Critical Illness Benefit; or
- 2) the Accelerated Benefit.

**Reduction in Amount of Coverage Due to Age**

Your total Amount of Life Insurance or Your Spouse's total Amount of Life Insurance will be reduced by 50% on the Premium Due Date next following the date You or he or she attains age 65. This reduction will also apply to the Accidental Death and Dismemberment Benefit.

**Additional Benefits:**

**Accelerated Benefit:**

see benefit

**Critical Illness Benefit:**

see benefit

**Ability Plus Benefit:**

see benefit

**Additional Accidental Death and Dismemberment Benefits (You Only):**

**Seat Belt Benefit Amount**

Percentage of Accidental Death and Dismemberment Principal Sum: 10%  
Maximum Amount: \$10,000  
Minimum Amount: \$1,000

**Air Bag Benefit Amount**

Percentage of Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$10,000

**Repatriation Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 5%

Maximum Amount: \$5,000

**Felonious Assault Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 10%  
Maximum Amount: \$10,000

**Child Education Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

**Day Care Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

**Rehabilitation Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500

**Spouse Education Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

**Adaptive Home and Vehicle Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500

**Coma Benefit**

Waiting Period: 30 Days

Maximum Amount: Supplemental Accidental Death and Dismemberment Principal Sum less all other Accidental Death and Dismemberment payments under The [Policy] for the Injury

**Critical Burn Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

**Therapeutic Counseling Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

[GBD-1100 B01 (10/08)]

## [SCHEDULE OF INSURANCE

The benefits described herein are those in effect as of: February 1, 2010

### Cost of coverage:

#### Non-Contributory Coverage:

Basic Life Insurance  
Basic Dependent Life Insurance  
Accidental Death and Dismemberment  
Supplemental Life Insurance,  
Supplemental Dependent Life Insurance  
Supplemental Accidental Death and Dismemberment  
Retiree Life Insurance

#### Contributory Coverage:

Basic Life Insurance  
Basic Dependent Life Insurance  
Accidental Death and Dismemberment  
Supplemental Life Insurance,  
Supplemental Dependent Life Insurance  
Supplemental Accidental Death and Dismemberment  
Retiree Life Insurance

### Disclosure of Fees:

We may reduce or adjust premiums, rates, fees and/or other expenses for programs under The [Policy].

### Disclosure of Services:

In addition to the insurance coverage, [the Policyholder] may offer noninsurance benefits and services to Active [Employees] based on [the Policyholder's] plan design, programs and/or leave arrangements.

### Disclosure of Payment to [the Policyholder]:

We have agreed to make payment to [the Policyholder] for reimbursement of cost(s) associated with:

- 1) audit;
- 2) marketing communication services; and
- 3) other administrative expenses.

**Eligible Class(es) For Coverage:** All Full-time Active [Employees] who are citizens or legal residents of the United States, its territories and protectorates; excluding temporary, leased or seasonal [employees], and including Retirees.

Class 1	Full-time Employment:	at least 40 hours weekly
Class 2	Part-time Employment:	at least 20 hours weekly, but less than 25 hours weekly, excluding on-call hours.
Class 3	Retirees:	former Active [Employees] who meet the definition of Retiree, as shown in the Definitions, excluding on-call hours.

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

### Eligibility Waiting Period for Coverage:

- 1) 0 days – if You are Actively at Work for [the Employer] on the [Policy] Effective Date; or
- 2) 30 days – if You start working for [the Employer] after the [Policy] Effective Date.

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

### Life Insurance Benefit

#### Amount of Life Insurance:

##### Basic Amount of Life Insurance

Guaranteed Issue Amount	Class 1	\$10,000
	Class 2	\$8,000
	Class 3	\$5,000
Maximum Amount	Class 1	\$50,000
	Class 2	\$30,000

Class 3      \$20,000

Supplemental Amount of Life Insurance

Guaranteed Issue Amount	Class 1	\$5,000
	Class 2	\$3,000
	Class 3	\$2,000
Maximum Amount	Class 1	\$10,000
	Class 2	\$8,000
	Class 3	\$5,000

Combined Basic and Supplemental Amount of Life Insurance

Combined Guaranteed Issue Amount	Class 1	\$15,000
	Class 2	\$11,000
	Class 3	\$7,000
Combined Maximum Amount	Class 1	\$60,000
	Class 2	\$38,000
	Class 3	\$25,000

If Your amount of Combined Basic and Supplemental Life Insurance exceeds the Combined Maximum Amount, the Supplemental Amount of Life Insurance will be reduced, followed by a reduction in the Basic Amount of Life Insurance, if necessary.

**[Dependent] Life Insurance Benefit**

<u>Basic Amount of [Dependent] Life Insurance</u>	[Spouse]	\$5,000
	[Dependent]	\$500
	Child(ren)	
<u>Supplemental Amount of [Dependent] Life Insurance</u>	[Spouse]	\$10,000
	[Dependent]	\$1,000
	Child(ren)	

The amount of [Spouse] [Basic/Supplemental] coverage may never exceed 100% of the Amount of Life Insurance the [employee] is eligible for.

**Accidental Death and Dismemberment Benefit**  
**[Employee] Only**

Basic Principal Sum: \$10,000

Supplemental Principal Sum: \$10,000

**Combined Principal Sum:**

Combined Maximum Amount: \$20,000

If the combined amount of Basic and Supplemental Accidental Death and Dismemberment Principal Sum exceeds \$20,000, the Supplemental Principal Sum will be reduced, followed by a reduction in the Basic Principal Sum, if necessary.

In no event however will Your Basic Principal Sum be less than \$5,000.

**[Dependent] Accidental Death and Dismemberment Benefit**

Basic Principal Sum

Spouse: \$5,000

Dependent Child(ren)

newborn to age 19: \$1,000

Supplemental Principal Sum

Spouse: \$5,000

Dependent Child(ren)

newborn to age 19: \$1,000

### **Reduction in Amount of Life Insurance**

We will reduce the Amount of Life Insurance for You [and Your Dependents] by any Amount of Life Insurance in force, paid or payable:

- 1) in accordance with the Conversion Right;
- 2) under the Portability Provision; or
- 3) under the Prior [Policy].

### **Reduction in Coverage Due to Age**

We will reduce the Life Insurance Benefit for You [and Your Spouse] by the percentage indicated in the table below. This reduction will be effective on the first day of the month following the month in which Your birthday occurs/on the January 1<sup>st</sup> following the date You [or Your Spouse] attain the ages shown below/on [Policy] Anniversary Date following the date You [or Your Spouse] attain the ages shown below. These reductions also apply if:

- 1) You [or Your Spouse] become covered under The [Policy]; or
- 2) Your [or Your Spouse's] coverage increases;

on or after the date You [or Your Spouse] attain age 65.

Percentage by which current/original amount of coverage (after all previous reductions) will be reduced.	Your Age	Your % Reduction	Your [Spouse's] Age	Your [Spouse's] % Reduction
	65	35%	65	35%
	70	35%	70	35%
	75	35%	75	35%
	80	25%	80	25%
	85	25%	85	25%
	90	25%	90	25%
	95	25%	95	25%

The reduced amount of coverage will be rounded to the next higher multiple of \$500, if not already a multiple of \$500. An appropriate adjustment in premium will be made.

### **Additional Accidental Death and Dismemberment Benefits ([Employee] Only)**

#### **Seat Belt Benefit Amount**

Percentage of Accidental Death and Dismemberment Principal Sum: 10%  
Maximum Amount: \$10,000  
Minimum Amount: \$1,000

#### **Air Bag Benefit Amount**

Percentage of Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$10,000

#### **Repatriation Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

#### **Felonious Assault Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 10%  
Maximum Amount: \$10,000

#### **Child Education Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

#### **Day Care Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

**Rehabilitation Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500

**Spouse Education Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

**Adaptive Home and Vehicle Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500

**Coma Benefit**

Waiting Period: 30 Days

Maximum Amount: Supplemental Accidental Death and Dismemberment Principal Sum less all other Accidental Death and Dismemberment payments under The [Policy] for the Injury

**Critical Burn Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

**Therapeutic Counseling Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

[GBD-1100 B02 (10/08)]

## ELIGIBILITY AND ENROLLMENT

### **[Eligible Persons:** *[Who is eligible for coverage?]*

All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.]

[GBD-1100 D01 (10/08)]

### **[Eligibility for Coverage:** *[When will I become eligible?]*

[You will become eligible for coverage on [the latest of:

- 1) [the Policy Effective Date];
- 2) [the date] You become a member of an Eligible Class; or
- 3) [the date] You complete the Eligibility Waiting Period for Coverage shown in the Schedule of Insurance[, if applicable]].]

[You are eligible for [Retiree] coverage on the later of:

- 1) the date You meet the definition of Retiree; or
- 2) [the Policy Effective Date].]

[GBD-1100 D02 (10/08)]

### **[Eligibility for [Dependent] Coverage:** *[When will I become eligible for [Dependent] Coverage?]*

You will become eligible for [Dependent] coverage [on the later of:

- 1) [the date] You become [insured] for [employee] coverage; or
- 2) [the date] You acquire Your first [Dependent]].]

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

[No person may be [insured]]:

- 1) as a [Dependent] and [an Active [Employee] [or Retiree]]; or
- 2) as a [Dependent] of more than one [Active [Employee] [or Retiree]];

under The [Policy].]

[[As a Retiree, ]You are not eligible for [Dependent] Coverage [for any [Dependent] You acquire after the date You retire.]]

[GBD-1100 D03 (10/08)]

### **[Enrollment:** *[How do I enroll for coverage?]*

[[For Non-Contributory Coverage,] [Your Employer] will automatically enroll [You and Your Dependents] [for the Amount of Basic Life Insurance and Basic [Dependent] Life Insurance]. [However, [You will be required to] complete a [beneficiary designation form.]]]

[To enroll for Contributory Coverage, You must [:

- 1) complete and sign a group insurance enrollment form which is satisfactory to Us, for [Your and Your Dependent's] coverage; and
- 2) deliver it to [Your Employer]].]

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

[You must enroll for Retiree Coverage within [30] days of the date You retire.]

[If You do not enroll [for Your coverage and/or Your Dependent's coverage] within [30] days after becoming eligible under The [Policy], [[or if You were eligible to enroll under the Prior [Policy] and did not do so,] and later choose to enroll You may enroll [for Your coverage and/or Your Dependent's coverage] [only:

- 1) during an [Annual Enrollment Period] designated by [the Policyholder]; or
- 2) within [30] days of the date You have a Change in Family Status]].]

[[Enrollment may] be subject to the Evidence of Insurability Requirements provision.]]

[GBD-1100 D04 (10/08)]

### **[Evidence of Insurability Requirements:** *[When will I first be required to provide Evidence of Insurability?]*

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

- 1) enroll more than [30] days after the date You are first eligible to enroll[, including electing initial coverage after a Change in Family Status];

- 2) enroll for [an Amount of Life Insurance] greater than [the Supplemental Guaranteed Issue Amount], regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior [Policy], but did not enroll and later choose to enroll for that coverage under The [Policy]].

If Your Evidence of Insurability is not satisfactory to Us[:

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

[GBD-1100 D05 (10/08)]

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

We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You[:

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

[However, no Evidence of Insurability will be required if [the Amount of Life Insurance] for Your [Dependent Child(ren)] is [\$15,000] or less.]

If Your [Dependents'] Evidence of Insurability is not satisfactory to Us[:

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

[GBD-1100 D06 (10/08)]

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

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

- 1) a completed and signed application approved by Us;
- 2) a medical examination[, if requested];
- 3) an attending Physicians' statement[, if requested]; and
- 4) any additional information We may require].

[All] Evidence of Insurability will be furnished [at Your expense]. We will then determine if You [or Your Dependent(s)] are insurable [for [initial coverage or] [an increase in coverage] under The [Policy]].

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

[GBD-1100 D07 (10/08)]

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

A Change in Family Status occurs when[:

- 1) You get married [or You execute a domestic partner affidavit];
- 2) You and Your spouse [divorce] [or You terminate a domestic partnership];
- 3) Your child is born or You adopt or become the legal guardian of a child;
- 4) Your spouse [or domestic partner] dies;
- 5) Your child is no longer financially dependent on You or dies;
- 6) Your spouse is no longer employed, which results in a loss of group insurance; or
- 7) You have a change in classification from part-time to full-time or from full-time to part-time].]

[GBD-1100 D08 (10/08)]

## PERIOD OF COVERAGE

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

[[Non-Contributory] Coverage[, for which Evidence of Insurability is not required,] will start on [the date] You become eligible.]

[[Contributory] Coverage[, for which Evidence of Insurability is not required,] will start [on the latest to occur of]:

- 1) [the date] You become eligible, if You enroll on or before that date;
- 2) [the first day of the month on or next following the last day] of the Annual Enrollment Period[, if You enroll during an Annual Enrollment Period]; or
- 3) [the date] You enroll, if You do so within [30] days from the date You are eligible.]

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

- 1) [the date] You become eligible; or
- 2) [the date] We approve Your Evidence of Insurability].]

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

[GBD-1100 E01 (10/08)]

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

You will become covered under The [Policy] on [the Certificate Effective Date shown in the Schedule of Insurance][, subject to:

- 1) payment of the required premium; and
- 2) the Deferred Effective Date provision].]

[GBD-1100 E02 (10/08)]

**[Effective Date of [Retiree] Coverage: *When does my [Retiree] Coverage start?*]**

[[Non-Contributory] Coverage will start on [the date] You become eligible.]

[[Contributory] Coverage will start on [the date] You become eligible if You enroll on or before that date.]

Deferred Effective Date provisions will only apply to [increases in coverage or new benefits].]

[GBD-1100 E52 (10/08)]

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

[[With respect to Active [Employees], ]if, on the date You are to become covered[:

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

You are not Actively at Work [due to a physical or mental condition], such coverage will not start until [the date You are Actively at Work].]

[[With respect to Retirees, ]if, on the date You are to become covered[:

- 1) for increased benefits; or
- 2) for a new benefit; ]

You are[:

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

such coverage will not start until You[:

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

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

**[Confined Elsewhere** means You are unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.]]

[GBD-1100 E03 (10/08)]

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

If on the date that You are to become covered under The [Policy] [or covered for increased benefits under The [Policy],]

You are[:

- 1) not Actively at Work; or
- 2) unable to carry on all the normal and customary activities of a person of like age and gender, in good health, if not employed;]

You will not be so covered until [the earlier of:

- 1) [the first day of the month on or next following date] You have been Actively at Work for [90] consecutive days; or

- 2) [the first day of the month on or next following date] You have been able, for [90] consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health.].

[GBD-1100 E04 (10/08)]

**[Continuity from a Prior [Policy]:** *[Is there continuity of coverage from a Prior [Policy]?]* *[Not Applicable To Retirees]*  
Your initial coverage under The [Policy] will begin, and will not be deferred if, on the day before [the [Policy Effective Date],] You were[:

- 1) insured under the Prior [Policy]; and
- 2) Actively at Work [or on an authorized family and medical leave];]

but on [the [Policy Effective Date]], You were [not Actively at Work], and would otherwise meet the Eligibility requirements of The [Policy].] [However, Your Amount of Insurance will be the lesser of the amount of life insurance [and accidental death and dismemberment principal sum]:

- 1) You had under the Prior [Policy]; or
- 2) [shown in the Schedule of Insurance];

reduced by any coverage amount:

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

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

Coverage provided through this provision ends [on the first to occur of:

- 1) the last day of a period of [12] consecutive months after the [Policy Effective Date];
- 2) the date Your insurance terminates for any reason shown under the Termination provision;
- 3) the last day You would have been covered under the Prior [Policy], had the Prior [Policy] not terminated;
- 4) the date You are Actively at Work; or
- 5) the date You are no longer confined in a hospital, or Confined Elsewhere.]

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

[GBD-1100 E05 (10/08)]

**[Continuity from a Prior [Policy]:** *[Is there continuity of coverage from a Prior [Policy]?]*

We will automatically cover You [and Your Dependents] under The [Policy] subject to[:

- 1) payment of the required premium; and
- 2) all the provisions and conditions of The [Policy] [except the Deferred Effective Date provision]].

You [and Your Dependents] will be covered for the same Amount of Life Insurance, or the benefit amount offered which most closely approximates the amounts afforded under the Prior [Policy] on [the date immediately before [the Policy Effective Date]] [, subject to The [Policy's] Reduction in Amount of Coverage Due to Age].

[However, We require Evidence of Insurability for any Amount of Life Insurance under The [Policy] that exceeds Your [or Your Dependents'] Amount of Life Insurance under the Prior [Policy] in effect on the date immediately before [the Policy Effective Date].]

We will credit the amount of time You [and Your Dependents] were covered under the Prior [Policy] toward the satisfaction of time limits under the [Suicide and Incontestability provisions] of The [Policy].

[If Your [or Your Dependents'] coverage under the Prior [Policy] was continued [or would have been continued had timely election been made]:

- 1) under the waiver of premium provision of the Prior [Policy] (including any applicable waiting period under the Prior [Policy]); or
- 2) due to disability;

on [the date immediately before [the Policy Effective Date]], We will not provide coverage under The [Policy] until:

- 1) Your [or Your Dependents'] coverage under the waiver of premium of the Prior [Policy] has ceased; or
- 2) You [or they] are no longer disabled.]

[We will consider the beneficiary designation under the Prior [Policy] in effect on the date immediately before [the Policy Effective Date] to be the Beneficiary Designation under The [Policy], unless changed in accordance with the Beneficiary Designation provision of The [Policy].]

[We will not pay the Accidental Death and Dismemberment benefit of The [Policy] for a loss as a result of an injury:

- 1) which occurred while covered under the Prior [Policy]; or
- 2) for which benefits are payable under the Prior [Policy].]

[In addition,] The [Policy] will not pay any benefits for a claim in effect before [[the Policy Effective Date]].]  
[GBD-1100 E06 (10/08)]

**[Continuity from a Prior [Policy] for Disability Extension:** *[Is there continuity of coverage from a Prior [Policy?]] [Not applicable To Retirees]*

Your initial coverage under The [Policy] will begin, and will not be deferred if, on the day before [[the Policy Effective Date],] You were:

- 1) insured under the Prior [Policy]; [and
- 2) under [age [65]]];

Your Amount of Insurance will be the lesser of the amount of life insurance [and accidental death and dismemberment principal sum]:

- 1) You had under the Prior [Policy]; or
- 2) [shown in the Schedule of Insurance;]

reduced by any coverage amount:

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

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

Coverage provided through this provision ends on [the first to occur of]:

- 1) the date Your insurance terminates for any reason shown under the Termination provision;
- 2) the last day You would have been covered under the Prior [Policy], had the Prior [Policy] not terminated;
- 3) the date You [are Actively at Work]; or
- 4) the date You attain [age [65]]. ]

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

[GBD-1100 E50 (10/08)]

**[[Dependent] Effective Date:** *[When does [Dependent] coverage start?]*

[[Non-Contributory] Coverage[, for which Evidence of Insurability is not required,] will start on [the date] You become eligible for [Dependent] coverage.]

[[Contributory] Coverage[, for which Evidence of Insurability is not required,] will start on[ the latest to occur of]:

- 1) [the date] You become eligible for [Dependent] coverage, if You have enrolled on or before that date; or
- 2) [the first day of the month on or next following the last day of] the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) [the date] You enroll, if You do so within [30] days from the date You are eligible for [Dependent] coverage.]

[Coverage for which Evidence of Insurability is required, will become effective on [the later of:

- 1) [the date] You become eligible for [Dependent] coverage; or
- 2) [the date] We approve Your [Dependents'] Evidence of Insurability].]

[In no event will [[Dependent] coverage] become effective before You become [insured]].]

[GBD-1100 E07 (10/08)]

**[[Dependent] Effective Date:** *[When does [Dependent] coverage start?]*

Your eligible [Dependent] will become covered under The [Policy] on [the effective date shown in the Schedule of Insurance that first shows coverage for him or her,] [subject to:]:

- 1) payment of the required premium; and
- 2) the Deferred Effective Date provision].

[[Coverage] is indicated for Your [Dependents] by an Amount of Life Insurance shown across from the word ["Spouse"] [or "Your Dependent Child(ren)"][, respectively,] on the Schedule of Insurance.]]

[GBD-1100 E08 (10/08)]

**[[Dependent] Deferred Effective Date:** *[When will the effective date for [Dependent] coverage or a change in coverage be deferred?]*

If, on the date Your [Dependent][, other than a newborn,] is to become covered[:

- 1) under The [Policy];
- 2) for increased benefits; or
- 3) for a new benefit;] and

he or she is[:

- 1) confined in a hospital; or

2) Confined Elsewhere;]  
such coverage will not start until he or she[:

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

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

[This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of [Dependent Child(ren)].]

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

[GBD-1100 E09 (10/08)]

**[[Dependent] Deferred Effective Date:** [*When will the effective date for [Dependent] coverage or a change in coverage be deferred?*]

If on the date that an eligible [Dependent] is to become covered under The [Policy], [or covered for increased benefits under The [Policy]], and he or she is[:

- 1) not Actively at Work; or
- 2) if not employed, unable to carry on all the normal and customary activities of a person of like age and gender, in good health;]

such coverage will not start until [the earlier of:

- 1) [the date] he or she has been Actively at Work for [90] consecutive days; or
- 2) [the date] he or she has been able, for [90] consecutive days, to carry on all the normal and customary activities of a person of like age and gender, in good health;.]

[GBD-1100 E10 (10/08)]

**[[Dependent] Continuity from a Prior [Policy]:** [*Is there continuity of coverage from a Prior [Policy] for my [Dependents]?*]

If on [the day before [the [Policy] Effective Date]], You were covered with respect to Your [Dependents] under the Prior [Policy], the Deferred Effective Date provision will not apply to initial coverage under The [Policy] for such [Dependents]. [However, the [[Dependent] Amount of Insurance] will be [the lesser of the amount of life insurance]:

- 1) Your [Dependents] had under the Prior [Policy]; or
- 2) [shown in the Schedule of Insurance];

reduced by any coverage amount:

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

[GBD-1100 E11 (10/08)]

**[Change in Coverage:** [*When may I change [my coverage or coverage for my Dependents]?*]

[After Your initial enrollment] You may increase or decrease coverage [for You or Your Dependents] [or add a new [Dependent] to Your existing [Dependent] coverage]:

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

[GBD-1100 E12 (10/08)]

**[Effective Date for Changes in Coverage:** [*When will changes in coverage become effective?*]

Any decrease in coverage will take effect on [the date of the change].

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

- 1) [the date of the change];
- 2) [the date] requirements of the Deferred Effective Date provision are met; or
- 3) [the date] Evidence of Insurability is approved, if required;.]

[GBD-1100 E13 (10/08)]

**[Request for Change in Coverage:** [*May I change coverage for myself [or my Dependents]?*]

If You give Us [an application] for a change in coverage for which You [or Your Dependents] are eligible and pay the required premium, the change will become effective [on [the first day of the month on or next following] [the later of]:

- 1) the date We receive the [application]; or
- 2) if Evidence of Insurability is required, the date We determine that You [or Your Dependents] are insurable;.]

[GBD-1100 E14 (10/08)]

**[Increase in Amount of Life Insurance:** [*If I request an increase in the Amount of Life Insurance [for myself or my*

*Dependents], must [we] provide Evidence of Insurability?]*

If [You or Your Dependents] are[:

- 1) already enrolled for [an Amount of Supplemental] Life Insurance under The [Policy], then [You and Your Dependents] must provide Evidence of Insurability [for any increase]; or
- 2) not already enrolled:
  - a) for [an Amount of Basic] Life Insurance under The [Policy], [You and Your Dependents] must provide Evidence of Insurability [for any [amount of Basic] Life Insurance coverage]; or
  - b) for [an Amount of Supplemental] Life Insurance under The [Policy], [You and Your Dependents] must provide Evidence of Insurability [for any [amount of Supplemental] Life Insurance coverage]; including an initial amount].

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

[If Your Evidence of Insurability is not satisfactory to Us, the [Amount of Supplemental] Life Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.]

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

[GBD-1100 E15 (10/08)]

**[Increase in Amount of Life Insurance:** *[If my Amount of Life Insurance increases because my Earnings increase, must I provide Evidence of Insurability?]*

If Your [Amount of Supplemental] Life Insurance is based on a multiple of Your Earnings, You must provide Evidence of Insurability if Your Earnings increase such that Your [Amount of Supplemental] Life Insurance is greater than [the Combined Guaranteed Issue Amount]. [An increase in Earnings which causes an increase in Your Amount of Life Insurance will be accompanied by a corresponding increase in the amount of premium due for this coverage.]

[Additionally, once approved, We require Evidence of Insurability again if Your [Amount of Supplemental] Life Insurance[:

- 1) is greater than [the Combined Guaranteed Issue Amount]; and
- 2) would increase solely because Your Earnings increased more than [\$25,000]:
  - a) during the last [12] consecutive month period; or
  - b) since Your Evidence of Insurability was last approved; whichever occurs most recently].]

[However, if:

- 1) You do not submit Evidence of Insurability; or
- 2) Your Evidence of Insurability is not satisfactory to Us,

Your Amount of Life Insurance[:

- 1) will increase, but only up to [the amount for which You were eligible without having to provide Evidence of Insurability]; and
- 2) will not increase again, or beyond that amount, until Your Evidence of Insurability is approved].]

[GBD-1100 E16 (10/08)]

**[Termination:** *[When will my coverage end?]* *[Not applicable to Retirees]*

Your coverage will end on the earliest of the following[:

- 1) [the date] The [Policy] terminates;
- 2) [the date] You are no longer in a class eligible for coverage[, or the class is cancelled];
- 3) [the date] [the required premium is due but not paid];
- 4) [the date] [Your Employer] terminates Your employment;
- 5) [the date] [Your Employer] ceases to be a [Participating] [Employer];
- 6) [the date] You are no longer Actively at Work; or
- 7) [the date] You attain age [70];]

[unless continued in accordance with [one] of the Continuation Provisions].]

[GBD-1100 E17 (10/08)]

**[[Retiree] Coverage Termination:** *[When will my [Retiree] Coverage End?]*

Your coverage will end on the earliest of the following[:

- 1) [the date] The [Policy] Terminates;
- 2) [the date] You are no longer in a class eligible for coverage, or the class is cancelled;
- 3) [the date] the required premium is due but not paid;
- 4) [the date] [Your Employer] ceases to be a [Participating] [Employer]; or
- 5) [the date] You attain age [70]].]

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

Coverage will end on the earliest to occur of:

- 1) [the date] The [Policy] terminates; or
- 2) the Premium Due Date on or next following [the date] You:
  - a) cease to be an active member of [the Policyholder];
  - b) [attain the [Policy] Age Limit;]
- 3) [the date] the [Participating] [Employer] ceases to participate;
- 4) [the date] You are no longer in a class eligible for coverage, or the class is cancelled;
- 5) the Premium Due Date that You fail to pay any required premium, subject to the Individual Grace Period; or
- 6) the [10th] anniversary of the Certificate Effective Date shown in the Schedule of Insurance].

**[Re-entry:**

[After each [10] year anniversary, You may apply for re-entry into the plan, provided You meet the eligibility requirements of the plan and provide satisfactory Evidence of Insurability.]

If Evidence of Insurability is not acceptable to Us or is not provided, coverage may be available under a related policy issued to [the group [Policyholder]], subject to separate eligibility requirements.]

[On each [10] year anniversary of Your [Certificate] Effective Date, and subject to the Eligibility Provisions, coverage may be continued. You must apply for re-entry into this [10] year level term plan. We will require a written application and Evidence of Insurability satisfactory to Us. If:

- 1) We determine that Your Evidence of Insurability is not satisfactory, You can request transfer to a group annually renewable term life policy (ART)\* [with attained age rates], without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy; or
- 2) We determine that Your Evidence of Insurability is satisfactory, You [will be automatically] transferred to a group annually renewable term life policy (ART)\* [with attained age rates], without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy.

\*ART life policy premium rates [are attained age rates and ]may be changed at any time by Us. Your initial premium rate will be based on Your age at the time of enrollment.]

[On each [10th] year anniversary of your [Certificate] Effective Date, You can choose to continue coverage in one of several ways:

- 1) If You are under age [65] and meet all eligibility provisions, You have two options:
  - a) You may apply for re-entry into a [10] year level term life policy at the rates applicable to Your age at that time. We will require a written application and Evidence of Insurability satisfactory to Us. If We determine that Your Evidence of Insurability is not satisfactory, You can request coverage under a group annually renewable term life policy (ART)\*, subject to all terms of that policy; or
  - b) You can request coverage under a group annually renewable term life policy (ART)\* without Evidence of Insurability, subject to all the terms that policy.
- 2) If You are between age [65] and [74], [inclusive,] and meet all eligibility provisions, You can request coverage under a group annually renewable term life policy (ART)\* without Evidence of Insurability, subject to all terms of that policy.

\*ART life policy premium rates [are attained age rates and] may be changed at any time by Us. Your initial premium rate will be based on Your age at the time of enrollment.]

**[Evidence of Insurability** may include, but will not be limited to[:

- 1) a completed and signed application approved by Us;
- 2) a medical examination[, if requested];
- 3) an attending Physicians' statement[, if requested]; and
- 4) any additional information We may require.]]

[GBD-1100 E18 (10/08)]

**[Individual Grace Period: [What happens if I pay my premium late?]**

You will be allowed an Individual Grace Period of [30] days from the Premium Due Date for payment of each premium due after the initial premium. Your insurance will be continued during the Individual Grace Period.

The Individual Grace Period will not continue coverage beyond a date shown in the Termination provision.]

[GBD-1100 E19 (10/08)]

**[Reinstatement: [Can my coverage be reinstated after it ends?]**

If:

- 1) Your coverage ends [because You are no longer employed by [the Employer] or no longer in Your eligible class]; and
  - 2) You [are rehired or] return to Your eligible class within [12 months] of the date Your coverage ended;
- then coverage for You [and Your previously covered [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 coverage will be the lesser of the:

- 1) coverage amounts in force on the date coverage ended; or
- 2) amount of coverage in Your new eligible class.]

[The reinstated coverage will:

- 1) be the same coverage amounts in force on the date coverage ended;
- 2) not be subject to any Eligibility Waiting Period for Coverage or Evidence of Insurability; and
- 3) be subject to all the terms and provisions of The [Policy].]

We will credit any amount of time You [or Your Dependents] were previously covered under The [Policy] toward the satisfaction of time limits under the [Suicide and Incontestability provisions] of The [Policy].

[We will not reinstate any amount of coverage which You [or Your Dependents]:

- 1) converted in accordance with the Conversion Right[; or
- 2) continued under the Portability provision;]

unless You cancel such coverage.]]

[GBD-1100 E20 (10/08)]

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

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

- 1) [the date] Your coverage ends;
- 2) [the date] the required premium is due but not paid;
- 3) [the date] You are no longer eligible for [Dependent] coverage;
- 4) [the date] We or [the Employer] terminate [Dependent] coverage;
- 5) [the date] the [Dependent] no longer meets the definition of [Dependent]; or
- 6) [the date] Your Spouse reaches age [60],

[unless continued in accordance with the Continuation Provisions].

[GBD-1100 E21 (10/08)]

**[[Dependent] Termination:** [*When does my [Dependents] Coverage end?*]

Coverage for Your [Dependent] terminates [on the earliest to occur of:

- 1) [the date] The [Policy] terminates; or[
- 2) the Premium Due Date on or next following [the date]:
  - a) with respect to Your [Dependent Child(ren)], he or she no longer meets the definition of [Dependent Child(ren)];]
  - b) with respect to Your Spouse, he or she no longer meets the definition of Spouse or attains [the [Policy] Age Limit]; or
  - c) the required premium is not paid, subject to the Individual Grace Period provision; or
- 3) [the date] Your coverage [terminates]]; or
- 4) the [10th] anniversary of the Certificate Effective Date for Your Spouse shown in the Schedule of Insurance].

However, if [Dependent] coverage would terminate because of Your death, coverage will continue until the premium due date on or next following Your death [unless continued in accordance with the Spouse Continuation provision].

**[Re-entry:**

[After each [10] year anniversary, Your Spouse may apply for re-entry into the plan, provided Your Spouse meets the eligibility requirements of the plan and provides satisfactory Evidence of Insurability.

If Evidence of Insurability is not acceptable to Us or is not provided, coverage may be available under a related policy issued to [the group [Policyholder]], subject to separate eligibility requirements.]

[On each [10] year anniversary of Your Spouse's [Certificate] Effective Date, and subject to the Eligibility provisions, Your Spouse can apply for re-entry into this [10] year level term plan. We will require a written application and Evidence of Insurability satisfactory to Us.

- 1) If We determine that Your Spouse's Evidence of Insurability is not satisfactory, Your Spouse can request transfer to a group annually renewable term life policy (ART)\* [with attained age rates], without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy; or
- 2) Your Spouse [will be automatically] transferred to a group annually renewable term life policy (ART)\* [with attained age rates], without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy.

\*ART life policy premium rates [are attained age rates and] may be changed at any time by Us. Your Spouse's initial premium rate will be based on Your Spouse's age at the time of enrollment.]

[On each [10] year anniversary of Your Spouse's [Certificate] Effective Date, Your Spouse can choose to continue coverage in one of several ways:

- 1) if Your Spouse is under age [65] and meets all eligibility provisions, Your Spouse has two options:
  - a) Your Spouse can apply for re-entry into a [10] year level term life policy at the rates applicable to Your Spouse's age at that time. We will require a written application and Evidence of Insurability satisfactory to Us. If We determine that Your Spouse's Evidence of Insurability is not satisfactory, Your Spouse can request coverage under a group annually renewable term life policy (ART)\*, subject to all terms of that policy.
  - b) Your Spouse can request coverage under a group annually renewable term life policy (ART)\* without Evidence of Insurability, subject to all the terms that Policy.
- 2) if Your Spouse is between age [65] and [74], [inclusive,] and meets all eligibility provisions, Your Spouse can request coverage under a group annually renewable term life policy (ART)\* without Evidence of Insurability, subject to all terms of that policy.

\*ART life policy premium rates [are attained age rates and] may be changed at any time by Us. Your Spouse's initial premium rate will be based on Your Spouse's age at the time of enrollment.]]]

[GBD-1100 E22 (10/08)]

**[Continuation Provisions:** *[Can my coverage [and my [Dependent's] coverage] be continued beyond the date it would otherwise terminate?]*

Coverage [under The [Policy]] [may be continued, at [Your Employer's] option,] beyond a date shown in the Termination provision, [provided] [Your Employer] provides a plan of continuation which applies to all [employees] the same way.

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

- 1) is subject to any reductions in The [Policy];
- 2) is subject to payment of premium;
- 3) may be continued up to the maximum time shown in the provisions; and
- 4) terminates if[[:
  - a) The [Policy] terminates;
  - b) [Your Employer] ceases to be a [Participating] [Employer]; or
  - c) You attain age [60]].

In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions. The Continuation Provisions shown below may not be applied consecutively.

[In no event will coverage under the following Continuation Provisions, when combined, extend longer than 12 months from the date You were last Actively at Work: Leave of Absence, Lay Off, Status Change, Disability Insurance, Sickness or Injury, Family Medical Leave or Labor Dispute.]

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

Leave of Absence: If You are on a documented medical leave of absence, other than Family and Medical Leave or Military Leave of Absence, Your coverage (including [Dependent] Life coverage) may be continued until the last day of the month following the month in which the leave of absence commenced. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Military Leave of Absence: If You [or Your Dependent] enter active full-time military service and are granted a military leave of absence in writing, Your coverage (including [Dependent] Life coverage) may be continued for up to 12 weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Spouse Military Leave of Absence: If Your Spouse enters active full-time military service outside of the continental United States, Hawaii, Puerto Rico or Alaska, his or her coverage may be continued for up to 12 weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Lay Off: If You are temporarily laid off by [the Employer] due to lack of work, all of Your coverage (including [Dependent] Life coverage) may be continued until the last day of the month following the month in which the lay off commenced. If

the lay off becomes permanent, this continuation will cease immediately.

**Furlough:** If You are not Actively at Work as the result of a work furlough, all of Your coverage (including [Dependent] Life coverage) may be continued for up to 30 days as determined by [the Employer] and Us. If the furlough ends, this continuation will cease immediately.

**Status Change:** If You are:

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

Your coverage (including [Dependent] Life coverage) may be continued until the last day of the third consecutive month after the date Your scheduled hours were reduced.

**Disability Insurance:** If You are working for [the Policyholder] and:

- 1) are covered by;
- 2) are receiving benefits under;
- 3) meet the definition of disabled under; and
- 4) are earning at least 20%, but less than 80%, of Your pre-disability earnings, as defined by;

a group long term disability insurance [policy], issued by Us to [Your Employer], Your coverage (including [Dependent] Life coverage) may be continued for a period of 12 consecutive months from the date You were last Actively at Work while You remain disabled.

**Sickness or Injury:** If You are not Actively at Work due to sickness or injury, all of Your coverages (including [Dependent] Life coverage) may be continued:

- 1) for a period of 12 consecutive months from the date You were last Actively at Work; or
- 2) if such absence results in a leave of absence in accordance with state or federal family and medical leave laws, then the combined continuation period will not exceed 12 consecutive months.

**Labor Dispute:** If You are not Actively at Work as the result of a labor dispute, all of Your coverages (including [Dependent] Life coverage) may be continued during such dispute until the last day of the month in which the coverage terminated. If the labor dispute ends, this continuation will cease immediately.

**Sabbatical:** If You are on a documented paid sabbatical, Your coverage (including [Dependent] Life coverage) may be continued until the last day of the month in which the sabbatical commenced. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately. Coverage continuation must be pre-approved by Us if the sabbatical leave is greater than [30] days.

**Severance:** If Your employment terminates and continuation of life insurance is available to You [and Your Dependents] in a severance plan sponsored by [the Employer], all of Your coverage (including [Dependent] Life coverage) may be continued. Your coverage will continue until the earliest of:

- 1) the date The [Policy] terminates [or [the Employer] ceases to be a [Participating] [Employer];
- 2) the date You become covered under another group life insurance policy;
- 3) the date specified in Your Severance plan; or
- 4) 12 months from the date Your employment terminates.

Coverage for [Your Dependents] will continue until the earliest of:

- 1) the date Your [Dependents] no longer meet the definition of [Dependents];
- 2) the date We or [Your Employer] terminate [Dependent] coverage; or
- 3) the date Your coverage terminates.]

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

[GBD-1100 E23 (10/08)]

**[Spouse Continuation:** *[Can coverage for my Spouse be continued in the event of my death?]*

If You die while Your Spouse is covered under The [Policy], Your surviving Spouse may continue:

- 1) his or her coverage[; and
- 2) coverage of Your [Dependent Child(ren)] who were covered by The [Policy] on the date of Your death].

[We] must receive Your Spouse's written request and the required premium to continue the coverage within [30] days of the premium due date next following the date of Your death.

Solely for the purpose of continuing the coverage, Your Spouse will be considered the insured person. However, Your

Spouse's [or any of the [Dependent Child(ren)'s]] coverage will not continue beyond[:

- 1) a date the coverage would otherwise have ended under the [Dependent] Termination Provision; or
- 2) the premium due date next following the date Your Spouse remarries.]

[GBD-1100 E24 (10/08)]

**[[Dependent] Continuation:** *[Can coverage for my [Dependents] be continued if I die?]*

If You die while [covered] under The [Policy], [the Life Insurance coverage] for Your [Dependents] in force at the time of Your death may be continued, until [[the earliest of]:

- 1) [the date] the coverage would otherwise have ended under the [Dependent] Termination provision;
- 2) [the date] Your Spouse remarries, dies, or obtains coverage under another group plan;
- 3) [the date] Your Spouse attains age [65]; or
- 4) [5 years] from Your date of death.]

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

[GBD-1100 E25 (10/08)]

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

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

- 1) age [19] or older; and
- 2) disabled; and
- 3) primarily dependent upon You for financial support;]

then [Dependent Child(ren)] coverage will not terminate solely due to age. However:

- 1) You must submit proof satisfactory to Us of such [Dependent Child(ren)]'s disability within [30] days of the date he or she reaches such age[; and
- 2) such [Dependent Child(ren)] must have become disabled before attaining age [19]].

Coverage under The [Policy] will continue as long as:

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

[However, no increase in the Amount of Life Insurance for such [Dependent Child(ren)] will be available.]

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

[GBD-1100 E26 (10/08)]

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

Waiver of Premium is a provision which allows You to continue [Your [and Your Dependents']] coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.

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

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

[Only Your Dependents who were covered under The [Policy] when You [were last Actively at Work] will be covered under Waiver of Premium.]

[GBD-1100 E27 (10/08)]

**[Waiver of Premium and Disability Extension:** *[Does coverage continue if I am Disabled?]*

If You become Disabled, You may qualify for Waiver of Premium [for You and Your Dependents] or Disability Extension for You.

If You qualify for Waiver of Premium, Your coverage will be continued while You are Disabled without payment of premium.

If You qualify for the Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.

If You qualify for either Waiver of Premium or Disability Extension, the amount of continued coverage:

- 1) will be the amount in force on the date You [cease to be an Active [Employee]]];

- 2) [will be] subject to any reductions provided by The [Policy] ; and
- 3) [will not] increase.]

[GBD-1100 E28 (10/08)]

**[Disability Extension:** *[Does coverage continue if I am Disabled?]*

If You become Disabled, You may qualify for Disability Extension [for You and Your Dependents]. To qualify for Disability Extension, You must be Disabled [prior to [age [65]]]. If You qualify for Disability Extension, You may continue Your coverage while You are Disabled provided the required premium payments are made.

If You qualify for Disability Extension, the amount of continued coverage:

- 1) will be the [lesser of the] amount in force on the date You [cease to be an Active [Employee]] [or the date You became insured under The [Policy] if You were never an Active [Employee] under The [Policy]]];
- 2) [will be] subject to any reductions provided by The [Policy]; and
- 3) [will not] increase.]

[GBD-1100 E29 (10/08)]

**[Extended Benefit Provision:** *[Does coverage continue if I am Disabled?]*

The Extended Benefit provision allows for a continuation of Your Life Insurance:

- 1) while You are Disabled; and
- 2) without payment of premium.

We will pay the amount of continued coverage after We receive Proof of Loss if:

- 1) Your coverage under The [Policy] terminates while You are Disabled; and
- 2) Your death occurs:
  - a) before You [are age [60]]; and
  - b) within the Extended Benefit Period;] and
- 3) You are continuously Disabled from the date Your coverage terminates until the date You die.

The amount of continued coverage[:

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

[The Extended Benefit Period begins on the date Your coverage ends and continues [until the earlier of]:

- 1) a period of time equal to the length of time You were covered; or
- 2) [one] year].]

[GBD-1100 E30 (10/08)]

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

This provision applies only to[ :

- 1) the Standard Issue Plan;
- 2) the Guaranteed Issue Plan;
- 3) the Modified Guaranteed Issue Plan;
- 4) the Critical Illness Benefit;
- 5) the Ability Plus Benefit;
- 6) Your Basic Life Insurance;
- 7) Your Basic Accidental Death and Dismemberment coverage;
- 8) Your Accidental Death and Dismemberment coverage;
- 9) Your Supplemental Life Insurance;
- 10) Your Supplemental Accidental Death and Dismemberment coverage;
- 11) Retirees;
- 12) [Dependent] Life Insurance;
- 13) [Dependent] Supplemental Life Insurance;
- 14) [Dependent] Basic Life Insurance; and
- 15) [Dependent] Accidental Death and Dismemberment coverage].

[This provision does not apply to:[

- 1) the Standard Issue Plan;
- 2) the Guaranteed Issue Plan
- 3) the Modified Guaranteed Issue Plan;
- 4) the Critical Illness Benefit;
- 5) the Ability Plus benefit;
- 6) Your Basic Life Insurance;

- 7) Your Basic Accidental Death and Dismemberment coverage;
- 8) Your Accidental Death and Dismemberment coverage;
- 9) Your Supplemental Life Insurance;
- 10) Your Supplemental Accidental Death and Dismemberment coverage;
- 11) Retirees;
- 12) [Dependent] Life Insurance;
- 13) [Dependent] Supplemental Life Insurance;
- 14) [Dependent] Basic Life Insurance; and
- 15) [Dependent] Accidental Death and Dismemberment coverage].]

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

[GBD-1100 E31 (10/08)]

**[Disabled: [What does Disabled mean?]**

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

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

[In addition, You will be considered Disabled if You have been diagnosed with a life expectancy of [3] months or less.] ]

[GBD-1100 E32 (10/08)]

**[Disabled: [What does Disabled mean?]**

Disabled means You are wholly and continuously prevented from:

- 1) performing [any work or occupation] [for wage or profit] [for which You are reasonably qualified or trained]]; or
- 2) if not employed, engaging in the normal activities of a person of like age and gender in good health;]

[as a result of injury or sickness]. [In addition, You will be considered disabled if You have been diagnosed with a life expectancy of [3] months or less.]

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

[GBD-1100 E33 (10/08)]

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

To qualify for Waiver of Premium You must:

- 1) be covered under The [Policy] [and be under [age [60]] when you become Disabled];
- 2) be Disabled and provide Proof of Loss that You have been Disabled [for [9] consecutive months], [starting on the date You were last Actively at Work] [or provide proof that You have been diagnosed with a life expectancy of [6] months or less]; and
- 3) provide such proof within [one year][ of Your last day of work as an Active [Employee]].

[To qualify for Disability Extension You must:

- 1) be covered under The [Policy] and be [under [age [60]]] when You become Disabled;
- 2) be Disabled and provide Proof of Loss that You have been Disabled; or
- 3) Your coverage must have been continued under a Disability Extension provision of the Prior [Policy]].]

[In any event, You must have been Actively at Work under The [Policy] to qualify for [Waiver of Premium or Disability Extension].]

[GBD-1100 E34 (10/08)]

**[Refund of Premium: [Will premiums be refunded if I am Disabled?]**

When You are approved for Waiver of Premium, We will refund to You, or to Your estate if You have died, any premiums paid [during the period You have been continuously Disabled].]

[GBD-1100 E35 (10/08)]

**[When Premiums are Waived: [When will premiums be waived?]**

If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. [In any case, We will not waive premiums for the first [12] months You are Disabled.] We have the right to[:

- 1) require Proof of Loss that You are Disabled; and
- 2) have You examined at reasonable intervals during the first [2 years] after receiving initial Proof of Loss, but not more than [once a year] after that].

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

ceases].

However, if We deny Waiver of Premium, You may be eligible to[:

- 1) continue coverage under the Portability Benefit; or
  - 2) ]convert coverage in accordance with the Conversion Right[;
- for You [and Your Dependents].]

[If You cease to be Disabled and return to work for a total of [5] days or less during the first [12] months that You are Disabled, the [12] month waiting period will not be interrupted. Except for the [5] days or less that You worked, You must be Disabled by the same condition for the total [12] month period. If You return to work for more than [5] days, You must satisfy a new waiting period.] ]

[GBD-1100 E36 (10/08)]

**[Benefit Payable before Approval of Waiver of Premium:** *[What if I die [or my [Dependent] dies] before I qualify for Waiver of Premium?]*

If You [or Your Dependent] die within [one year] of [Your last day of work as an Active [Employee]], but before You qualify for Waiver of Premium, We will pay the Amount of Life Insurance which is in force for [the deceased person] provided:

- 1) You were continuously Disabled;
- 2) the Disability lasted or would have lasted [12 months] or more[; and
- 3) premiums had been paid for coverage].]

[GBD-1100 E37 (10/08)]

**[Waiver Ceases:** *[When will Waiver of Premium cease?]*

We will waive premium payments and continue Your coverage, while You remain Disabled[, until [the earliest of]:

- 1) the date You attain [age 65] if Disabled prior to age [60];
- 2) the date You are no longer in an Eligible Class, or the class is cancelled; or
- 3) [5 years] after the date You became Disabled, if You became Disabled on or after [age 60]].

[We will waive premium payments for Your [Dependent] Life Insurance and continue such coverage, while You remain Disabled, until the earliest of [the date]:

- 1) You die;
- 2) You no longer qualify for Waiver of Premium;
- 3) The [Policy] terminates [or [Your Employer] ceases to be a [Participating] [Employer]];
- 4) You attain [age 65];
- 5) Your [Dependents] are no longer in an Eligible Class, or [Dependent] coverage is no longer offered; or
- 6) Your [Dependent] no longer meets the definition of [Dependent]].]

*[What happens when Waiver of Premium ceases?]*

When the Waiver of Premium ceases:

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

[GBD-1100 E38 (10/08)]

**[Waiver Ceases:** *[When will Waiver of Premium cease?]*

The Waiver of Premium will end on the Premium Due Date occurring on or next following the date You:

- 1) are no longer Disabled;
- 2) fail to submit the required Proof of Loss[; or
- 3) attain the [Policy] Age Limit shown in the Schedule of Insurance]].]

[We will waive premium payments for Your [Dependent] Life Insurance and continue such coverage until [the earliest of]:

- 1) [the date] You die;
- 2) [the date] You no longer qualify for Waiver of Premium;
- 3) [the date] You [attain age [65]]; or
- 4) [the date] Your [Dependent] no longer meets the definition of [Dependent]].]

*[What happens when Waiver of Premium ceases?]*

If the Waiver of Premium ends and:

- 1) You are eligible for coverage under The [Policy], You may continue coverage under The [Policy] by paying the premiums; or

- 2) You are not eligible for coverage under The [Policy], and coverage would end, You [or Your Dependents] may exercise the Conversion Right.

The Premium Due Date for insurance continued after the Waiver of Premium provision ends will be the date on which premiums would have become due had You not been approved for Waiver of Premium.]

[GBD-1100 E39 (10/08)]

**[Disability Extension Ceases:** *[When will the Disability Extension cease?]*

We will continue Your coverage while You remain Disabled until the earliest of [the date]:

- 1) The [Policy] terminates;
- 2) Your [Employer] ceases to be a [Participating] [Employer];
- 3) the required premium for coverage is due but not paid;
- 4) You attain [age [65]]; or
- 5) You are no longer in an Eligible Class, or the class is cancelled.]

[Dependent Life Insurance coverage will continue until the earliest to occur of [the date]:

- 1) You die;
- 2) Your coverage terminates;
- 3) The [Policy] terminates [or Your [Employer] ceases to be a [Participating] [Employer]];
- 4) the required premium for coverage is due but not paid;
- 5) You attain [age [65]]; or
- 6) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or
- 7) Your Dependent no longer meets the definition of Dependent.]

*[What happens when the Disability Extension ceases?]*

When the Disability Extension ceases:

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

[GBD-1100 E40 (10/08)]

**[Effect of [Policy] Termination:** *[What happens to the Waiver of Premium if The [Policy] terminates?]*

If The [Policy] terminates [or [Your Employer] ceases to be a [Participating] [Employer]] before You qualify for Waiver of Premium:

- 1) You may be eligible to exercise the Conversion Right, provided You do so within the time limits described in such provision; and
- 2) You may still be approved for Waiver of Premium if You qualify.

If The [Policy] terminates [or [Your Employer] ceases to be a [Participating] [Employer]] after You qualify for Waiver of Premium[:

- 1) Your [Dependent] coverage will terminate; and]
- 2) Your coverage under the terms of this provision will not be affected.]

[GBD-1100 E41 (10/08)]

**[Exercise of Conversion Right:** *[What happens to the Waiver of Premium provision if I convert my coverage?]*

If You exercise Your right under the Conversion Right, this Waiver of Premium provision will automatically terminate. However, You may still be eligible for this Waiver of Premium provision if, within [12] months of conversion of Your coverage to an individual policy:

- 1) You fulfill all the conditions of the Waiver of Premium provision; and
- 2) You surrender the individual policy and all benefits and payments under the individual policy except for any refund of premiums.]

[GBD-1100 E42 (10/08)]

**[Extension of the Waiver of Premium Provision:** *[Can the Waiver of Premium provision be Extended?]*

If Your insurance is in force as a result of this Waiver of Premium provision, it will continue in force if:

- 1) You are no longer eligible for coverage[, unless You reach [the [Policy] Age Limit]]; or
- 2) The [Policy] terminates for any reason.]

[GBD-1100 E43 (10/08)]

**[Strike or Labor Dispute Waiver of Premium Provision:** *[Will my premiums be waived if my Labor Union goes on strike?]*

In the event You are out of work due to:

- 1) a lawful strike authorized by Your [international] union; or
- 2) a lock out as the result of a labor dispute between Your [or an affiliated local] union and Employer; or
- 3) an involuntary lay-off];

We will waive [all] premiums for [3] months. You must be [Actively at Work and] covered under The [Policy] on the date immediately prior to the date the [strike, lock-out or involuntary lay-off] begins.

[If You are out of work due to the involuntary lay-off, You must have been employed for a minimum of [12] consecutive months by the same employer or for a group of employers in a single industry immediately prior to being out of work. An involuntary lay-off does not mean a lay-off from a temporary or seasonal place of work or the completion of a project that You were hired for with the understanding that Your employment would be limited to the duration of the place of work or the project.]

The Waiver of Premium begins on the next premium due date following a [30] consecutive day waiting period after the date the [strike, lock-out or involuntary lay-off] begins, provided in the interim You pay Your premium and We receive proof that You are out of work due to a [sanctioned strike, a lock out, or an involuntary lay-off]. The waiver may be used once in any period of [12] consecutive months.

The waiver ends and premium payments must resume [3] months from the date the waiver began in order to keep Your coverage in force.

Your Waiver of Premium will terminate after a [30] day grace period after the first of the following events:

- 1) [3] months following the initiation of Your Waiver of Premium if premium payments are not resumed; or
- 2) the date You reach age [60]; or
- 3) the date The [Policy] is terminated.

[During this [30] day period, You may apply for an individual life insurance policy. These terms are set forth in detail in the Conversion Right.]

**[Reinstatement:** If Your coverage lapses, but is reinstated, this provision may be reinstated.]

[Only You may be covered under this provision.]

**Notice and Proof of [Strike, Lock-Out or Involuntary Lay-off]:** Before benefits begin, We must receive at [Our administrative office,] written notice and proof satisfactory to Us of the [strike, lock-out or involuntary lay-off] [(i.e. verification from Your labor union)]. The [Policy] must be in force before the date the [strike, lock-out or involuntary lay-off] begins. To receive benefits under this provision, satisfactory proof of the status of the [strike, lock-out or involuntary lay-off] must be given to Us when and as often as We may reasonably require, but in no event less than every [30] days. We will end providing benefits if proof is not provided under this provision. You must notify Us:

- 1) as soon as the [strike, lock-out or involuntary lay-off] is resolved;
- 2) when You return to work or are offered the opportunity to return to work for [Your Employer]; or
- 3) when Your employment is terminated.

**[Actively At Work** with respect to this provision means You are performing all the regular duties of Your occupation for [ the Employer], on the date immediately preceding the date the [strike, lock-out or involuntary lay-off] begins.]]

[GBD-1100 E44 (10/08)]

**[Waiver of Premium While Nursing Home Confined:** *[Does coverage continue if I am confined in a Nursing Home?]*

We will waive payment of premiums for Your Life Insurance Benefit and continue the insurance in force during a period of Nursing Home Confinement.

[If premiums are being waived on the date Your coverage is to reduce as stated on the Schedule of Insurance Page:

- 1) the Amount of Life Insurance will reduce as stated; and
- 2) the amount of premium to which this waiver applies will reduce to correspond with the premium charged for the reduced Amount of Life Insurance.]]

[GBD-1100 E45 (10/08)]

**[Proof of Nursing Home Confinement:** *[What conditions must I satisfy before I qualify for Waiver of Premium?]*

We require that proof of Nursing Home Confinement must be sent to Us no earlier than the fourth month of Nursing Home Confinement but not later than the ninth month after Nursing Home Confinement began. If You [ or Your Dependents] die during Nursing Home Confinement and proof was not furnished during Your [or Your Dependents'] lifetime, proof of

Nursing Home Confinement must be sent within one year of death. We have the right to require satisfactory proof of continuous Nursing Home Confinement.]

[GBD-1100 E46 (10/08)]

**[Refund of Premium:** *[Will premiums be refunded?]*

When We receive proof of Nursing Home Confinement, We will refund to You, or to Your estate if You have died, any premiums paid during the period of continuous Nursing Home Confinement.]

[GBD-1100 E47 (10/08)]

**[Waiver Ceases:** *[When will the Waiver of Premium end?]*

We will cease waiving the payment of premiums and coverage will end on the Premium Due Date occurring on or next following the date You:

- 1) are no longer totally Nursing Home confined;
- 2) fail to submit the required proof of continuous Nursing Home Confinement;
- 3) fail to submit to physical examination requested by Us; or
- 4) [are no longer eligible under the [Policy] Age Limit].

If the Waiver of Premium ends and:

- 1) You are eligible for coverage under The [Policy] and The [Policy] is in force, You may continue to be covered under The [Policy] by paying the premiums; or
- 2) You are not eligible for coverage under The [Policy], and Your coverage would be terminated, You may be eligible to exercise the Conversion Right for Your coverage [and Your Dependent's coverage.]

The Premium Due Dates for insurance continued after termination of the Waiver of Premium provision will be the dates on which premiums would have become due had the premiums not been waived.]

[GBD-1100 E48 (10/08)]

**[Definitions:**

**[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; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- 1) a Nursing Home, convalescent home, or skilled nursing facility;
- 2) a place for rest, custodial care, or for the aged;
- 3) a clinic; or
- 4) a place for the treatment of mental illness, alcoholism, or drug addiction.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:

- 1) part of an institution that meets the above requirements; and
- 2) listed in the American Hospital Association Guide as a general hospital.]

**[Nursing Care** means that level of Physician prescribed nursing care which provides, at the least, care to assist You in meeting day to day living requirements for Your medical well being, such as, but not limited to, eating, bathing and dressing.]

**[Nursing Home** means a facility which operates pursuant to the law and:

- 1) primarily provides Nursing Care to inpatients under a planned program supervised by a Physician;
- 2) provides 24-hour a day Nursing Care by a registered graduate nurse (R.N.) or by licensed practical nurse (L.P.N.) under the supervision of a registered graduate nurse (R.N.) or a Physician;
- 3) maintains a daily medical record of each inpatient; and
- 4) provides Nursing Care at skilled, intermediate or custodial levels.

Nursing Home includes but is not limited to:

- 1) a free-standing facility (such as a skilled nursing, comprehensive care, intermediate care or convalescent facility);  
or
- 2) a distinct part of a Hospital or other institution, such as a ward, wing or unit.

Nursing Home does not mean:

- 1) a Hospital or clinic;

- 2) a home for the aged or mentally ill;
- 3) a rest home, a community living center, or a place that provides domiciliary, residential, or retirement care;
- 4) a facility which operates primarily for the treatment of alcoholics or drug addicts, even if it is a section of a Nursing Home.]

**[Nursing Home Confinement** means You are an inpatient or resident at a Nursing Home and such confinement:

- 1) begins while You are covered under The [Policy];
- 2) is at the direction of a Physician; and

has existed continuously for a period of at least [180] days.]]

[GBD-1100 E49 (10/08)]

## BENEFITS

**[Life Insurance Benefit:** *[When is the Life Insurance Benefit payable?]*

If You [or Your Dependents] die while covered under The [Policy], We will pay [the deceased person's] Life Insurance Benefit after We receive Proof of Loss, in accordance with the Proof of Loss provision.

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

[GBD-1100 F01 (10/08)]

**[Life Insurance Benefit:** *[When is the Life Insurance Benefit payable?]*

If You [or Your Dependents] die while covered under The [Policy], We will pay [the deceased person's] Life Insurance Benefit, as follows, after we receive Proof of Loss, in accordance with the Proof of Loss provision:[]

- 1) if death is the result of an Injury and occurs during the first [2 1/2 years] of coverage under The [Policy], We will pay [the deceased person's] Amount of Life Insurance; or
- 2) if death is the result of sickness and occurs during the first [2 1/2 years] of coverage under The [Policy], the amount payable will be an amount equal to the premiums paid for coverage, with interest, using an annual interest rate of [[5%] compounded monthly;] or
- 3) if death is the result of sickness and occurs during the first [2 1/2 years] of coverage under The [Policy], the amount payable will be an amount equal to [125%] of premium paid; or
- 4) if death is the result of sickness and occurs during the first [2 1/2 years] of coverage under The [Policy], the [deceased person's] Amount of Life Insurance will be reduced by [75%]; or
- 5) if death is the result of an Injury or sickness and occurs after [2 1/2 years] of coverage under The [Policy], We will pay [the deceased person's] Amount of Life Insurance].

[These provisions apply to initial Life Insurance coverage and any increases in coverage.]

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

**[Injury** means bodily injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which occurs while You [or Your Dependents] are covered under The [Policy].

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from injury.]

[GBD-1100 F02 (10/08)]

**[Suicide:** *[What benefit is payable if death is a result of suicide?]*

If You [or Your Dependent] commit suicide [while sane or insane], We will not pay any [Supplemental] Amount of Life Insurance [or [Supplemental] Amount of [Dependent] Life Insurance] for [the deceased person] which [was elected] within the [2] year period immediately prior to the date of death. This applies to initial coverage and elected increases in coverage. [It does not apply to benefit increases that resulted solely due to an increase in Earnings.]

[This [2] year period includes the time group life insurance coverage was in force under the Prior [Policy].]

Any premium paid by You during this [2] year period for initial amounts of [Supplemental] Life Insurance or elected increases in [Supplemental] Life Insurance, will be returned to Your beneficiary.]

[GBD-1100 F03 (10/08)]

**[Suicide:** *[What benefit is payable if death is a result of suicide?]*

If You [or Your Dependent] commit suicide [while sane or insane]:

- 1) during the first [two years] of coverage under The [Policy], We will only pay [the deceased person's] Life Insurance Benefit in an amount equal to the premium paid for coverage to the date of death[; or
- 2) during the [two years] immediately following an increase in coverage under The [Policy], We will only pay [the deceased person's] Life Insurance Benefit in an amount equal to the Amount of Life Insurance in force prior to the increase, plus an amount equal to the premium paid for the increase to the date of death].

The full Life Insurance Benefit amount for [the deceased person] is payable if [he or she is] covered under The [Policy] and [commits] suicide after the [two year] period. [The [two year] period includes the time coverage was in force under a Prior [Policy].]

[GBD-1100 F04 (10/08)]

**[Accidental Death Benefit:** *[When is the Accidental Death Benefit payable?]* *[This benefit is not available for Retirees.]*

If You [or Your Dependents] sustain an Injury which results in Loss of life within [90 days] of the date of accident, [and the accident occurs while you are covered under this benefit], We will pay [the deceased person's] amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

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

[Your amount of Principal Sum is shown in the Schedule of Insurance.] [The amount of Your [Dependents'] Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

[PA-9223 F01 (10/08)]

**[Accidental Death and Dismemberment Benefit:** *[When is the Accidental Death and Dismemberment Benefit payable?]* *[This benefit is not available for Retirees.]*

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90 days] of the date of accident, [and the accident occurs while you are covered under this benefit], We will pay [the injured person's] amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss after We receive Proof of Loss in accordance with the Proof of Loss provision.

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

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

[PA-9223 F07 (10/08)]

**[For Loss of:**

**Benefit:**

Life.....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum
One Hand and One Foot.....	Principal Sum
Speech and Hearing in Both Ears.....	Principal Sum
Either Hand or Foot and Sight of One Eye.....	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia) .....	Principal Sum
Movement of Four Entire Limbs.....	Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	Three-Quarters of Principal Sum
Movement of Three Entire Limbs.....	Three-Quarters of Principal Sum
Movement of Three Limbs (Triplegia) .....	Three-Quarters of Principal Sum
Movement of Two Entire Limbs.....	Two-Thirds of Principal Sum
Movement of One Entire Limb.....	One-Half of Principal Sum
Movement of the Upper And Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum
Either Hand or Foot.....	One-Half of Principal Sum
Sight of One Eye.....	One-Half of Principal Sum
Speech or Hearing in Both Ears. ....	One-Half of Principal Sum
Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand .....	One-Quarter of Principal Sum]

[PA-9223 F12 (10/08)]

**[Loss** means with regard to:

- 1) hands and feet, actual severance through or above wrist or ankle joints;

- 2) sight, speech and hearing, entire and irrecoverable loss thereof;
- 3) thumb and index finger, actual severance through or above the metacarpophalangeal joints[;
- 4) movement, complete and irreversible paralysis of such limbs; or
- 5) movement, complete, permanent and irreversible paralysis, as determined by a Physician, of an Entire Limb or Limbs which has continued without interruption for a period of not less than 12 consecutive months].

**[Entire Limb** means with regard to:

- 1) the arm, the total areas from shoulder joint to finger tips;
- 2) the leg, the total area from hip joint to toes.]]

[PA-9223 F13 (10/08)]

**[Double Indemnity While On a Common Carrier Benefit:** *[When is the Double Indemnity while On a Common Carrier Benefit payable?] [This benefit is not available for Retirees.]*

If the Injury occurs while [the injured person] is On a Common Carrier, We will double the Principal Sum payable.

[However, in no event will the Principal Sum be increased by more than the Common Carrier Limit.]]

[PA-9223 F14 (10/08)]

**[Exposure and Disappearance:** *[What if Loss is due to exposure or disappearance?] [This benefit is not available for Retirees.]*

Exposure to the elements will be presumed to be Injury if:

- 1) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which You [or Your Dependents] were an occupant at the time of the accident; and
- 2) The [Policy] would have covered an Injury resulting from the accident.

We will presume that You [or Your Dependents] suffered Loss of life if:

- 1) the person's body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- 2) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- 3) The [Policy] would have covered Injury resulting from the accident.]

[PA-9223 F15 (10/08)]

**[Seat Belt [and Air Bag] Benefit:** *[When is the Seat Belt [and Air Bag] Benefit payable?] [This benefit is not available for Retirees.]*

If You [or Your Dependents] sustain an Injury that results in a Loss payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Seat Belt [and Air Bag] Benefit if the Injury occurred while [the injured person] [was]:

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

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

This Benefit will be paid:

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

[If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if [the injured person] [was]:

- 1) positioned in a seat equipped with a factory-installed Air Bag; and
- 2) properly strapped in the Seat Belt when the Air Bag inflated.]

The Seat Belt Benefit is [the lesser of:

- 1) an amount resulting from multiplying [the injured person's] amount of Principal Sum by [the Seat Belt Benefit Percentage]; or
- 2) [the Maximum Amount for this Benefit].]

[The Air Bag Benefit is [the lesser of:

- 1) an amount resulting from multiplying [the injured person's] amount of Principal Sum by [the Air Bag Benefit Percentage]; or
- 2) [the Maximum Amount for this Benefit]].]

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

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

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

**Seat Belt** means:

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

[The Seat Belt [and Air Bag] Benefit will not be payable if [the injured person] [is] operating the Motor Vehicle at the time of Injury while:

- 1) Intoxicated; or
- 2) taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician.]

**[Intoxicated** means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.]

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

[PA-9223 F16 (10/08)]

**[Repatriation Benefit:** *[When is the Repatriation Benefit payable?] [This benefit is not available for Retirees.]*

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Repatriation Benefit, if the death occurs outside the territorial limits of the state or country of [the deceased person's] place of permanent residence. We will only pay a benefit if [the deceased person's body] is transported across state lines or country borders.

This Benefit will be paid:

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

The Repatriation Benefit will pay [the least of:

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

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

[PA-9223 F18 (10/08)]

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

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

This Benefit will be paid:

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

The Felonious Assault Benefit will pay [the lesser of:

- 1) the amount resulting from multiplying [the injured person's] amount of Principal Sum by [the Felonious Assault Benefit Percentage]; or

2) [the Maximum Amount for this Benefit]].

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

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

which constitutes a felony under the law.]

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

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

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

[PA-9223 F19 (10/08)]

**[Child Education Benefit:** *[When is the Child Education Benefit payable?] [This benefit is not available for Retirees.]*

If You [or Your Spouse] [sustains] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Child Education Benefit to Your [Dependent] Child(ren).

This Benefit will be paid:

- 1) after We receive proof that Your [Dependent] Child(ren) [qualify] as a Student, as defined in this Benefit; and
- 2) according to the General Provisions of The [Policy].

If You die, the Child Education Benefit provides an annual amount equal to [the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by [the Child Education Benefit Percentage]; or
- 2) [the Maximum Amount for this Benefit]].

[If Your Spouse dies, the Child Education Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by [the Child Education Benefit Percentage]; or
- 2) [the Maximum Amount for this Benefit].]

The Child Education Benefit is payable to each of Your [Dependent] Child(ren):

- 1) on the date; and
- 2) for whom;

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

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

We will pay the Child Education Benefit to a qualifying Student until the first to occur of:

- 1) Our payment of the [fourth] Child Education Benefit to or on behalf of that person; or
- 2) the end of the 12th consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.

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

We will pay [the Minimum Amount for this Benefit] in accordance with the Claims to be Paid provision of The [Policy] if:

- 1) a Principal Sum is payable because of Your death [or Your Spouse's death]; and
- 2) no person qualifies as a Student.

**Student** means Your [Dependent] Child(ren) [who is covered] on the date of Your [or Your Spouse's] death [and]:

- 1) is a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning on the date of Your [or Your Spouse's] death; or
- 2) became a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning within [365 days] after Your [or Your Spouse's] death and was a student in the 12th grade on the date of Your [or Your Spouse's] death.

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

**[Child(ren)]** means Your [or Your Spouse's] unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age [21] who:

- 1) regularly attends an accredited institution of learning; and
- 2) is primarily dependent on You for financial support and maintenance.]

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

[PA-9223 F20 (10/08)]

**[Day Care Benefit:** *[When is the Day Care Benefit payable?] [This benefit is not available for Retirees]*

If You [or Your Spouse] [sustain] an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Day Care Benefit for each of Your [Dependent] Children [who are covered] if such [Dependent] Child is under age [7] at the time of Your [or Your Spouse's] death.

This Benefit will be paid:

- 1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
- 2) according to the General Provisions of The [Policy].

We will make one Day Care Benefit payment each year, for a maximum of [2] Day Care Benefit payments, for each [Dependent] Child. The Benefit will be paid to the person who has primary responsibility for the [Dependent] Child's Day Care expenses.

Proof of enrollment satisfactory to Us for each [Dependent] Child in a Day Care Program includes, but will not be limited to, the following:

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

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

If You die, the Day Care Benefit provides an annual amount equal to [the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by [the Day Care Benefit Percentage]; or
- 2) [the Maximum Amount for this Benefit]].

[If Your Spouse dies, the Day Care Benefit pays an amount equal to [the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by [the Day Care Benefit Percentage]; or
- 2) [the Maximum Amount for this Benefit]].]

We will pay [the Minimum Amount for this Benefit] in accordance with the Claims to be Paid provision for payment of benefits for Loss of life if:

- 1) a Principal Sum is payable because of [the deceased person's] death; and
- 2) no person qualifies as a [Dependent] Child eligible for the Day Care Benefit.

**Day Care or Day Care Program** means a program of child care which:

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

**[Child(ren)]** means Your [or Your Spouse's] unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is less than age [7] and primarily dependent on You [or Your Spouse] for financial support and maintenance.]

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

[PA-9223 F21 (10/08)]

**[Rehabilitation Benefit:** *[When is the Rehabilitation Benefit payable?] [This benefit is not available for Retirees.]*

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

This Benefit will be paid:

- 1) after We receive proof of Expenses Incurred for a Rehabilitative Program, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The [Policy].

The Rehabilitation Benefit provides an amount equal to [the least of:

- 1) the actual Expense Incurred for a Rehabilitative Program;
- 2) the amount resulting from multiplying [the injured person's] amount of Principal Sum by [the Rehabilitation Benefit Percentage]; or
- 3) [the Maximum Amount for this Benefit]].

**Rehabilitative Program** means any training which:

- 1) is required due to [the injured person's] Injury; and
- 2) prepares [the injured person] for an occupation for which [he or she was] not previously trained.

**Expense Incurred** means the actual cost of:

- 1) training; and
- 2) materials needed for the training.

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

[PA-9223 F22 (10/08)]

**[Spouse Education Benefit:** *[When is the Spouse Education Benefit payable?] [This benefit is not available for Retirees.]*

If You sustain an Injury that results in a Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Spouse Education Benefit to Your surviving Spouse.

[Your Spouse must be covered under The [Policy] in order to receive this Benefit.]

This Benefit will be paid:

- 1) after We receive proof satisfactory to Us that the Spouse has enrolled in an Occupational Training program; and
- 2) according to the General Provisions of The [Policy].

The Spouse Education Benefit is [the least of;

- 1) the Expense Incurred for Occupational Training;
- 2) the amount resulting from multiplying Your Principal Sum by [the Spouse Education Benefit Percentage]; or
- 3) [the Maximum Amount for this Benefit]].

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

Your surviving Spouse must enroll in Occupational Training:

- 1) for the purpose of obtaining an independent source of income; and
- 2) within [one (1) year] of Your death.

**Occupational Training** means any:

- 1) educational;
- 2) professional; or
- 3) trade training;

program which prepares the Spouse for an occupation for which he or she was not previously qualified.

**Expense Incurred** means:

- 1) the actual tuition charged, exclusive of room and board; and
- 2) the actual cost of the materials needed;

for the Occupational Training.

The expense must be incurred within [two (2) years] of the date of Your death.

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

[PA-9223 F23 (10/08)]

**[Adaptive Home and Vehicle Benefit:** *[When is the Adaptive Home and Vehicle Benefit payable?] [This benefit is not available for Retirees.]*

If You [or Your Dependents] [sustain] an Injury that results in a Loss, other than Loss of life, payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Adaptive Home and Vehicle Benefit.

This Benefit will be paid:

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

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

- 1) principal residence; and/or
- 2) private automobile;

to make the residence accessible and/or the private automobile drivable or rideable for [him or her]. The costs must be incurred within [two] years from the date of accident.

We will pay the Adaptive Home and Vehicle Benefit if:

- 1) such home alterations are:
  - a) made by a person or persons with experience in such alterations; and
  - b) recommended by a recognized organization associated with the Injury; and/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 Adaptive Home and Vehicle Benefit will provide an amount equal to the [the least of:

- 1) the actual cost of the alterations;
- 2) the amount resulting from multiplying [the injured person's] amount of Principal Sum by [the Adaptive Home and Vehicle Benefit Percentage]; or
- 3) [the Maximum Amount for this Benefit]].

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

[PA-9223 F24 (10/08)]

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

If, as a result of an Injury, You [or Your Dependents]:

- 1) are in a Coma within [31 days] from the date of accident; and
- 2) remain continuously in a Coma for at least the number of days shown as the Waiting Period;

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

This Benefit will be paid:

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

We will pay the benefit until the earliest to occur of:

- 1) the end of the month in which [the injured person] dies;
- 2) the end of the month in which [the injured person] recovers from the Coma; or
- 3) when the total payment equals [the Coma Maximum Benefit Amount].

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

**Coma** means complete and continuous:

- 1) unconsciousness; and
- 2) inability to respond to external or internal stimuli, as verified by a Physician.

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

[PA-9223 F25 (10/08)]

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

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

This Benefit will be paid:

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

The Critical Burn Benefit is an amount equal to [the least of:

- 1) the actual cost for the expense of the reconstructive surgery;
- 2) the amount resulting from multiplying [the injured person's] amount of Principal Sum by [the Critical Burn Percentage]; or
- 3) [the Maximum Amount for this Benefit]].

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

**Critically Burned** means [the injured person] suffered burns which:

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

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

[PA-9223 F26 (10/08)]

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

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

This Benefit will be paid:

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

Therapeutic Counseling must:

- 1) begin within [90 days] of the date of the Loss; and
- 2) be incurred no later than [one year] of the date of the Loss.

The Therapeutic Counseling Benefit is an amount equal to the [the least of:

- 1) the Reasonable Expenses incurred for Therapeutic Counseling;
- 2) the amount resulting from multiplying [the injured person's] amount of Principal Sum by [the Therapeutic Counseling Percentage]; or
- 3) [the Maximum Amount for this Benefit]].

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

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

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

[PA-9223 F27 (10/08)]

**[Exclusions:** *[What is not covered by the Life Insurance Benefit?]*

The Life Insurance Benefit does not cover death[:

- 1) caused or contributed to by war or act of war, whether declared or not;
- 2) occurring while in the armed forces of any country or international authority;
- 3) caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft [other than regularly scheduled [commercial] aircraft]:
  - a) as a pilot, crewmember or student pilot; or
  - b) as a flight instructor or examiner].

We will refund the pro rata portion of any premium paid for this benefit for You [or Your Dependents] while in the armed forces on full-time active duty for a period of two months or more. Written notice must be given to Us within [12 months] of the date You [or Your Dependents] enter the armed forces.]

**[Accelerated Benefit:** *[What is the benefit? [This benefit is not available for [Dependents]]. [This benefit is not available for Retirees.]]*

In the event that You [or Your Dependent] are diagnosed as Terminally Ill, while [the Terminally Ill person is]:

- 1) covered under The [Policy] for an Amount of Life Insurance of at least [\$5,000]; and
- 2) under [age [65]].]

We will pay the Accelerated Benefit in a lump sum amount as shown below, provided We receive proof of such Terminal Illness.

[The Accelerated Benefit will not be available to You unless You have been Actively at Work under The [Policy].]

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

The Amount of Life Insurance payable upon [the Terminally Ill person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit. [In addition, Your remaining Amount of Life Insurance will be subject to any reductions in The [Policy] and will not increase once an Accelerated Benefit has been paid.] [There will be no effect on premium due after the Accelerated Benefit Amount is paid under this benefit.] [There will be no effect on the Accidental Death and Dismemberment Benefit Principal Sum after the Accelerated Benefit Amount is paid under this benefit.]

You may request a minimum Accelerated Benefit amount of [\$50,000] and a maximum of [\$50,000]. However, in no event will the Accelerated Benefit Amount exceed [80%] of [the Terminally Ill person's] Amount of Life Insurance. [This option may be exercised only once [for You and only once for each of Your [Dependents]].]

[For example, if You are covered for a Life Insurance Benefit Amount under The [Policy] of \$100,000 and are Terminally Ill, You can request any portion of the Amount of Life Insurance Benefits from \$10,000 to \$80,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$30,000 now, You cannot request the additional \$50,000 in the future.]

[If You submit proof satisfactory to Us of Your Terminal Illness You will also meet the definition of Disabled for Waiver of Premium.]

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

[In the event:

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

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

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

[Amount of Life Insurance as used in this benefit means [Basic] Life Insurance.]

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

[GBD-1100 F06 (10/08) (AR)]

**[Proof of Terminal Illness and Examinations:** *[Must proof of Terminal Illness be submitted?]*

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

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

[GBD-1100 F07 (10/08)]

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

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

- 1) [are in an Eligible Class], coverage will remain in force, provided premium is paid[;
- 2) [are not in an Eligible Class], but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or

3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision.] [In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.]

[GBD-1100 F08 (10/08)]

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

If Life Insurance coverage or any portion of it under The [Policy] ends for any reason, [except nonpayment of premium,] You [and Your Dependents] have the right to convert the coverage that terminated to an individual conversion 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 covered; under The [Policy].

If coverage under The [Policy] ends because:

- 1) The [Policy] is terminated; or,
- 2) [coverage for an Eligible Class is terminated; or]
- 3) [[Your Employer] is no longer a [Participating] [Employer]];

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

- 1) [\$10,000]; or
- 2) the Life Insurance Benefit under The [Policy] less any Amount of Life Insurance for which You [or Your Dependent] may become eligible under any group life insurance policy issued or reinstated within [31] days of termination of group life coverage.

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

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

[GBD-1100 F09 (10/08)]

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

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

- 1) complete a Notice of Conversion Right form[;and
- 2) have [Your [Employer]] sign the form].

[The Insurer] must receive this within:

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

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

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

You must:

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

within the time period specified in the proposal.

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

- 1) will be effective as of the [32<sup>nd</sup> day] after the date coverage ends; and
- 2) will be in lieu of coverage for this amount under The [Policy].

[GBD-1100 F10 (10/08)]

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

The Conversion Policy will:

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

The Conversion Policy will not provide[:

- 1) the same terms and conditions of coverage as The [Policy];
- 2) any benefit other than [the Life Insurance Benefit]; and
- 3) term insurance [unless You request a single premium term insurance policy for a period of [1] year prior to the issuance of the Conversion Policy].]

[However, Conversion is not available for any Amount of Life Insurance which was, or is being, continued[:

- 1) in accordance with the Waiver of Premium provision;
- 2) under a certificate of insurance issued in accordance with the Portability provision; or
- 3) in accordance with the Continuation Provisions;]

until such coverage ends.]

[GBD-1100 F11 (10/08)]

**Death within the Conversion Period:** *[What if I [or my Dependents] die before coverage is converted?]*

We will pay the [deceased person's] Amount of Life Insurance You would have had the right to apply for under this provision if:

- 1) coverage under The [Policy] terminates; and
- 2) You [or Your Dependent] die within [31 days] of the date coverage terminates; and
- 3) We receive Proof of Loss.

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

[GBD-1100 F12 (10/08)]

**[Effect of Waiver of Premium on Conversion:** *[What happens to the Conversion Policy if Waiver of Premium is later approved?]*

If You apply and are approved for Waiver of Premium 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 the individual Conversion Policy is surrendered. The Insurer will refund the premium paid for such Conversion Policy.]

[GBD-1100 F13 (10/08)]

**[Portability Benefits:** *[What is Portability?]*

Portability is a provision which allows You [and Your Dependents] to continue coverage under a group Portability policy when coverage would otherwise end due to certain Qualifying Events. [Portability applies to Basic Life Insurance only].]

[GBD-1100 F14 (10/08)]

**[Qualifying Events:** *[What are Qualifying Events?]*

Qualifying Events for You are:

- 1) Your employment terminates, for any reason [prior to [age [65]]]; or
- 2) Your membership in an Eligible Class under The [Policy] ends; or
- 3) You are denied Waiver of Premium solely because You do not meet the definition of Disabled];

provided the Qualifying Event occurs prior to [age [65]].

[Qualifying Events for Your [Dependents] are]:

- 1) Your Employment terminates, for any reason [prior to [age [65]]];
- 2) Your death; or
- 3) [You are denied Waiver of Premium solely because You do not meet the definition of Disabled;]
- 4) Your membership in a class eligible for [Dependents'] coverage ends; or
- 5) He or she no longer meets the definition of [Dependent][, however, a [Dependent Child(ren)] who reaches the limiting age under The [Policy] is not eligible for Portability];

provided the Qualifying Event occurs prior to [age [65]].

[In order for [Dependent Child(ren)] coverage to be continued under this provision, You or Your Spouse must elect to continue coverage due to your own Qualifying Event.]]

[GBD-1100 F15 (10/08)]

**[Electing Portability:** *[How do I elect Portability?]*

You may elect Portability for Your coverage after Your [Basic Life Insurance coverage] ends [due to] a Qualifying Event. [You may also elect Portability for Your [Dependent] coverage if Your [Dependent] coverage ends [due to] a Qualifying Event.] The [Policy] must still be in force [and [the Employer] must continue to be a [Participating] [Employer]] in order for Portability to be available. Portability will not be available to You [or Your Dependents] unless You have been Actively at Work under The [Policy].

To elect Portability for [You] [or Your Dependents], You must:

- 1) complete and have [Your Employer] sign a Portability application;
- 2) submit the application [to Us,] with the required premium; and
- 3) provide Evidence of Insurability, if required].

This must be received within:

- 1) [31 days] after Life Insurance terminates; or

2) [15 days] from the date [Your Employer] signs the application;]  
[whichever is later]. [However, Portability requests will not be accepted if they are received more than [91 days] after Life Insurance terminates.]

After [We] verify eligibility for coverage, We will issue a certificate of insurance under a Portability policy. The Portability coverage will be:

- 1) [issued without Evidence of Insurability;]
- 2) issued on one of the forms then being issued by Us for Portability purposes; and
- 3) effective on the day following the date Your [or Your Dependent's] coverage ends.

The terms and conditions of coverage under the Portability policy will not be the same terms and conditions that are applicable to coverage under The [Policy].

[We require Evidence of Insurability, satisfactory to Us, for coverage under a Portability policy at preferred rates. If You [or Your Dependent's] Evidence of Insurability is not satisfactory to Us Your [or Your Dependent's] coverage under a Portability policy will not be issued with preferred rates but will instead be issued with non-preferred Portability rates.]]  
[GBD-1100 F16 (10/08)]

**[Limitations: [What limitations apply to this benefit?]**

You may elect to continue [50%, 75% or 100%] of the [Amount of Life Insurance] which is ending for You [or Your Dependent]. This amount will be rounded to the next higher multiple of [\$1,000], if not already a multiple of [\$1,000]. However, the [Amount of Life Insurance] that may be continued will not exceed[:

- 1) [\$250,000] for You;
- 2) [\$50,000] for Your Spouse; or
- 3) [\$10,000] for Your [Dependent Child(ren)].]

[If You elect to continue [50% or 75%] now, You may not continue any portion of the remaining amount under this Portability provision at a later date.] [In no event will You [or Your Dependent(s)] be able to continue [an Amount of Life Insurance] which is less than [\$5,000].]

Portability is not available for [any Amount of Life Insurance] for which You [or Your Dependent(s)] were not eligible and covered.

[In addition Portability is not available if [You [or Your Dependents]] are entering active military service.]]  
[GBD-1100 F17 (10/08)]

**[Effect of Portability on Other Provisions: [How does Portability affect other Provisions?]**

Portability is not available for any [Amount of Life Insurance] which [was, or is being,] continued in accordance with the[:

- 1) Conversion Right;
- 2) Waiver of Premium provision; or
- 3) Continuation provisions;]

under The [Policy]. However, if:

- 1) You elect to continue only a portion of terminated coverage under this Portability Benefit; or
- 2) the [Amount of Life Insurance] exceeds the maximum Portability amount;

then the Conversion Right may be available for the remaining amount.

[The Waiver of Premium provision will not be available if You elect to continue coverage under this Portability Benefit.]  
[GBD-1100 F18 (10/08)]

**[Critical Illness Benefit: [Is a benefit payable if I am [or my Dependents are] diagnosed with a Critical Illness? ]**

We will pay a Critical Illness Benefit Amount if You [or Your Dependents]:

- 1) receive a Positive Diagnosis of a Critical Illness; and
- 2) have satisfied the Waiting Period].

[The Critically Ill person] must be:

- 1) covered under The [Policy] for a Life Insurance Benefit Amount of at least [\$10,000]; and
- 2) under [age [65]].

You must request in writing that a portion of [the Critically Ill person's] amount of Life Insurance Benefit be paid as a Critical Illness Benefit.

The Critical Illness Benefit Amount is [the amount You request,] subject to a minimum amount of [\$5,000], and a maximum of [\$25,000], in \$5,000 increments. [However, in no event will the Critical Illness Benefit Amount exceed [50%] of [the Critically Ill person's] Life Insurance Benefit Amount. The Critical Illness Benefit Amount is stated on the Schedule of Insurance.] The benefit will be paid in one lump sum and will be subject to all applicable terms and conditions of The [Policy].

[For example, if You are covered under The [Policy] for a Life Insurance Benefit Amount of \$100,000 and are Positively Diagnosed with a Critical Illness, You can request any portion of the Amount of Life Insurance Benefits between \$5,000 and \$25,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$5,000 now, You cannot request the additional \$20,000 in the future.]

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

Upon payment of the Critical Illness Benefit Amount, We will continue [the Critically Ill person's] Life Insurance. However, continued insurance will be subject to any reductions under The [Policy].

[The Amount of Life Insurance payable upon [the Critically Ill person's] death will not be reduced by any Critical Illness Benefit Amount received under this benefit. The Critical Illness Benefit is an additional benefit amount payable under The [Policy]. However, the Life Insurance Benefit Amount will be subject to any other reductions under The [Policy].]

[The Amount of Life Insurance payable upon [the Critically Ill person's] death will be reduced by any Critical Illness Benefit Amount already received under this benefit.]

The Critical Illness Benefit provided herein will not be payable[:

- 1) during the Waiting Period; or
- 2) if [the Critically Ill person dies] within the [30] day period immediately following a Positive Diagnosis of a Critical Illness; or
- 3) if [the Critically Ill person has] already received an Critical Illness Benefit; or
- 4) for a Critical Illness which was Positively Diagnosed prior to [the Critically Ill person's] effective date of coverage; or
- 5) for any disease, sickness or injury, except as expressly stated herein; or
- 6) for a Critical Illness which is diagnosed by You or any member of Your immediate family; or
- 7) for a Critical Illness which is contracted as a result of war or act of war, or service in the armed forces of any country].

We reserve the right to require proof of Critical Illness. Any diagnosis submitted must be made in the United States and provided by an attending Physician.

If [the Critically Ill person fails] to submit proof satisfactory to Us of a Critical Illness, or [refuses] to be examined by a Physician as may be required by Us, then no Critical Illness Benefit will be payable.

In addition to the terminating events stated in The [Policy], [the Critically Ill person's] coverage under this benefit will terminate on the earliest to occur of:

- 1) [the first day of the month on or next following] payment of the Critical Illness Benefit; or
- 2) [the premium due date on or next following] the date [the Critically Ill person reaches] [age [65]].

[If You [or Your Dependent] have executed an assignment of interest with respect to the Life Insurance benefit, in order to pay benefits under this provision, We must receive a release from the individual to whom the assignment was made before any benefits are payable.]

**[Critically Ill or Critical Illness means Cancer, Heart Attack and Stroke, as defined.]**

**[Cancer** means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, or malignant tumor. It does not include other conditions which may be considered pre-cancerous, including, but not limited to: leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles, basal cell carcinoma, or similar diseases or lesions. Cancer does not mean carcinoma in situ.]

**[Heart Attack** means a myocardial infarction only. Heart attack does not include any other disease, arrhythmia or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack.]

**[Stroke** means a cerebrovascular accident which results in paralysis lasting more than 24 hours and produces measurable neurological deficit persisting for at least 30 days following the occurrence of the stroke. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.]

**[Benefit Age Limit** means age [65.]]

**[Positive Diagnosis]** means a diagnosis of a Critical Illness by a Physician. With respect to Cancer diagnosis, Positive Diagnosis is based on a microscopic examination of fixed tissue or preparation from the hemic system (except for skin Cancer). If a pathological diagnosis cannot be made, We will accept clinical diagnosis of Cancer as evidence that Cancer existed. The evidence must substantially document the diagnosis.]]

[GBD-1100 F19 (10/08)]

### **[Cafeteria Plan Election Restriction]**

The [Policy] is a part of a Cafeteria Plan sponsored by [Your Employer] and governed by the requirements of Section 125 of the Internal Revenue Code. The rules of the Cafeteria Plan will supersede any provisions of The [Policy] which are in conflict with them.

Cafeteria Plans are subject to the following restriction:

The benefits You elect during the enrollment period will remain in effect until the next enrollment period.

Section 125 allows exception to this rule only in specified situations, including Change in Family Status and commencement or termination of employment.]

[GBD-1100 F20 (10/08)]

### **[[Ability Plus Benefit]**

If You [or Your Dependent] [are under age [60] and] become disabled while covered under [this benefit of] The [Policy,] We will pay the [Ability Plus Benefit] provided:

- 1) [the disabled person is] [Cognitively Impaired] or unable to perform [two or more] Activities of Daily Living (ADL's) for which You can not be reasonably accommodated by adaptive equipment[;
- 2) [the disabled person has] been approved for Waiver of Premium under The [Policy]]; and
- 3) the [Cognitive Impairment or] inability to perform [two or more] ADL's has lasted for at least [30] consecutive days.

This benefit applies to the Standard Issue Program. It does not apply to[:

- 1) the Modified Guaranteed Issue Program;
- 2) the Guaranteed Issue Program;
- 3) the Critical Illness Benefit; or
- 4) Dependent coverage].

The amount of the [Ability Plus Benefit] will be [[50%] of [the disabled person's] Amount of Life Insurance benefit.] [The benefit will be paid for [5 years] unless terminated earlier in accordance with the Termination provision of The [Policy]]. [We will pay benefits to You monthly. For periods of less than 1 month, We will pay 1/30th of the Ability Plus Benefit for each day of covered loss.]

The Ability Plus Benefit:

- 1) will [not] reduce the Life Insurance Benefit under The [Policy]]; or
- 2) will [not] be subject to any Reduction in Amount of Insurance provision].

[[The disabled person is] not restricted in any way as to your use of this [Ability Plus Benefit.]]

**Activities of Daily Living (ADLs)** means the following functions performed by [the disabled person] with or without equipment or adaptive devices[:

- 1) bathing, by being able to either:
  - a) wash in a tub or with shower devices; or
  - b) take a sponge bath;
- 2) dressing, by putting on and taking off needed garments and any braces or artificial limbs necessary to wear;
- 3) using the toilet by being able to get to and from, and on and off the toilet, and performing the associated hygienic tasks;
- 4) transferring from bed to chair or wheelchair;
- 5) bladder and bowel control by being able to either:
  - a) voluntarily control bowel and bladder function; or
  - b) maintain a reasonable level of personal hygiene, if not able to do so; and
- 6) feeding [himself or herself], once the food has been prepared and is made available].

**Cognitively Impaired** means [the disabled person suffers] severe deterioration, or loss of:

- 1) memory;
- 2) orientation; or
- 3) the ability to understand or reason;

so that [he or she is] unable to perform common tasks such as, but not limited to, medication management, money management and using the telephone. The impairment in intellectual capacity must be measurable by standardized tests.

The Ability Plus Benefit will no longer be paid on the date [the disabled person]:

- 1) [is] not Cognitively Impaired and [is] able to perform [five or more] ADLs; or
- 2) reaches [the maximum payment period for this benefit.]

[GBD-1100 F21 (10/08)]

**[Occupational Death Benefit:** *[When is the Occupational Death Benefit payable?]*

If You suffer a Loss of life as the result of a Covered Occupational Death, We will pay an Occupational Death Benefit if Your Death:

- 1) occurred within [365 days] after the date You were last Actively at Work; and
- 2) occurred while You were covered under The [Policy].

**Covered Occupational Death** means a death caused by or resulting from[:

- 1) an Injury sustained during working hours as an [employee] of the [Employer], or in the case of a required period of work not coinciding with regular work hours, while in transit to or from work;
- 2) any disease or infection which arises out of the scope of active employment as an [employee] and to which You are not ordinarily exposed;
- 3) cardiovascular, hypertension disease or Silicosis and You were treated by a Physician within [365 days] after You were last Actively at Work;
- 4) cardiovascular or hypertension disease if You were Actively at Work for [1 day] or more and:
  - a) death occurs within [365 days] after You were last Actively at Work;
  - b) were treated by a Physician after You were last Actively at Work and within [365 days] of Your initial treatment.
- 5) any disease of the lungs or respiratory tract or renal disease].

**[Injury** means bodily injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which occurs while You are covered under The [Policy].

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

**Silicosis** means a disease of the lungs caused by breathing silica dust producing fibrous nodules, distributed through the lungs and demonstrated by x-ray or autopsy.]

No benefit will be payable for any death for which benefits are payable under any individual insurance policy obtained by exercising Your Conversion Right or under the Portability Benefit.

The Occupational Death Benefit will not be payable if Your death is caused or contributed by[:

- 1) war or act of war, whether declared or not;
- 2) suicide or attempted suicide, whether sane or insane;
- 3) Injury sustained while committing or attempting to commit a felony; or
- 4) voluntary use or consumption of any poison, chemical compound or drug, including but not limited to prescribed medications, unless as prescribed by or administered by a Physician].

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

[GBD-1100 F23 (10/08)]

**[Guaranteed Purchase Option Benefit:** *[Will benefits increase automatically?]*

You may increase Your [and Your Spouse's] [Basic] Amount of Life Insurance, without submitting Evidence of Insurability, on any Option Date provided You [and Your Spouse]:

- 1) are under age [50] at the time of [initial] [application] [enrollment in this option][;
- 2) select this benefit option at the time of [initial] application];
- 3) are covered for a Life Insurance benefit amount of less than [\$100,000]; and
- 4) do not decline an increase on any Option Date.

Each increase will be [10%] of Your [or Your Spouse's] [Basic] Amount of Life Insurance in effect prior to the first increase.

However, the total of all increases under this benefit:

- 1) will not be more than [150%] of Your [or Your Spouse's] [Basic] Amount of Life Insurance in effect prior to the first increase; and
- 2) will not exceed the Maximum Amount of Life Insurance offered to new applicants under The [Policy] on each Option Date.

Each increase will be effective on the applicable Option Date and premiums will be adjusted to reflect the increase in Your [or Your Spouse's] Amount of Life Insurance.

**Option Period** means [12] consecutive months of coverage under The [Policy].

**Option Date** means:

- 1) the first date of the month on or next following the first Option Period; and
- 2) the first day of the month on or next following each Option Period thereafter;

up to a maximum of [5] Option Periods while You [or Your Spouse] are insured under The [Policy].]

[GBD-1100 F24 (10/08)]

## EXCLUSIONS

**[Exclusions:** *[What is not covered under The [Policy]?*]

The [Policy] does not cover any loss caused or contributed to by:

- 1) intentionally self-inflicted Injury;
- 2) suicide or attempted suicide, whether sane or insane;
- 3) war or act of war, whether declared or not;
- 4) Injury sustained while on [full-time] active duty as a member of the armed forces (land, water, air) of any country or international authority [except Reserve or National Guard Service];

(We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on full-time active duty, for a period of [two months] or more. [Written notice] must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.);

- 5) Injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
- 6) Injury sustained while On any aircraft:
  - a) as a pilot, crewmember or student pilot;
  - b) as a flight instructor or examiner;
  - c) if it is owned, operated or leased by or on behalf of [the Policyholder], or any [Employer] or organization whose eligible persons are covered under The [Policy]; or
  - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 7) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
- 8) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
- 9) Injury sustained while committing or attempting to commit a felony;
- 10) Injury sustained while Intoxicated; or
- 11) Injury sustained while driving while Intoxicated].

**[Intoxicated** means:

- 1) the blood alcohol content;
- 2) the results of other means of testing blood alcohol level; or
- 3) the results of other means of testing other substances;

that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.]

**[Reserve or National Guard Service** means You [or Your Dependents] are:

- 1) attending or en route to or from any active duty training of less than sixty (60) days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or
- 4) taking part as a unit member in a parade or exhibition authorized by official orders.]]

[PA-9222 G01 (10/08)]

## GENERAL PROVISIONS

### **Notice of Claim:** *[When should I notify the Company of a claim?]*

You, or the person who has the right to claim benefits, must give Us, [or Our representative,] [written] notice of a claim within [30] days after:

- 1) the date of death[; or
- 2) the date of loss].

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

[GBD-1100 H01 (10/08)]

### **Claim Forms:** *[Are special forms required to file a claim?]*

[Within [15] days of receiving a Notice of Claim, We [or Our representative] will send forms to the claimant to provide Proof of Loss. If We do not send the forms within [15] days, any other [written] proof which fully describes the nature and extent of the claim may be submitted.]

[GBD-1100 H02 (10/08)]

### **Proof of Loss:** *[What is Proof of Loss?]*

Proof of Loss may include, but is not limited to, the following[:

- 1) a completed claim form;
- 2) a certified copy of the death certificate (if applicable);
- 3) Your Enrollment form;
- 4) Your Beneficiary Designation (if applicable);
- 5) documentation of:
  - a) the date Your disability began;
  - b) the cause of Your disability; and
  - c) the prognosis of Your disability;
- 6) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
- 7) the names and addresses of all:
  - a) Physicians or other qualified medical professionals You have consulted;
  - b) hospitals or other medical facilities in which You have been treated; and
  - c) pharmacies which have filled Your prescriptions within the past three years;
- 8) Your signed authorization for Us to obtain and release medical, employment, and financial information (if applicable); or
- 9) any additional information required by Us to adjudicate the claim].

All proof submitted must be satisfactory to Us.

[GBD-1100 H03 (10/08)]

### **Sending Proof of Loss:** *[When must Proof of Loss be given?]*

[Written] Proof of Loss should be sent to Us [or Our representative]:

- 1) [with respect to the Life Insurance Benefits] within [365 days][; and
- 2) with respect to the Accidental Death and Dismemberment Benefits within [90] days];

after the loss. However, all claims should be submitted to Us within [90] days of the date coverage ends.

If proof is not given by the time it is due, it will not affect the claim if:

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

[GBD-1100 H04 (10/08)]

### **Physical Examination and Autopsy:** *[Can We have a claimant examined or request an autopsy?]*

While a claim is pending We have the right at Our expense:

- 1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and
- 2) to have an autopsy performed in case of death where it is not forbidden by law.

[GBD-1100 H05 (10/08)]

### **Claim Payment:** *[When are benefit payments issued?]*

When We determine that benefits are payable, We will pay the benefits in accordance with the Claims to be Paid provision, but not more than [30] days after such Proof of Loss is received.

Benefits may be subject to interest payments as required by applicable law.

[GBD-1100 H06 (10/08)]

**Claims to be Paid:** *[To whom will benefits for my claim be paid?]*

Life Insurance Benefits [and benefits for loss of life under the Accidental Death and Dismemberment Benefit] will be paid in accordance with the life insurance Beneficiary Designation provided it does not contradict the Claim Payment provision.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay[:

- 1) the executors or administrators of Your estate;
- 2) all to Your surviving spouse;
- 3) if Your spouse does not survive You, in equal shares to Your surviving children;
- 4) if no child survives You, in equal shares to Your surviving parents; or
- 5) if no parent survives You, in equal shares to Your surviving siblings].

In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to [\$500] to any person equitably entitled to payment by reason of having incurred expenses on Your behalf or because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.

If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:

- 1) [\$200] at Your death; and
- 2) monthly installments of not more than [\$200.]

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

[We will pay the Life Insurance Benefit [and benefits for loss of life under the Accidental Death and Dismemberment Benefit] at Your [Dependents'] death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving spouse or the executor or administrator of Your estate.]

[If benefits are payable and meet Our guidelines, then You, or your Beneficiary, may elect to receive benefits in a lump sum payment or may elect to receive benefits through a draft book account. The draft book account will be owned by:

- 1) You, if living; or
- 2) Your beneficiary, in the event of Your death.]

However, an account will not be established for:

- 1) a benefit payable to Your estate[;
- 2) an Accidental Death and Dismemberment Principal Sum;
- 3) an amount that is less than [\$10,000]; or
- 4) benefits due at Your Dependent's death].]

We will make any payments, other than for loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to[:

- 1) Your estate;
- 2) a person who is a minor; or
- 3) a person who is not legally competent],

then We may pay up to [\$1,000] to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.

[Periodic benefit payments will be made on a monthly basis after We receive the Proof of Loss and will continue while the loss and Our liability continue.]

[GBD-1100 H07 (10/08)]

**Beneficiary Designation:** *[How do I designate or change my beneficiary?]*

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us [and filing the form with [the Employer]. Only satisfactory forms sent to [the Employer] prior to Your death will be accepted].

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

[In no event may a beneficiary be changed by a power of attorney.]

[GBD-1100 H08 (10/08)]

**[Optional Modes of Settlement:** *[Do I have any payment options?]*

You may elect by written request that Your Life Insurance Benefit or part of it be paid in equal installments for a specified number of years. Your beneficiary may also choose this option.

We will make the first payment when We receive Proof of Loss. No installment will be less than [\$20] under any option chosen.

In addition to each installment after the first, the payee will receive interest. The rate of interest per year will be:

- 1) at least Our corporate interest rate; and
- 2) any amount over Our corporate interest rate which We declare for that year on funds remaining with Us.

If any installments are left unpaid when the payee last entitled to receive them dies, We will:

- 1) calculate the sum of the remaining installments; then
- 2) commute the sum at Our corporate interest rate per year; then
- 3) pay the resulting amount to the executors or the administrators of the payee's estate.

If the payee is a corporation, partnership, association, assignee or trustee, this option will be available only with Our consent.

Provision may be made for payment of Your Life Insurance Benefit under any reasonable arrangement mutually agreed upon.]

[GBD-1100 H09 (10/08)]

**Claim Denial:** *[What notification will my beneficiary or I receive if a claim is denied?]*

If a claim for benefits is wholly or partly denied, You or Your beneficiary will be furnished with written notification of the decision. This written notification will:

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

[GBD-1100 H10 (10/08)]

**Claim Appeal:** *[What recourse do my beneficiary or I have if a claim is denied?]*

On any claim, the claimant or his or her representative may appeal to Us for a full and fair review. To do so, he or she:

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

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

[GBD-1100 H11 (10/08)]

**[[Policy] Interpretation:** *[Who interprets the terms and conditions of the [Policy] ?]*

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of The [Policy]. [This provision applies where the interpretation of The [Policy] is governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA).]

[GBD-1100 H12 (10/08)]

**Incontestability:** *[When can the Life Insurance Benefit of The [Policy] be contested?]*

Except for non-payment of premiums, Your [or Your Dependent's] Life Insurance Benefit cannot be contested after two years from its effective date.

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

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

All statements made by [the Policyholder], [the Employer] or You [or Your Spouse] under The [Policy] will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or Your representative.

[GBD-1100 H13 (10/08)]

**Assignment:** *[Are there any rights of assignment?]*

[[You have the right] to absolutely assign all of Your rights and interest under The [Policy] including, but not limited to the following:

- 1) the right to make any contributions required to keep the insurance in force;
- 2) the right to convert; and
- 3) the right to name and change a beneficiary.

We will recognize any absolute assignment made by You under The [Policy], provided:

- 1) it is duly executed; and
- 2) a copy is acknowledged and on file with Us.

We [and [the Policyholder]] assume no responsibility:

- 1) for the validity or effect of any assignment; or
- 2) to provide any assignee with notices which We may be obligated to provide to You.

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

[GBD-1100 H14 (10/08)]

**Legal Actions:** *[When can legal action be taken against us?]*

Legal action cannot be taken against Us:

- 1) sooner than [60] days after the date [written] Proof of Loss is furnished; or
- 2) more than [3] years after the date Proof of Loss is required to be furnished according to the terms of The [Policy].

[GBD-1100 H15 (10/08)]

**Workers' Compensation:** *[How does The [Policy] affect Workers' Compensation coverage?]*

The [Policy] does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

[GBD-1100 H16 (10/08)]

**Insurance Fraud:** *[How does the Company deal with fraud?]*

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

[GBD-1100 H17 (10/08)]

**Misstatements:** *[What happens if facts are misstated?]*

If material facts about You [or Your Dependents] were not stated accurately:

- 1) the premium may be adjusted; and
- 2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

[GBD-1100 H18 (10/08)]

## DEFINITIONS

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

[PA-9221 C01 (10/08)]

**[Actively at Work]** means at work with [Your Employer] on a day that is one of [Your Employer's] scheduled workdays.

On that day, You must be performing for wage or profit all of the regular duties of Your job:

- 1) in the usual way; and
- 2) for Your usual number of hours.

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

[PA-9221 C02 (10/08)]

**[Actively at Work]** means You are performing all the regular duties of Your occupation on a full-time basis (at least 40 hours per week) at Your customary place of employment or in the usual way.]

[PA-9221 C03 (10/08)]

**[Airworthiness Certificate]** means:

- 1) the "standard" Airworthiness Certificate issued by the United States Federal Aviation Administration (FAA); or
- 2) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.]

[PA-9221 C04 (10/08)]

**[Bonuses]** means the monthly average of monetary bonuses You received from [the Employer] over:

- 1) the 1 month period immediately prior to the [Policy] Anniversary Date; or
- 2) the total period of time You worked for [the Employer], if less than 1 month.]

[PA-9221 C05 (10/08)]

**[Civil or Public Aircraft]** means a civil or public aircraft which:

- 1) has a current and valid Airworthiness Certificate;
- 2) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and
- 3) is not operated by the militia, or armed forces of any state, national government or international authority.]

[PA-9221 C07 (10/08)]

**[Commissions]** means the monthly average of monetary commissions You received from [the Employer] over:

- 1) the 1 month period immediately prior to the last [Policy] Anniversary Date; or
- 2) the total period of time You worked for [the Employer], if less than 1 month.]

[PA-9221 C08 (10/08)]

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

[Common Carrier will not mean any such conveyance which is hired or used for a sport, gamesmanship, contest, sightseeing, observatory and/or recreational activity, regardless of whether such conveyance is licensed.]]

[PA-9221 C09 (10/08)]

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

[PA-9221 C10 (10/08)]

**[Dependent Child(ren)]** means:

Your [unmarried] children, stepchildren, legally adopted children, or any other children related to You by blood or marriage [or domestic partnership] [who:

- 1) live with You in a regular parent-child relationship; and/or
- 2) You claimed as a dependent on Your last filed federal income tax return];

provided such children [are primarily dependent upon You for financial support and maintenance and] are[:

- 1) [at least 15 days old but not yet age [19]];
- 2) age [19], but not yet age [21], and in full-time attendance (at least [12] course credit hours per semester) at an accredited institution of learning. If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent; or
- 3) age [19] or older and disabled. Such children must have become disabled before attaining age [19]. You must submit proof, satisfactory to Us, of such children's disability.]]

[PA-9221 C13 (10/08)]

**[Dependents]** means [Your Spouse and Your Dependent Child(ren)]. A dependent must be a citizen or legal resident of the United States of America [,Puerto Rico, Guam and any other locations where We may legally provide such coverage].]

[PA-9221 C14 (10/08)]

**[Earnings]** means, for sole proprietor, partners, members of a limited liability company taxable as a partnership under the federal income tax laws, or shareholders in a S Corporation:

- 1) the annual average of earnings reported as "net earnings from self-employment" for federal income tax purposes for:
  - a) the 1 tax year(s) immediately prior to the last [Policy] Anniversary Date; or
  - b) the number of months You were employed in this capacity, if less than above period; but not
- 2) contributions You make through a salary reduction agreement with [Your Employer] to:

- a) an Internal Revenue Code (IRC) Section 401(k), 403(b) or 457 deferred compensation arrangement;
- b) an executive non-qualified deferred compensation arrangement; or
- c) a salary reduction arrangement under an IRC Section 125 plan, for the same period as above.

Earnings does not include bonuses, commissions, tips and tokens, dividends, capital gains and returns of capital.

Earnings means, for hourly paid Active [Employees], the product of:

- 1) the average number of hours You worked per year, not including overtime, over the most recent 1 year period immediately prior to the date You were last Actively at Work, multiplied by:
- 2) Your hourly wage in effect on the date immediately prior to the date You were last Actively at Work.]

**[Earnings]** means, for all other Active [Employees], Your regular annual rate of pay, in effect on the date You were last Actively At Work, based on Your Statement of Wages Earned and Taxes Withheld (Form W-2) for:

- 1) the 1 year period immediately prior to the date You were last Actively at Work; or
- 2) the total number of calendar years You worked for [Your Employer], if less than the above period.]

**[Earnings]** means, for all other Active [Employees], Your regular annual rate of pay, not counting commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the last [Policy] Anniversary Date.

However, if You are an hourly paid Active [Employee], Earnings means the product of:

- 1) the average number of hours You worked per year, not including overtime, over the most recent 1 year period immediately prior to the date You were last Actively at Work, multiplied by:
- 2) Your hourly wage in effect on the date immediately prior to the date You were last Actively at Work.]]

[PA-9221 C15 (10/08)]

**[Employer]** means [the Policyholder].

[PA-9221 C18 (10/08)]

**[Evidence of Insurability]:** Evidence of Insurability means evidence must be satisfactory to Us and may include, but will not be limited to[:

- 1) a completed and signed application approved by Us;
- 2) a medical examination[, if requested];
- 3) an attending Physicians' statement[, if requested]; and
- 4) any additional information We may require.]

[PA-9221 C44 (10/08)]

**[FAA]** means:

- 1) the Federal Aviation Administration of the United States of America; or
- 2) the equivalent aviation authority for the country of the aircraft's registry, if the governmental authority is recognized by the United States of America.]

[PA-9221 C19 (10/08)]

**[Guaranteed Issue Amount]** means the Amount of Life Insurance for which We do not require Evidence of Insurability.

[The Guaranteed Issue Amount is shown in the Schedule of Insurance.]

[PA-9221 C20 (10/08)]

**[Injury]** means bodily injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which occurs while You [or Your Dependents] are covered under The [Policy].

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.]

[PA-9221 C22 (10/08)]

**[Military Transport Aircraft]** means a transport aircraft operated by:

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

[PA-9221 C24 (10/08)]

**[Motor Vehicle** means a self-propelled, four (4) or more wheeled[:

- 1) private passenger: car, station wagon, van or sport utility vehicle;
- 2) motor home or camper; or
- 3) pick-up truck];

not being used as a Common Carrier.

[A Motor Vehicle does not include farm equipment, snowmobiles, all-terrain vehicles, lawnmowers or any other type of equipment vehicles.]]

[PA-9221 C25 (10/08)]

**[Non-Contributory Coverage** means coverage for which You are not required to contribute toward the cost. Non-Contributory Coverage is shown in the Schedule of Insurance.]

[PA-9221 C26 (10/08)]

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

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

[PA-9221 C27 (10/08)]

**[On** means, when used with reference to any conveyance (land, water or air), in or on, boarding or alighting from the conveyance.]

[PA-9221 C28 (10/08)]

**[[Participating] [Employer]** means [an Employer] [who agrees to participate in the Trust, pays the required contribution and is a participant in accordance with the provisions of The [Policy]].]

[PA-9221 C29 (10/08)]

**[Physician** means a person who is:

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

[PA-9221 C31 (10/08)]

**[Physician** means a legally qualified physician or surgeon other than a physician or surgeon who is You or Related to You by blood or marriage [or who is the proprietor or an employee of a Nursing Home].]

[PA-9221 C32 (10/08)]

**[Prior [Policy]** means [the group life insurance [policy] carried by [the Employer] on the day before [[the Policy Effective Date]]] [and will only include the coverage which is transferred to Us].]

[PA-9221 C33 (10/08)]

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

[PA-9221 C34 (10/08)]

**[Retiree** means a former [employee] of [the Employer] [:

- 1) whose age plus years of service equals at least [100];
- 2) who has attained [Age [65]];
- 3) who has completed at least [40] years of active full-time or part-time service with [the Employer];
- 4) who is participating in [an Employer]-sponsored pension plan; and
- 5) who retired from [the Employer] immediately after the last day as an Active [Employee]; [or]
- 6) who was on approved Waiver of Premium, immediately before retirement.]]

[PA-9221 C35 (10/08)]

**[Spouse]** means Your spouse who[:

- 1) is under age [90]; and
- 2) is not [legally separated or] divorced from You; and
- 3) is not in active full-time military service outside the continental United States, Hawaii, Puerto Rico or Alaska.

[Spouse will include Your domestic partner provided You:

- 1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners for purposes of The [Policy]; or
- 2) have registered as domestic partners with a government agency or office where such registration is available [and provide proof of such registration unless requiring proof is prohibited by law].

You will continue to be considered domestic partners provided You continue to meet the requirements [described in the [domestic partner affidavit]] [or required by law].]

[PA-9221 C37 (10/08)]

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

[PA-9221 C38 (10/08)]

**[Tips and Tokens]** means the monthly average of monetary tips and tokens You received from [the Employer] over:

- 1) the 1 month period immediately prior to the [Policy] Anniversary Date; or
- 2) the total period of time You worked for [the Employer], if less than 1 month.]

[PA-9221 C39 (10/08)]

**[Trust]** means [[the Policyholder] stated on the face page of The [Policy]].]

[PA-9221 C40 (10/08)]

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

[PA-9221 C41 (10/08)]

**You or Your** means the person to whom this Certificate of Insurance is issued.

[PA-9221 C42 (10/08)]

[[Amendatory] Rider



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
[200 Hopmeadow Street  
Simsbury, Connecticut 06089]  
(A stock insurance company)

[This rider forms a part of a Certificate of Insurance given in connection with The [Policy].

This rider becomes effective on the later to occur of:

- 1) the Effective Date of The [Policy] or, if later, the Effective Date of the certificate to which this rider is attached; or
- 2) the first day of the month on or next following the date We accept Your application and required premium.

]

In all other respects the Certificate of Insurance remains the same.

Signed for Hartford Life and Accident Insurance Company

[

Ricardo A. Anzaldua, Secretary

John C. Walters, President

]



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

[200 Hopmeadow Street, Simsbury, Connecticut 06089]  
(A stock insurance company, herein called The Company)  
will pay benefits according to the terms and conditions of The [Policy].

[AMENDMENT TO GROUP POLICY GLT-123456 PROCESSED ON OCTOBER 8, 2008. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE JANUARY 1, 2008. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.]

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[Name of [Policyholder]:] [ABC COMPANY]

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**[[Policy] Number:]**  
[123456]

**[[Policy Effective Date:]**  
[January 1, 2009]

**[Place of Delivery:]**  
[New York]

**[Anniversary Date:]**  
[January 1 of each year, beginning in  
2009]

**[Premium Due Dates:]**  
[Monthly, on the first day of each [policy]  
month]

Signed for The Company [

Ricardo A. Anzaldúa, Secretary

John C. Walters, President

[The Company agrees with the [Policyholder] to insure certain eligible [Employees] of each [Participating] [Employer].]

[[THIRTY] DAY RIGHT TO EXAMINE [POLICY]

The Company urges you to examine this [Policy] closely. If you are not satisfied with it, you may send it back to The Company for any reason within [30] days after the date you receive it. If so returned, your insurance will be canceled, and any premium paid will be refunded in full.]

Countersigned by.....  
[Licensed Resident Agent or] Registrar

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## [SCHEDULE OF INSURANCE - ELIGIBILITY

### **Eligible [Persons]:**

#### ELIGIBLE [MEMBERS]:

All Active [Members] of [the Policyholder] who are:

- 1) under age 60; and
- 2) working in the United States of America, Puerto Rico, Guam and any other locations where The Company may legally provide such coverage.

#### ELIGIBLE SPOUSE:

An Eligible [Member's] Spouse, as defined, provided he or she is working in the United States of America, Puerto Rico, Guam and any other locations where The Company may legally provide such coverage.

**[Policy] Age Limit:** Age 70

### **Evidence of Insurability:**

#### STANDARD ISSUE PLAN

To be accepted for coverage under The [Policy], all Eligible [Persons] must submit a written application and evidence of insurability satisfactory to The Company.

The Company will pay for any evidence of insurability requested. The Company reserves the right to decline an Eligible [Person's] application for coverage under The [Policy]. If The Company declines an Eligible [Person's] request for coverage and he or she elects to provide The Company with additional evidence of insurability, the additional evidence will be at his or her own expense.

#### GUARANTEED ISSUE PLAN

If an Eligible [Person's] evidence of insurability is not satisfactory to The Company, he or she will be accepted under the Guaranteed Issue Plan if he or she:

- 1) is under age 50; and
- 2) applies for coverage within 90 days of becoming an Eligible [Person]; and
- 3) is Actively at Work during the 90 consecutive day period immediately before the date the written application was made.

### **Eligibility Restriction:**

The Eligible [Member] must apply for coverage in order to apply for coverage for his or her Spouse. If a husband and wife are both Eligible [Members], only one may apply for coverage as a [member] of [the Policyholder] and the other may be covered as a Spouse only.]

An Eligible [Person] who becomes covered under The [Policy] will be referred to herein as an Insured Person.]

## [SCHEDULE OF INSURANCE - ELIGIBILITY]

### **Eligible [Persons]:**

#### DESCRIPTION OF ELIGIBLE [PERSONS]

All Active [Members] of [the Policyholder] who are:

- 1) under age 65; and
- 2) working in the United States of America, Puerto Rico, Guam and any other locations where The Company may legally provide such coverage.

### **Eligible Dependents:**

#### DESCRIPTION OF ELIGIBLE SPOUSE

An Eligible [Member's] Spouse, as defined, provided he or she is working in the United States of America, Puerto Rico, Guam and any other locations where the Company may legally provide such coverage.

#### DESCRIPTION OF ELIGIBLE DEPENDENT CHILDREN

An Eligible [Person's] Dependent Children, as defined.

**[Policy] Age Limit:** Age 70

### **Evidence of Insurability:**

#### STANDARD ISSUE PLAN

To be accepted for coverage under The [Policy], all Eligible [Persons] and Eligible Dependents must submit a written application and evidence of insurability satisfactory to The Company.

The Company will pay for any evidence of insurability requested. The Company reserves the right to decline an Eligible [Person's] application for coverage under The [Policy]. If The Company declines and an Eligible [Person] elects to provide The Company with additional evidence of insurability, the additional evidence will be at his or her own expense.

#### GUARANTEED ISSUE PLAN

If an Eligible [Person's] Evidence of Insurability is not satisfactory to The Company, he or she will be accepted under this [Policy] if:

- 1) he or she is under age 50 on the date The Company receives his or her written application; and
- 2) during the 90 consecutive day period immediately prior to the date of his or her written application, he or she was:
  - a) Actively at Work; or
  - b) if not employed, able to carry on all the normal and customary activities of a person of like age and sex in good health.

#### MODIFIED GUARANTEED ISSUE PLAN

If an Eligible [Person's] Evidence of Insurability is not satisfactory to The Company, he or she will be accepted under The [Policy] if:

- 1) he or she is under age 60 on the date The Company received his or her written application; and
- 2) during the 90 consecutive day period immediately prior to the date of his or her written application, he or she was:
  - a) Actively at Work; or
  - b) if not employed, able to carry on all the normal and customary activities of a person of like age and sex in good health.

### **Re-entry:**

On each ten year anniversary of the Covered Person's Certificate of Insurance effective date, and subject to the Eligibility provisions shown, the Covered Person can choose to continue coverage by applying for re-entry into this 10 Year Level Term Plan. The Company will require a written application and evidence of insurability satisfactory to The Company.

### **Eligibility Restriction:**

When a husband and wife are both Eligible [Persons]:

- 1) coverage may not be duplicated by applying as dependents of each other; and
- 2) coverage for an Eligible Dependent Child may be requested by either the wife or the husband, but not both.

No Eligible Child will be covered unless either the Eligible [Person] or the Eligible Spouse is covered.

An Eligible [Person] who becomes covered under The [Policy] will be referred to herein as an Insured Person. An Insured Person and his or her covered Dependents will be referred to herein as Covered Persons.]

## [SCHEDULE OF INSURANCE - BENEFITS

The [Monthly] Benefit, Maximum Payment Period and Elimination Period for each person covered under The [Policy] will be as elected from this Schedule of Insurance at the time of application subject to:

- 1) the Eligibility provisions; and
- 2) all other terms and conditions of The [Policy].

### Total Disability Benefit

**[Monthly] Benefit:** \$2,500

The [Monthly] Benefit payable will be subject to the Offset Provision stated below. In no event will the [Monthly] Benefit elected exceed 60% of Your Pre-Disability Earnings.

#### **Offset Provision:**

The benefit amount payable as the result of the Insured Person's Total Disability will be the lesser of:

- 1) the [Monthly] Benefit; or
- 2) 60% of the Insured Person's Pre-Disability Earnings minus:
  - a) any Other Income Benefits, including those for which the Insured Person could collect but did not apply; and
  - b) all other income from any [employer] or for any work.

However, if the Insured Person's [Monthly] Benefit would reduce to less than \$50 per [month] due to Other Income Benefits, then the minimum [Monthly] Benefit under The [Policy] will be \$50 per [month].

#### **Maximum Payment Period:**

For Disability beginning:

- 1) before age 61: 5 years
- 2) age 61 or over but under 62: 4 years
- 3) age 62 or over but under 63: 3 years
- 4) age 63 or over but under 70: 2 years

The [Monthly] Benefit will be paid for the longer of:

- 1) the period shown in the above table; or
- 2) to the Insured Person's Normal Retirement Age under the most recent amendments to the United States Social Security Act.

However, the Maximum Payment Period may be reduced due to Mental Illness or Substance Abuse as specified in the Total Disability Benefit and Disabled and Working Benefit.

**Elimination Period:** 3 months

### Guaranteed Issue Plan

**[Monthly] Benefit:** \$500

#### **Maximum Payment Period:**

For Disability, as a result of an accident, beginning:

- 1) before age 61: 5 years
- 2) age 61 or over but under 62: 4 years
- 3) age 62 or over but under 63: 3 years
- 4) age 63 or over but under 70: 2 years

For Disability, as a result of a sickness: 1 year

However, the Maximum Payment Period may be reduced due to Mental Illness or Substance Abuse as specified in the Total Disability Benefit and Disabled and Working Benefit.

**Elimination Period:** 90 days

#### **Reduction in [Monthly] Benefit Based on Age:**

On the Premium Due Date on or next following the date the Insured Person:

- 1) attains age 60, if the Insured Person's [Monthly] Benefit is greater than \$3,000, it will reduce to \$3,000; and
  - 2) attains age 65, if the Insured Person's [Monthly] Benefit is greater than \$1,000, it will reduce to \$1,000;
- with an appropriate adjustment in premium.

## **[SCHEDULE OF INSURANCE - BENEFITS**

Any reduction in coverage will not apply to any period of continuous Disability that began prior to the effective date of the reduction.]]

## [SCHEDULE OF INSURANCE - BENEFITS

### **Additional Benefits:**

#### **Disabled and Working Benefit**

see benefit

#### **Minimum Indemnities for Specified Injuries**

see benefit

#### **Accidental Death and Dismemberment Benefit**

Principal Sum: \$2,500

#### **Rehabilitative Employment Benefit**

see benefit

#### **Survivor Income Benefit**

see benefit

#### **Hospital Income Benefit**

Daily Benefit: \$150

Maximum Payment Period: 365 days

#### **Critical Illness Benefit**

see benefit

#### **Cost of Living Adjustment Benefit**

see benefit

#### **Business Overhead Expense Benefit**

[Monthly] Benefit: \$100

Maximum Payment Period: 2 years

Elimination Period: 15 days

#### **Ability Plus Benefit**

see benefit

#### **Automatic Increase Benefit**

see benefit

**[SCHEDULE OF INSURANCE - BENEFITS**

The Amount of Life Insurance for each person covered under The [Policy] will be as elected from this Schedule of Insurance at the time of application subject to:

- 1) the Eligibility provisions; and
- 2) all other terms and conditions of The [Policy].

The Amount of Insurance cannot be more than the amount across from the Insured Person's age at the time of election.

**Life Insurance Benefit**

**The benefits payable under The [Policy] shall be payable to the beneficiary or beneficiaries designated by the Insured as stated in the Certificate(s) of Insurance.**

**Category of Person**

**Amount of Life Insurance**

**Life Insurance Benefit**

**Standard Issue Program**

**Basic Amount of Life Insurance**

Insured Person	\$10,000
Spouse	\$5,000
Dependent Child(ren)	
a) under 6 months of age	\$500
b) 6 months or older	\$1,000

**Supplemental Amount of Life Insurance**

Insured Person	
a) under age 60	The amount requested subject to a minimum of \$10,000 and a maximum of \$80,000 in \$10,000 increments.
b) age 60 or over, but under age 65	The amount requested subject to a minimum of \$10,000 and a maximum of \$30,000 in \$10,000 increments.
Spouse	
a) under age 60	The amount requested subject to a minimum of \$10,000 and a maximum of \$80,000 in \$10,000 increments.
b) age 60 or over, but under age 65	The amount requested subject to a minimum of \$10,000 and a maximum of \$30,000 in \$10,000 increments.
Dependent Child(ren)	Not available to Child(ren).

**Guaranteed Issue Program**

Insured Person Coverage only	\$20,000
Spouse	\$5,000

**Modified Guaranteed Issue Program**

Insured Person Coverage only	1st coverage year	\$1,000
	2nd coverage year	\$2,000
	3rd coverage year	\$3,000
	4th coverage year	\$4,000
	5th coverage year and beyond	\$5,000

## [SCHEDULE OF INSURANCE - BENEFITS

### **Accidental Death and Dismemberment Benefit**

An amount equal to the Insured Person's Amount of Life Insurance

### **Dependent Accidental Death and Dismemberment Benefit**

#### **Principal Sum**

Insured Person's [Spouse]: \$5,000

Insured Person's [Dependent Child(ren)]  
newborn to age 19: \$1,000

### **Reduction in Amount of Life Insurance**

The Company will reduce the Amount of Life Insurance for the Insured Person by any Amount of Life Insurance paid in accordance with:

- 1) the Critical Illness Benefit; or
- 2) the Accelerated Benefit.

### **Reduction in Amount of Coverage Due to Age**

The Company will reduce the Insured Person's total amount of Life Insurance by 50% on the Premium Due Date next following the date he or she attains age 65, with an appropriate adjustment in premium. This reduction will also apply to the Accidental Death and Dismemberment Benefit.

**Aggregate Coverage Maximum:** Each Covered Person's coverage under this and all Level Term Life [Policies] issued by The Company to the [Policyholder] can not exceed \$1,000,000.

Each Covered Person may not be covered:

- 1) under more than two 10 Year Level Term Certificate(s) of Insurance; or
- 2) for a total benefit amount under all Certificates of Insurance which exceed \$1,000,000.

**Aggregate Coverage Maximum:** A Covered Person cannot be covered under more than two Certificate(s) of Insurance or [Policies] which contain a plan of Simplified Issue Term Level Life Insurance, issued by The Company.

A Covered Person's total Level Term Life Benefit Amount under this Term Life Insurance [Policy] issued by The Company cannot exceed two times the maximum face amount.

If coverage exceeds the Aggregate Coverage Maximum (Under Age 70 \$300,000, Age 70 to 80 \$150,000) premiums paid for coverage over the Aggregate Coverage Maximum will be refunded. (The Aggregate Coverage Maximum is the total amount of Simplified Issue Term Life Insurance an insured may have in force with The Company under two Certificates of Insurance or [Policies].)

### **Additional Benefits**

#### **Accelerated Benefit**

see benefit

#### **Critical Illness Benefit**

see benefit

#### **Ability Plus Benefit**

see benefit

### **Additional Accidental Death and Dismemberment Benefits (Insured Person Only)**

#### **Seat Belt Benefit Amount**

Percentage of Accidental Death and Dismemberment Principal Sum: 10%  
Maximum Amount: \$10,000  
Minimum Amount: \$1,000

#### **Air Bag Benefit Amount**

Percentage of Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$10,000

## [SCHEDULE OF INSURANCE - BENEFITS

### **Repatriation Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

### **Felonious Assault Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 10%  
Maximum Amount: \$10,000

### **Child Education Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

### **Day Care Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

### **Rehabilitation Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500

### **Spouse Education Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500  
Minimum Benefit: \$1,250

### **Adaptive Home and Vehicle Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500

### **Coma Benefit**

Waiting Period: 30 Days

Maximum Amount: Supplemental Accidental Death and Dismemberment Principal Sum less all other Accidental Death and Dismemberment payments under The [Policy] for the Injury

### **Critical Burn Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

### **Therapeutic Counseling Benefit**

Percentage of Supplemental Accidental Death and Dismemberment Principal Sum: 5%  
Maximum Amount: \$5,000

### **Common Disaster Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500

### **Survivor Income Benefit**

Percentage of Accidental Death and Dismemberment Principal Sum: 2.5%  
Maximum Amount: \$2,500]

## [SCHEDULE OF INSURANCE

[The Schedule(s) of Insurance for The [Policy] benefits listed below are shown in the Certificate(s) of Insurance, as incorporated into The [Policy].

- 1) Basic Life Insurance
- 2) Supplemental Life Insurance
- 3) Accidental Death, Dismemberment and Loss of Sight Benefit
- 4) Dependent Life Insurance
- 5) Spouse Accidental Death, Dismemberment and Loss of Sight Benefit
- 6) Short Term Disability Insurance
- 7) Long Term Disability Insurance
- 8) Retiree Life Insurance]

The Schedule(s) of Insurance will address the[

- 1) benefit amounts and maximum limits;
- 2) eligibility and effective date requirements; and
- 3) other schedule amounts and limits;]

which apply to the [employees] of [the Policyholder].]

## [PREMIUM PROVISIONS

### [Individual Premiums

Premiums for [each] [Insured Person] are [stated in the table on the following page(s)].

Premiums are based on the [Insured Person's]:

- 1) age [on his or her effective date and on each Premium Due Date thereafter];
- 2) sex and occupational class;
- 3) plan and amount of insurance;
- 4) rating class;
- 5) gender; and
- 6) status as a smoker or non-smoker.]

[The premiums shown are for [quarterly] periods of coverage. If a premium becomes due for a different period of time, it will be pro-rated.

Premiums for ages [65] and over are renewal premiums only.]

[The rate shown is the annual rate for [\$10,000] in the Life Insurance Benefit under the [Ten] Year Level Term Plan. Monthly rates are [.0875] times the annual rate; quarterly rates are [.2625] times the annual rate and semi-annual rates are [.5250] times the annual rates.]]

### [Individual Premium Due Dates

The first premium for each Eligible [Person] is due on the date he or she becomes covered under The [Policy]. Each premium after that is due at the end of the period for which his or her preceding premium was paid.]

### [Individual Grace Period

A grace period of [31] days from the Individual Premium Due Date is allowed each person covered under The [Policy] for payment of each premium due after the initial premium. The Company will continue the insurance covered under The [Policy] during the Individual Grace Period.

[The Individual Grace Period will not continue coverage beyond a date stated in the Cancellation provision.]]

### [[Policy] Premium

The premium for The [Policy] is the sum of the Individual Premiums for each person covered under The [Policy].]

### [[Policy] Premium Due Dates

The [Policy] Premium is payable on:

- 1) [the [Policy] Effective Date]; and
- 2) the first day of each [third] month thereafter.

Each [Policy] Premium is due on or in advance of the Premium Due Date. The [Policy] terminates on the last day of the period for which premium is paid.]

### [[Policy] Payment

The [Policy] Premiums are to be paid to The Company by [the Policyholder]. However, they may be paid to The Company by any other person according to a mutual agreement among the other person, [the Policyholder] and The Company.]

### [Change of Premiums

The Company has the right to change the premium rate [on the first [Policy] Anniversary and on any Premium Due Date thereafter]. [This includes the right to change premium rates for a benefit that applies to all individuals of the same class, age and sex].

The Company will give [the Policyholder] notice of any change at least [30] days before the Premium Due Date on which it is to become effective.]

[Any change will apply only to new coverage issued on or after the effective date of the change in rates.]

[[An Insured Person's] rate is guaranteed to remain unchanged for the duration of each [10] year period of coverage.]]

## [PREMIUM PROVISIONS

### [Experience Rating

If The [Policy] is experience rated, any credit amount due [the Policyholder] will be allowed on The [Policy] Anniversary Date and, at [the Policyholder's] request, will be:

- 1) paid to [the Policyholder] in cash;
- 2) used to reduce [the Policyholder] premiums for the prior [policy] year; or
- 3) used to provide additional insurance for covered persons.

Any credit amount shall be determined by the rating plan or plans used by The Company.]

## [PREMIUM PROVISIONS

### [Initial] [[Monthly]] Premium Rates

[The [initial] [monthly] premium rates to be charged [for [employee] coverage and/or child/spouse coverage, if applicable,] are shown on the following page(s).]

The [first premium] is due and payable on the effective date of The [Policy]. [Subject to The [Policy's] grace period provision, all premiums after the first must be paid when or before they are due.

[Premiums are based on the [employee's]:

- 1) age on his or her effective date and thereafter on the first day of the month following the month in which his or her birthday occurs; and
- 2) sex and occupational class].]

[For Long Term Disability Benefits, the amount of an [employee's] Pre-disability Earnings which is disregarded in determining his or her [Monthly] Benefit because of the Maximum [Monthly] Benefit limitation will also be disregarded in determining the amount of the total insured payroll.]

The [Initial] [Monthly] Premium Rates may be converted as follows:

<b>To Convert Rates to:</b>	<b>Use a Conversion Factor of:</b>
-- annual rates	11.8227
-- semi-annual rates	5.9557
-- quarterly rates	2.9852

### Grace Period

The Company will allow [the Policyholder] a [31] day grace period for the payment of all premiums after the first. During this [31] day period, The [Policy] will stay in force. If the owed premium is not paid by the [31st] day, The [Policy] will automatically terminate. If [the Policyholder] gives The Company written advance notice of an earlier cancellation date, The [Policy] will terminate on the earlier date. Premium is due for each day The [Policy] is in force.

### [[Monthly] Premium Rate Guarantee

Initial [Monthly] Premium Rates are guaranteed as follows:]

<b>[Benefit</b>	<b>Rate Guarantee Period</b>
Short Term Disability Benefits	6 months
Long Term Disability Benefits	6 months
Life Insurance	6 months
Basic Life Insurance	6 months
Supplemental Life Insurance	6 months
Dependent Life Insurance	6 months
Basic Dependent Life Insurance	6 months
Supplemental Dependent Life Insurance	6 months
Accidental Death, Dismemberment and Loss of Sight Benefit	6 months
Basic Accidental Death, Dismemberment and Loss of Sight Benefit	6 months
Supplemental Accidental Death, Dismemberment and Loss of Sight Benefit	6 months
Loss of Sight Benefit	6 months
Spouse Accidental Death, Dismemberment and Loss of Sight Benefit	6 months]

[Subject to the Rate Guarantee Period shown above,] The Company has the right to change premium rates on any premium due date if:

- 1) written notice is delivered to [the Policyholder's] last address on record; and
- 2) the change is effective at least [30] days after the date of notice.

[The Rate Guarantee Period supersedes only those provisions appearing elsewhere in this [Policy] which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee Period if there is a change in The [Policy], or if there is a [10]% increase or decrease in the number of insured [Employees], or if [the Policyholder] adds or deletes a subsidiary or affiliated business [Entity]. The Company may also change the premium rates during the Rate Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee Period in no way affects, amends or supersedes any other provision in The [Policy].]]

## [PREMIUM PROVISIONS

### **[Calculation**

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The [Policy] is in force, the premium charges will begin on:

- 1) the day the coverage is effective, if it is also the first day of a [policy] month; or
- 2) the first day of the next [policy] month.

For insurance which is terminated, premium charges will stop as of the first day of the next [policy] month.

[With respect to Dependent Life Insurance only, the premium rate per Dependent unit or per [\$1,000] of insurance, whichever is applicable, will be based on actuarial assumptions, due to the difficulty in obtaining the ages of all Dependents who are covered under this benefit. The actuarial assumptions will produce, in the opinion of The Company, the same total amount of premium as would be obtained by the use of the actual ages of the Dependents covered.]

Premiums may be calculated by any other method which both The Company and [the Policyholder] agree to in writing.]

### **Premium [Payments]**

[Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company.] [The pre-payment of premiums for a particular period by [the Policyholder] is not a guarantee that The [Policy] will remain in force.]

[All premiums due under The [Policy] shall be remitted by the [the Policyholder] or [the Policyholder's] designee to The Company on or before the due date.]

### **[Experience Rating**

If The [Policy] is experience rated, any credit amount due [the Policyholder] will be allowed on The [Policy] Anniversary Date and, at [the Policyholder's] request, will be:

- 1) paid to [the Policyholder] in cash;
- 2) used to reduce [the Policyholder] premiums for the prior [policy] year; or
- 3) used to provide additional insurance for covered persons.

Any credit amount shall be determined by the rating plan or plans used by The Company.]

### **[Combined Experience**

If the experience of The [Policy] is combined with other [policies], it shall be combined only with the experience of the following [policies]: [0GL-123456; 0GL-123457 and 0GL-123458]. ]]

**[PREMIUM SCHEDULE**

**[Long Term Disability Benefits: PREMIUMS**

**Short Term Disability Benefits: PREMIUMS**

**Life Insurance: PREMIUMS**

**Accidental Death and Dismemberment: PREMIUMS]]**

## **[[PARTICIPATING] [ENTITIES]**

The **[Policyholder]** means [ABC Policyholder].

**[Participating] [Entity]** means any [entity] [that has become a member of [ABC Policyholder]].

The Company or [the Policyholder], by written request, may add to or delete from the list of [Participating] [Entities] in The [Policy] [at any time]. [The Company] will keep a list of [Participating] [Entities] accepted by The Company and the effective dates of coverage for each.

Any change, subject to The Company's written approval, will become effective [on a date which is mutually agreeable to [the Policyholder] and The Company]. [The Policyholder] may act for or on behalf of all [Participating] [Entities] in all matters of The [Policy]. The following will be binding on all [Participating] [Entities]:

- 1) all agreements between The Company and [the Policyholder];
- 2) all notices from The Company to [the Policyholder]; and
- 3) all notices from [the Policyholder] to The Company.

Each reference in The [Policy] to a relationship between [the Policyholder] and the [Eligible Persons] includes the same relationship between each [Participating] [Entity] and its [Eligible Persons], except where The [Policy] describes specific differences.

### **Individual Effective Date**

A person associated with a [Participating] [Entity] will not:

- 1) become an [Eligible Person] before the [entity] qualifies; or
- 2) continue as an [Eligible Person] after the [entity] ceases to qualify;

as a [Participating] [Entity].

### **[Premiums]**

A [Participating] [Entity's] premiums will be calculated based on[:

- 1) the coverage requested; and
- 2) the data given to The Company by the [Participating] [Entity]].

Upon termination of coverage, any unearned premium will be calculated on a pro-rata basis. The Company will promptly return any unearned premium paid.]

### **Data Given by [Participating] [Entity]**

[The [Participating] [Entity], with our approval, may keep the important insurance records on all persons covered under The [Policy]. The [Participating] [Entity] or its designee must give The Company information, when and in the manner The Company asks, to administer the insurance provided by The [Policy].]

[The [Participating] [Entity] will, upon our request, give The Company]:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The [Policy]]].

The [Participating] [Entity's] failure to:

- 1) give The Company the name of any person covered under The [Policy] will not invalidate such person's insurance[;
- 2) report a person's termination of insurance will not continue the coverage beyond the date of termination].

[The Policyholder's] and/or [Participating] [Entity's] insurance records will be open for our inspection at any reasonable time.

### **[Participating] [Entity] Termination Date**

A [Participating] [Entity] will cease to be covered on the first to occur off:

- 1) the date the [Participating] [Entity] ceases to be a member of [the Policyholder];
- 2) the date requested by the [Participating] [Entity] but not prior to The Company's receipt of the request;
- 3) the termination date of The [Policy];
- 4) the date the [Participating] [Entity's] premium is due, but not paid; or

**[[PARTICIPATING] [ENTITIES]**

- 5) the date on which [the Policyholder] requests that the [Entity] be removed from The [Policy]. Such date must be stated in a written notice to The Company, and must be after the date of the notice.]

**[[PARTICIPATING] [ENTITIES]**

<b>[Name of [Participating] [Entity]</b>	<b>Effective Date</b>	<b>Account Number</b>	<b>Termination Date</b>
ABC Entity	January 1, 2010	000-00-0000	January 1, 2011]]

## POLICY PROVISIONS

### Entire Contract

The contract between the parties consists of:

- 1) The [Policy];
- 2) any Certificate(s) of Insurance incorporated and made a part of The [Policy];
- 3) any riders issued in connection with such Certificate(s) of Insurance[, including [Participating] [Employer] riders];
- 4) [the Policyholder's] application, if any, a copy of which is attached to and made a part of The [Policy] when issued;
- 5) any [individual] application submitted by the [Eligible Person] and accepted by The Company in connection with The [Policy]; and[
- 6) The [Participating] [Employer's] application or agreement if any, a copy of which is attached to and made a part of The [Policy] when issued].

All statements made by [the Policyholder], [[Participating] [Entity]] or persons insured under The [Policy] will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary.

### Incontestability

Except for non-payment of premium, the insurance provided by The [Policy] cannot be contested after such insurance has been in effect for a period of 2 years.

### Changes

The Company reserves the right to make changes in The [Policy], after The [Policy] has been in force for [12] months. The Company will give [the Policyholder] [30] days advance written notice of any change. No agent has authority to change or waive any part of The [Policy]. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of The [Policy].

### Clerical Error

Clerical error (whether by [the Policyholder][the Plan Administrator,] or The Company) in keeping the records having to do with The [Policy], or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The [Policy]. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The [Policy].

### Conformity with Law

If any provision of The [Policy] is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The [Policy], The Company may change The [Policy], the premiums or both. Such change:

- 1) will be effective as of the date of the change to the state or federal law; and
- 2) will not be made until The Company gives [the Policyholder] [30] days notice.

### [Termination of [Policy]

The Company may terminate The [Policy] for the following reasons by giving [the Policyholder] [30] days written notice[:

- 1) [the Policyholder] fails to furnish any information which The Company may reasonably require;
- 2) [the Policyholder] fails to perform any of its other obligations pertaining to this [Policy];
- 3) Less than [100]% of the persons eligible for coverage on a Non-contributory basis are insured;
- 4) Less than [75]% of the persons eligible for coverage on a Contributory basis are insured; or
- 5) Fewer than [10] persons are insured].

In addition, The Company may terminate this [Policy] on any premium due date after The [Policy] has been in force for [12] months by providing [30] days written notice. [If The [Policy] is terminated, [the Policyholder] is responsible for providing notice to insureds of their right to convert under The [Policy].]

[The Company reserves the right to terminate Dependent Life Insurance Benefits on any premium due date on which[:

- 1) there are fewer than [10] persons insured for Dependent coverage; or
- 2) less than [75]% of the persons eligible for Dependent coverage on a Contributory basis are insured].

The Company shall give [the Policyholder] [30] days notice of its intent to terminate the Dependent Life Insurance Benefit.]]

## POLICY PROVISIONS

### **[Cancellation**

The [Policy] may be cancelled [at any time] by written notice mailed or delivered by The Company to [the Policyholder], or by [the Policyholder] to The Company. If The Company cancels, The Company will mail or deliver the notice to [the Policyholder] at its last address shown in our records. If The Company cancels, it becomes effective on [the later of]:

- 1) the date stated in the notice; or
- 2) the [30th] day after The Company mails or delivers the notice].

If [the Policyholder] cancels, it becomes effective on [the later of]:

- 1) the date The Company receives the notice; or
- 2) the date stated in the notice].

In either event:

- 1) The Company will promptly return to [the Policyholder] any unearned premium; or
- 2) [the Policyholder] will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis. Cancellation will be without prejudice to any claim which commenced prior to the effective date of the cancellation.]

### **[Cancellation and Discontinuance**

[The Policyholder] has the right to cease sponsorship under The [Policy] with respect to the addition of new persons. The Company has the right to cease accepting new applications at any time. In either event, The [Policy] terminates when no one remains insured under The [Policy].]

### **Certificate(s) of Insurance**

The Company will give individual Certificate(s) of Insurance to:

- 1) [the Policyholder]; or
- 2) any other person according to a mutual agreement among the other person, [the Policyholder], and The Company;

for delivery to persons covered under The [Policy] and which will explain the important features of The [Policy].

### **[Data To Be Furnished**

[The Policyholder], or any other person designated by [the Policyholder], will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The [Policy] is in force and for [12] months after that, The Company may inspect any of [the Policyholder's] documents, books, or records which may affect the insurance or premiums of The [Policy].

[The Policyholder] will, upon our request, give The Company:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by The [Policy]].

[Simplified medical underwriting is subject to certain participation levels.]

If [the Policyholder] gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by [the Policyholder]. Any required adjustment may be made in premiums or benefits.]

### **[Right to Audit**

The Company reserves the right to audit, [once every 2 years,] [the Policyholder's] billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by [the Policyholder], [the Policyholder] will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner;

for the previous [2] year period.]

### **[Not in Lieu of Worker's Compensation**

This [Policy] does not satisfy any requirement for worker's compensation insurance.]

## POLICY PROVISIONS

### **Time Period**

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

### **Disclosure of Fees**

The Company may reduce or adjust premiums, rates, fees and/or other expenses for programs under The [Policy].

### **Disclosure of Services**

In addition to the insurance coverage, [the Policyholder] may offer noninsurance benefits and services to [Active [Employees]] based on [the Policyholder's] plan design, programs and/or leave arrangements.

### **[Disclosure of Payment to [the Policyholder]**

The Company [has agreed to] make payment to [the Policyholder] for reimbursement of cost(s) associated with [:

- 1) audit;
- 2) marketing communication services; and

[other] administrative expenses.]]

[INCORPORATION PROVISION



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

[200 Hopmeadow Street, Simsbury, Connecticut 06089]  
(A stock insurance company, herein called The Company)]

[The Certificate(s) of Insurance and Rider(s) and [Policy] Change(s) listed below are attached to, incorporated in and made a part of, The [Policy].

<u>Certificate(s) of Insurance</u>	<u>Applicable to:</u>	<u>Effective Date of Incorporation</u>	<u>Termination Date</u>
[Form GBD-1100 (10/08) (123456) GLT 18.04]	[All Eligible Persons]	[January 1, 2010]	[January 1, 2011]
<u>Rider(s)</u>	<u>Applicable to:</u>	<u>Effective Date of Incorporation</u>	<u>Termination Date</u>
[PA-9394 (10/08) (123456) 1.0]	[All Eligible Persons]	[January 1, 2010]	[January 1, 2011]
<u>[Policy] Change(s)</u>	<u>Applicable to:</u>	<u>Effective Date of Change</u>	<u>Termination Date</u>
[[Policy] Page Added: Form GBD-1000 C.3 (10/08)]	[All Eligible Persons]	[January 1, 2010]	[January 1, 2011]
[[Policy] Page Deleted: Form GBD-1000 C.2 (10/08)]	[All Eligible Persons]	[January 1, 2010]	]

The provisions found in the Certificate(s) of Insurance will address the benefit plan, period of coverage, exclusions, claims and other general [policy] provisions pertaining to state insurance law requirements.

[In all other respects, The [Policy] and Certificate(s) of Insurance remain the same.

**RIDER:** This rider, issued [June 1, 2010], forms a part of [Policy] Number [123456] issued to [ABC Policyholder]. It is effective [January 1, 2010]. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of The [Policy], except as stated herein.

[Signed for **The Company**

Ricardo A. Anzaldua, Secretary

John C. Walters, President

]]

]



**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

[200 Hopmeadow Street, Simsbury, Connecticut 06089]  
(A stock insurance company, herein called The Company)

**[[Policy] Modifications:** The [Policy] is amended as follows:]

[The Initial Monthly Premium Rates for Class 3 will be \$.22 for each \$1,000 of Basic Life Insurance and \$.25 for each \$1,000 of Supplemental Life Insurance.

The Rate Guarantee Period for Class 3 will be:  
Basic Life Insurance

3 months

Supplemental Life Insurance

3 months

In all other respects, The [Policy] remains the same.]

**RIDER:** This rider, issued [June 1, 2010], forms a part of [Policy] Number [123456] issued to [ABC Policyholder]. It is effective [January 1, 2010]. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of The [Policy], except as stated herein.

[Signed for **The Company**

Ricardo A. Anzaldua, Secretary

John C. Walters, President

]]

SERFF Tracking Number: HARL-126754946 State: Arkansas  
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 46481  
Company Tracking Number: GBD-1100\_GCF\_50 STATE REDRAFT\_2010\_08  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GCF\_AR\_HLA\_Life\_GBD-1100 (10/08)\_2010 50 State Redraft  
Project Name/Number: /

## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR\_Readability\_State Certification\_Life POI\_GBD-1100, 1000 (10-08)\_HLA.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Life Insurance Module List

**Comments:**

**Attachment:**

AR\_Module List\_Life\_GBD-1100 (10-08)\_HLA.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Policy of Incorporation Forms List

**Comments:**

**Attachment:**

AR\_Forms List\_POI\_GBD-1000 (10-08)\_HLA.pdf

**CERTIFICATION OF READABILITY**

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

Certification of Readability for Group Life Insurance Policy and Policy of Incorporation Form GBD-1100 (10/08) and Form GBD-1000 (10/08)

Form GBD-1100 (10/08)	41.7
Form GBD-1000 (10/08)	42.3

We hereby certify that the above form(s) meet(s) the minimum Flesch Reading Ease Base Score.



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Dana S. MacKinnon  
Vice President

August 11, 2010

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Date

<b>GROUP TERM LIFE FORM and MODULE LIST</b>	
<b>Form #</b>	<b>Description</b>
Form GBD-1100 (10/08)	Face page
Form PA-9394 (10/08)	Amendatory Rider
<b>Module #</b>	
GBD-1100 A01 (10/08)	Table of Contents
GBD-1100 B01 (10/08)	Schedule of Insurance
GBD-1100 B02 (10/08)	Schedule of Insurance
<b>Module #</b>	<b>Eligibility and Enrollment</b>
GBD-1100 D01 (10/08)	Eligible Persons
GBD-1100 D02 (10/08)	Eligibility for Coverage
GBD-1100 D03 (10/08)	Eligibility for Dependent Coverage
GBD-1100 D04 (10/08)	Enrollment
GBD-1100 D05 (10/08)	Evidence of Insurability Requirements
GBD-1100 D06 (10/08)	Dependent Evidence of Insurability Requirements
GBD-1100 D07 (10/08)	Evidence of Insurability
GBD-1100 D08 (10/08)	Change in Family Status
<b>Module #</b>	<b>Period of Coverage</b>
GBD-1100 E01 (10/08)	Effective Date
GBD-1100 E02 (10/08)	Effective Date
GBD-1100 E52 (10/08)	Effective Date of Retiree Coverage
GBD-1100 E03 (10/08)	Deferred Effective Date
GBD-1100 E04 (10/08)	Deferred Effective Date
GBD-1100 E05 (10/08)	Continuity from a Prior Policy
GBD-1100 E06 (10/08)	Continuity from a Prior Policy
GBD-1100 E50 (10/08)	Continuity from a Prior Policy for Disability Extension
GBD-1100 E07 (10/08)	Dependent Effective Date
GBD-1100 E08 (10/08)	Dependent Effective Date
GBD-1100 E09 (10/08)	Dependent Deferred Effective Date
GBD-1100 E10 (10/08)	Dependent Deferred Effective Date
GBD-1100 E11 (10/08)	Dependent Continuity from a Prior Policy
GBD-1100 E12 (10/08)	Change in Coverage
GBD-1100 E13 (10/08)	Effective Date for Changes in Coverage
GBD-1100 E14 (10/08)	Request for Change in Coverage
GBD-1100 E15 (10/08)	Increase in Amount of Life Insurance
GBD-1100 E16 (10/08)	Increase in Amount of Life Insurance
GBD-1100 E17 (10/08)	Termination
GBD-1100 E51 (10/08)	Retiree Coverage Termination
GBD-1100 E18 (10/08)	Termination
GBD-1100 E19 (10/08)	Individual Grace Period
GBD-1100 E20 (10/08)	Reinstatement
GBD-1100 E21 (10/08)	Dependent Termination
GBD-1100 E22 (10/08)	Dependent Termination
GBD-1100 E23 (10/08)	Continuation Provisions
GBD-1100 E24 (10/08)	Spouse Continuation
GBD-1100 E25 (10/08)	Dependent Continuation
GBD-1100 E26 (10/08)	Continuation for Dependent Child(ren) with Disabilities
GBD-1100 E27 (10/08)	Waiver of Premium
GBD-1100 E28 (10/08)	Waiver of Premium and Disability Extension
GBD-1100 E29 (10/08)	Disability Extension
GBD-1100 E30 (10/08)	Extended Benefit Provision
GBD-1100 E31 (10/08)	Eligible Coverages
GBD-1100 E32 (10/08)	Disabled
GBD-1100 E33 (10/08)	Disabled
GBD-1100 E34 (10/08)	Conditions for Qualification

GBD-1100 E35 (10/08)	Refund of Premium	
GBD-1100 E36 (10/08)	When Premiums are Waived	
GBD-1100 E37 (10/08)	Benefit Payable before Approval of Waiver of Premium	
GBD-1100 E38 (10/08)	Waiver Ceases	
GBD-1100 E39 (10/08)	Waiver Ceases	
GBD-1100 E40 (10/08)	Disability Extension Ceases	
GBD-1100 E41 (10/08)	Effect of Policy Termination	
GBD-1100 E42 (10/08)	Exercise of Conversion Right	
GBD-1100 E43 (10/08)	Extension of the Waiver of Premium Provision	
GBD-1100 E44 (10/08)	Strike or Labor Dispute Waiver of Premium Provision	
GBD-1100 E45 (10/08)	Waiver of Premium While Nursing Home Confined	
GBD-1100 E46 (10/08)	Proof of Nursing Home Confinement	
GBD-1100 E47 (10/08)	Refund of Premium	
GBD-1100 E48 (10/08)	Waiver Ceases	
GBD-1100 E49 (10/08)	Definitions	
<b>Module #</b>	<b>Benefits</b>	
GBD-1100 F01 (10/08)	Life Insurance Benefit	
GBD-1100 F02 (10/08)	Life Insurance Benefit	
GBD-1100 F03 (10/08)	Suicide	
GBD-1100 F04 (10/08)	Suicide	
PA-9223 F01 (10/08)	Accidental Death Benefit	
PA-9223 F07 (10/08)	Accidental Death and Dismemberment Benefit	
PA-9223 F12 (10/08)	For Loss of (Note: This is the loss table module)	
PA-9223 F13 (10/08)	Loss (Note: This is the definition of loss)	
PA-9223 F14 (10/08)	Double Indemnity While On a Common Carrier Benefit	
PA-9223 F15 (10/08)	Exposure and Disappearance	
PA-9223 F16 (10/08)	Seat Belt and Air Bag Benefit	
PA-9223 F18 (10/08)	Repatriation Benefit	
PA-9223 F19 (10/08)	Felonious Assault Benefit	
PA-9223 F20 (10/08)	Child Education Benefit	
PA-9223 F21 (10/08)	Day Care Benefit	
PA-9223 F22 (10/08)	Rehabilitation Benefit	
PA-9223 F23 (10/08)	Spouse Education Benefit	
PA-9223 F24 (10/08)	Adaptive Home and Vehicle Benefit	
PA-9223 F25 (10/08)	Coma Benefit	
PA-9223 F26 (10/08)	Critical Burn Benefit	
PA-9223 F27 (10/08)	Therapeutic Counseling Benefit	
GBD-1100 F05 (10/08)	Exclusions	
GBD-1100 F06 (10/08) (AR)	Accelerated Benefit	
GBD-1100 F07 (10/08)	Proof of Terminal Illness and Examinations	
GBD-1100 F08 (10/08)	No Longer Terminally Ill	
GBD-1100 F09 (10/08)	Conversion Right	
GBD-1100 F10 (10/08)	Conversion	
GBD-1100 F11 (10/08)	Conversion Policy Provisions	
GBD-1100 F12 (10/08)	Death within the Conversion Period	
GBD-1100 F13 (10/08)	Effect of Waiver of Premium on Conversion	
GBD-1100 F14 (10/08)	Portability Benefits	
GBD-1100 F15 (10/08)	Qualifying Events	
GBD-1100 F16 (10/08)	Electing Portability	
GBD-1100 F17 (10/08)	Limitations	
GBD-1100 F18 (10/08)	Effect of Portability on Other Provisions	
GBD-1100 F19 (10/08)	Critical Illness Benefit	
GBD-1100 F20 (10/08)	Cafeteria Plan Election Restriction	
GBD-1100 F21 (10/08)	Ability Plus Benefit	
GBD-1100 F23 (10/08)	Occupational Death Benefit	
GBD-1100 F24 (10/08)	Guaranteed Purchase Option Benefit	

<b>Module #</b>	<b>Exclusions</b>	
PA-9222 G01 (10/08)	<b>Exclusions</b>	
<b>Module #</b>	<b>General Provisions</b>	
GBD-1100 H01 (10/08)	<b>Notice of Claim</b>	
GBD-1100 H02 (10/08)	<b>Claim Forms</b>	
GBD-1100 H03 (10/08)	<b>Proof of Loss</b>	
GBD-1100 H04 (10/08)	<b>Sending Proof of Loss</b>	
GBD-1100 H05 (10/08)	<b>Physical Examination and Autopsy</b>	
GBD-1100 H06 (10/08)	<b>Claim Payment</b>	
GBD-1100 H07 (10/08)	<b>Claims to be Paid</b>	
GBD-1100 H08 (10/08)	<b>Beneficiary Designation</b>	
GBD-1100 H09 (10/08)	<b>Optional Modes of Settlement</b>	
GBD-1100 H10 (10/08)	<b>Claim Denial</b>	
GBD-1100 H11 (10/08)	<b>Claim Appeal</b>	
GBD-1100 H12 (10/08)	<b>Policy Interpretation</b>	
GBD-1100 H13 (10/08)	<b>Incontestability</b>	
GBD-1100 H14 (10/08)	<b>Assignment</b>	
GBD-1100 H15 (10/08)	<b>Legal Actions</b>	
GBD-1100 H16 (10/08)	<b>Workers' Compensation</b>	
GBD-1100 H17 (10/08)	<b>Insurance Fraud</b>	
GBD-1100 H18 (10/08)	<b>Misstatements</b>	
<b>Module #</b>	<b>Definitions</b>	
PA-9221 C01 (10/08)	<b>Active Employee</b>	
PA-9221 C02 (10/08)	<b>Actively at Work</b>	
PA-9221 C03 (10/08)	<b>Actively at Work</b>	
PA-9221 C04 (10/08)	<b>Airworthiness Certificate</b>	
PA-9221 C05 (10/08)	<b>Bonuses</b>	
PA-9221 C07 (10/08)	<b>Civil or Public Aircraft</b>	
PA-9221 C08 (10/08)	<b>Commissions</b>	
PA-9221 C09 (10/08)	<b>Common Carrier</b>	
PA-9221 C10 (10/08)	<b>Contributory Coverage</b>	
PA-9221 C13 (10/08)	<b>Dependent Child(ren)</b>	
PA-9221 C14 (10/08)	<b>Dependents</b>	
PA-9221 C15 (10/08)	<b>Earnings</b>	
PA-9221 C18 (10/08)	<b>Employer</b>	
PA-9221 C44 (10/08)	<b>Evidence of Insurability</b>	
PA-9221 C19 (10/08)	<b>FAA</b>	
PA-9221 C20 (10/08)	<b>Guaranteed Issue Amount</b>	
PA-9221 C22 (10/08)	<b>Injury</b>	
PA-9221 C24 (10/08)	<b>Military Transport Aircraft</b>	
PA-9221 C25 (10/08)	<b>Motor Vehicle</b>	
PA-9221 C26 (10/08)	<b>Non-Contributory Coverage</b>	
PA-9221 C27 (10/08)	<b>Normal Retirement Age</b>	
PA-9221 C28 (10/08)	<b>On</b>	
PA-9221 C29 (10/08)	<b>Participating Employer</b>	
PA-9221 C31 (10/08)	<b>Physician</b>	
PA-9221 C32 (10/08)	<b>Physician</b>	
PA-9221 C33 (10/08)	<b>Prior Policy</b>	
PA-9221 C34 (10/08)	<b>Related</b>	
PA-9221 C35 (10/08)	<b>Retiree</b>	
PA-9221 C37 (10/08)	<b>Spouse</b>	
PA-9221 C38 (10/08)	<b>The Policy</b>	
PA-9221 C39 (10/08)	<b>Tips and Tokens</b>	
PA-9221 C40 (10/08)	<b>Trust</b>	
PA-9221 C41 (10/08)	<b>We, Us or Our</b>	

PA-9221 C42 (10/08)	<b>You or Your</b>	





<b>GROUP POLICY OF INCORPORATION FORMS LIST</b>		
<b>Form #</b>	<b>Description</b>	<b>USE</b>
Form GBD-1000 A (10/08)	<b>Policy Face Page</b>	Disability Income, Life
Form GBD-1000 B.1 (10/08)	<b>Schedule of Insurance - Eligibility</b>	Disability Income
Form GBD-1000 B.2 (10/08)	<b>Schedule of Insurance - Eligibility</b>	Life
Form GBD-1000 C.1 (10/08)	<b>Schedule of Insurance - Benefits</b>	Disability Income
Form GBD-1000 C.2 (10/08)	<b>Schedule of Insurance - Benefits</b>	Disability Income
Form GBD-1000 C.3 (10/08)	<b>Schedule of Insurance - Benefits</b>	Life
Form GBD-1000 C.5 (10/08)	<b>Schedule of Insurance</b>	Disability Income, Life
Form GBD-1000 D.1 (10/08)	<b>Premium Provisions</b>	Disability Income, Life
Form GBD-1000 D.2 (10/08)	<b>Premium Provisions</b>	Disability Income, Life
Form GBD-1000 D.3 (10/08)	<b>Premium Provisions</b>	Disability Income, Life
Form GBD-1000 D.4 (10/08)	<b>Premium Schedule</b>	Disability Income, Life
Form GBD-1000 E.1 (10/08)	<b>Participating Entities</b>	Disability Income, Life
Form GBD-1000 E.2 (10/08)	<b>Participating Entities</b>	Disability Income, Life
Form GBD-1000 F.1 (10/08)	<b>Policy Provisions</b>	Disability Income, Life
Form GBD-1000 F.2 (10/08)	<b>Policy Provisions</b>	Disability Income, Life
Form GBD-1000 G.1 (10/08)	<b>Incorporation Provision</b>	Disability Income, Life
Form GBD-1000 G.2 (10/08)	<b>Policy Modification</b>	Disability Income, Life