# Group Voluntary Accidental Death and Dismemberment Insurance

**Designed for Employees of**

# The Board of Trustees of the University of Illinois

# HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

**Simsbury, Connecticut**
(A stock insurance company)

## Having issued Group Policy No. 68037215

## to

## The Board of Trustees of the University of Illinois

**(herein called the Holder)**

## CERTIFICATE OF INSURANCE

Hartford Life and Accident Insurance Company hereby certifies that You are insured under the Policy provided that You qualify under the Eligibility and Enrollment provision, become insured and remain insured in accordance with the terms of the Policy. Your insurance is subject to all of the definitions, limitations, and conditions of the Policy.

This certificate is not the entire contract of insurance. It is a part of the Policy and is evidence of Your insurance. It takes effect at 12:01 A.M. Standard Time on the date determined by the Effective Dates provision of the Policy. The Policy can be amended by mutual consent between the Holder and Us.

The Policy is in the Holder's possession and may be inspected by You at any mutually agreeable time during normal business hours at the Holder's office.

This certificate replaces any other certificate previously issued to You under the Policy. This certificate is not valid unless the Schedule of Benefits is attached.

## EXAMINING YOUR CERTIFICATE

It is important that You understand the coverage described in this certificate. You should read it carefully. If You have any questions, You should contact the Holder. You may also write to Us and We will attempt to assist You.
ADC-1AA

Signed for Hartford Life and Accident Insurance Company

**Richard G. Costello, *Secretary*** **John C. Walters, *President***

**Group Accidental Death and Dismemberment Certificate**
**It Does Not Pay Benefits for Loss from sickness**
**Renewable with the Consent of the Company**

**SBGADD-C12**

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# *SCHEDULE OF BENEFITS*

## Effective as of: January 1, 2005

| | |
|---|---|
| **Holder:** | The Board of Trustees of the University of Illinois |
| **Policy Number:** | SR-68037215 |
| **Policy Effective Date:** | January 1, 2005 |
| **Eligible Class:** | All individuals in the following class are eligible for insurance: |
| 1 | All permanently and continuously employed faculty or staff on at least a 50% appointment. |
| 2 | All retirees under age 70 at retirement who are immediate annuitants under the State Universities Retirement Program and were insured for twelve months prior to retirement under this policy. |
| **Waiting Period:** | • If You are in a class eligible for insurance on or before the Policy Effective Date – No Waiting Period<br>• If You enter a class eligible for insurance after the Policy Effective Date – No Waiting Period |
| **Permanent Total Disability:** | This benefit is not available for employees age 60 or older |

# *YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS*

**Amount of Principal Sum:**

| | |
|---|---|
| **Class 1** | *10,000, 25,000, 50,000, 100,000, 150,000, 200,000, 250,000, 300,000 |
| **Class 2** | *10,000, 25,000, 50,000, 100,000 |

*A Principal Sum of $10,000 can only be selected if the Insured Employee was covered for that amount prior to January 1, 1988. Also no class 2 insured can select a Principal Sum in excess of $100,000.

The Principal Sum provided for any Insured Person acting as a pilot or crew member shall be the amount applied for not to exceed $25,000.

**Basic Annual Salary** means the annual wage or salary paid to You each year by the Holder. It includes:

1) Your contributions made through a salary reduction agreement with the Holder to an IRC Section 401(k), 403(b), 501(c)(3), 457 deferred compensation plan, or any other qualified or non-qualified employee Retirement Plan or deferred compensation arrangement; and
2) amounts contributed to Your fringe benefits according to a salary reduction arrangement under an IRC Section 125 plan.

It does not include:

1) commissions;
2) bonuses;
3) overtime pay;
4) the Holder's contribution on Your behalf to a Retirement Plan or deferred compensation arrangement; or any other extra compensation.

**Benefit Reduction Due to Age:** The amount of Principal Sum applicable to the Insured Employee shall be the percentage shown in the following schedule:

| AGE ON DATE OF LOSS | SELECTED PRINCIPAL SUM |
|---|---|
| Age 69 or younger | 100.0% |
| 70-74 | 82.5% |
| 75-79 | 57.5% |
| 80-84 | 37.5% |
| 85 and older | 20.0% |

## *YOUR DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS*

### Employee and Family Insurance

| Eligible Dependents | Amount of Dependent Principal Sum |
|---|---|
| Your lawful spouse ..... | 50% of Your original Principal Sum if there are no insured Dependent children covered at the time of the Accident; or 40% of Your original Principal Sum if there are insured Dependent children covered at the time of the Accident |
| Your unmarried Dependent Child who is 18 years of age or younger and who is dependent upon You for support and maintenance ..... | 15% of Your original Principal Sum if there is no insured spouse at the time of the Accident; or 10% of Your original Principal Sum if there is an insured spouse at the time of the Accident |

Child coverage may be extended for Your unmarried Dependent Child from age 19 up to age 22 if Your Child is:

1) attending an accredited school full-time; and
2) financially dependent upon You for support.

## *ADDITIONAL BENEFITS*

The following additional benefits are included:

- Common Disaster Benefit
- Paralysis Benefit
- Permanent Total Disability Benefit
- Seatbelt and Air Bag Benefit
- Worldwide Travel Assistance Benefit

**IMPORTANT: THIS IS A PART OF YOUR CERTIFICATE OF INSURANCE. IT IS EVIDENCE OF YOUR COVERAGE AND SHOULD BE ATTACHED TO YOUR CERTIFICATE OF INSURANCE. THIS SCHEDULE OF BENEFITS REPLACES AND CANCELS ALL OTHER SCHEDULE OF BENEFITS, IF ANY, ISSUED TO YOU UNDER THE POLICY.**

ADCS

**SBGADD-C12**

# *EMPLOYEE INSURANCE*

## *ELIGIBILITY AND ENROLLMENT*

### *Who are Eligible Persons?*

All persons in an Eligible Class shown in the Schedule are considered Eligible Persons.
ADC-2AA

### *When are You enrolled for coverage?*

When You become an Eligible Person, You may elect to enroll for coverage under the Voluntary Plan of Accidental Death and Dismemberment Insurance on the first of the following dates:

1) the Policy Effective Date, if You are an Eligible Person on or before such date; or
2) the first day of the month following the date You become an Eligible Person if such date falls after the Policy Effective Date.

If You choose not to enroll for the Voluntary Plan of Accidental Death and Dismemberment Insurance during Your initial enrollment period, and later wish to apply, please contact the Holder for the necessary forms and instructions.
ADC-3AA-12

## *EFFECTIVE DATES*

### *When does Your insurance take effect?*
***(Applicable to Eligible Persons on or before the Policy Effective Date)***

Your insurance under the Voluntary Plan of Accidental Death and Dismemberment Insurance will take effect on the date stated in the Schedule (Policy Effective Date).

No coverage will go into effect until You have satisfied the Waiting Period, if any.
ADC-6AA-12

### *When does Your insurance take effect?*
***(Applicable to Eligible Persons after the Policy Effective Date)***

If You enroll for coverage under the Voluntary Plan of Accidental Death and Dismemberment Insurance after first becoming eligible, Your insurance will take effect on the first day of the second insurance month following the date the signed enrollment card is received by the Insurance Office, provided the required premium has been paid.

No coverage will go into effect until You have satisfied the Waiting Period, if any.
ADC-6AA-12

### *When will insurance become effective if an Injury or sickness causes You to be absent from work on Your Effective Date?*

If, because of Injury or sickness, You are not Actively at Work on the date the insurance would otherwise become effective, it will take effect on the day after You return to Active Work for a period of 1 day.
ADC-7AA

## *CHANGES IN THE AMOUNTS OF PRINCIPAL SUM*

### *When can a change in Your Principal Sum occur?*

Changes in Your Principal Sum can occur if:

1) there is a change in Your class or plan under the Policy, or there is a change in Your salary;
2) You request a change in Your Principal Sum; or
3) there is a change in Your age, if You have attained one of the benefit reduction ages as stated in the Schedule.

### *When is Your new Principal Sum effective?*

For a change in:

1) Your class or plan under the Policy, Your salary, or You request a change in Your Principal Sum, Your new Principal Sum will be effective on:
    a) the first day of the month following the date the change occurs; or
    b) the first day of the month following the date You request a change in Your Principal Sum; or
2) Your age, Your new Principal Sum will be effective:
    a) immediately, if You have already attained the applicable reduction age at the time Your insurance goes into effect; or
    b) the date You attain the reduction age if this occurs after Your insurance goes into effect;

provided the required premium is paid.

If You are not Actively at Work on the date the new Principal Sum would otherwise take effect, it will take effect on the day after You return to Active Work for a period of 1 day.

Any type of decrease in Principal Sum will become effective on the date of the change whether or not You are Actively at Work.

Any change in Principal Sum will apply only to an Injury occurring after the effective date of the change.
ADC-8AA

**SBGADD-C12EMP/ELIG/EFF**

## *DEPENDENTS' INSURANCE*

## *ELIGIBILITY AND ENROLLMENT*

### *Who are Your Eligible Dependents?*

Your eligible Dependents are defined in the Schedule. An Insured under the Policy may not be considered a Dependent.

If both parents of a Child are Insureds, the Child will be considered a Dependent of either parent. The Child may not be considered a Dependent of both parents.
ADCD-1AA

### *When are You first eligible to elect Dependent coverage?*

You are first eligible to elect Dependent coverage when You enroll for coverage for Yourself. If You do not have an eligible Dependent, You may add Dependent coverage as of the date You first acquire a Dependent.
ADCD-2AA

### *What if You do not elect Dependent coverage when first eligible?*

If You do not elect Dependent coverage when Your Dependent is first eligible, You may add such coverage at a later date. If You later wish to apply for Dependent coverage, please contact the Holder for the necessary forms and instructions.
ADCD-3AA

# *EFFECTIVE DATES*

### *When does Your Dependent's coverage start?*

Your Dependent's coverage starts on the latest of:

1) the date Your insurance becomes effective under the Policy, if You have enrolled for Dependent coverage on or before that date;
2) the first day of the month following the date You enroll for Dependent coverage;

provided the required premium is paid.
ADCD-4AA

### *When does coverage for a Newborn Child start?*

Coverage for a Newborn Child starts automatically from the moment of birth if a Child is born to You and You have not previously elected Dependent coverage. The newborn Child will be a Covered Person for 31 days. The newborn Child will cease to be a Covered Person unless:

1) You request, in writing, and within such 31-day period, continuation of such Dependent coverage; and
2) the required premium, if any is paid.

If additional premium is required for such Child, premium will be charged from the date of birth.

Dependent coverage will also be extended to newly adopted, foster or step Children, as of the date they become financially dependent on You for support, provided they otherwise meet the definition of a Dependent Child.

Dependent coverage will also be extended to:

1) a newly adopted Child beginning as of the date:
    a) of placement with You for the purposes of adoption; or
    b) a prospective adopted Child is temporarily placed in Your care;

    whichever comes first, regardless of whether a final order granting adoption is ultimately issued; or
2) foster or step Children, as of the date they become financially dependent on You for support;

provided such Children otherwise meet the definition of a Dependent Child.
ADCD-5AA-12

### *When does coverage for a New Spouse start?*

Coverage for a new spouse starts automatically at Your marriage, if You have not previously elected Dependent coverage. Such spouse will be a Covered Person for 31 days. The spouse will cease to be a Covered Person unless:

1) You request, in writing, and within such 31 day period, continuation of such Dependent coverage; and
2) the required premium, if any is paid.

If additional premium is required for such spouse, premium will be charged from the date of marriage.
ADCD-6AA

### *Will the effective date of coverage be delayed if Your Dependent is confined in a Hospital?*

The effective date of insurance will be delayed if Your Dependent, other than a newborn Child, is confined in a Hospital on the date his coverage would otherwise become effective. In such case, the Dependent's coverage will become effective on the day after discharge from the Hospital.
ADCD-7AA

## *CHANGES IN AMOUNTS OF DEPENDENT PRINCIPAL SUM*

### *When can a change in Your Dependent's Principal Sum occur?*

Changes in Your Dependent's Principal Sum can occur if:

1) there is a change in Your class or plan under the Policy, or there is a change in Your salary;
2) You request a change in Your Principal Sum; or
3) Your Dependent has attained one of the benefit reduction ages as stated in the Schedule.

### *When is Your Dependent's new Principal Sum effective?*

For a change in:

1) Your class or plan under the Policy, or Your salary, or You request a change in Your Principal Sum, Your Dependent's new Principal Sum will be effective on:
    a) the first day of the month following the date the changes occurs; or
    b) the first day of the month following the date You request a change in Your Principal Sum; or
2) Your Dependent's age, Your Dependent's new Principal Sum will be effective:
    a) immediately, if the Dependent has already attained the applicable reduction age at the time the Dependent's insurance goes into effect; or
    b) the date the Dependent attains the applicable reduction age if this occurs after the Dependent's insurance goes into effect;

provided the required premium is paid.

If Your Dependent is Hospital confined, other than a newborn Child, on the date his new Principal Sum would otherwise become effective, the effective date will be delayed until the later of:

1) the first day of the month following the date he completely recovers and resumes normal activities; or
2) if employed, the first day of the month following the date he is performing the material and substantial duties of his regular occupation on a full-time basis.

Any type of decrease in Your Dependent's Principal Sum will become effective on the first day of the month following the date of the change whether or not such Dependent is disabled or Hospital confined.

Any change in the Dependent Principal Sum will apply only to an Injury occurring after the effective date of the change.
ADCD-9AA

**SBGADD-C12DEP/ELIG/EFF**

# *DESCRIPTION OF COVERAGES*

## *AIR TRAVEL COVERAGE*

### *What is Air Travel Coverage?*

Air Travel Coverage extends coverage under the Policy for a loss resulting from an Injury occurring while the Covered Person is riding as a passenger in any aircraft being used for transportation of passengers. Coverage under the Policy does not include riding in an aircraft owned, operated or leased by or on behalf of Your employer if other than the Holder.

### *Does Air Travel include riding as a pilot or crew member?*

Air Travel does not include riding as a pilot or crew member in any aircraft.
ADAT-1AA

# *EXPOSURE AND DISAPPEARANCE COVERAGE*

### *How is loss due to Exposure covered under the Policy?*

We will presume the Covered Person suffered loss due to an Injury, if such loss resulted from Accidental exposure to the elements.

### *How is loss due to Disappearance covered under the Policy?*

We will presume the Covered Person suffered Loss of Life due to an Injury, if:

1) the Covered Person was riding in a Conveyance that is involved in an Accident;
2) the Covered Person's body was not found within 1 year of the disappearance, forced landing, sinking or wrecking of the Conveyance in which the Covered Person was riding; and
3) coverage was in force for the Covered Person at the time of the Accident.

### *Definitions*

As used in this provision:

***Conveyance*** means:

1) any land or water vehicle, transport or vessel including, but not limited to, a vehicle, transport or vessel licensed to carry passengers for hire; or
2) any aircraft operated by a business organized to operate an aircraft service and licensed for the transportation of passengers for hire.

ADXPD-1AA

# *EXTENSION OF AIR TRAVEL COVERAGE*

### *What is Extension of Air Travel Coverage?*

Extension of Air Travel Coverage extends coverage under the "Air Travel Coverage" provision of the Policy for loss resulting from an Injury occurring while You are riding as a passenger in an aircraft owned, operated or leased by the Holder; and described as follows:

| **Description of Aircraft** | **Aggregate Limit of Liability** |
|---|---|
| Any aircraft owned, operated or leased by or on behalf of the University of Illinois. | $1,800,000 |

provided such aircraft is being operated at the time with the consent of the Holder and is being piloted by:

_____or another professional pilot with a commercial license who has 3,000 hours of first pilot time, 1,500 hours of like-aircraft pilot time and 600 hours of like-model pilot time.

### *What other aircraft is covered under this provision?*

This extension applies to an aircraft of like type and airworthiness certificate category which is used as a temporary substitute for the aircraft described above. Coverage for such substitute aircraft shall apply for up to 30 days unless We amend the policy to extend such coverage.

This extension also applies to a newly acquired aircraft that either replaces one of those described above or is an additional aircraft. If the newly acquired aircraft replaces an aircraft described above, Our liability will be only to the extent of the Aggregate Limit of Liability provided for the replaced aircraft.

If the newly acquired aircraft is an additional aircraft and We insured all aircraft owned, operated or leased by the Holder, Our liability will be only to the extent of the lowest Aggregate Limit of Liability provided for any other aircraft described above which is owned or leased by the Holder.

If the Holder does not notify Us of a newly acquired aircraft within 30 days after its delivery, or if the newly acquired aircraft is an additional aircraft and We do not insure all aircraft owned or leased by the Holder, the insurance on such aircraft shall become effective on the date We amend the policy to provide such coverage. The Holder is obligated to notify You of change of aircraft to which this extension applies.

### *Definitions*

As used in this provision:

***Leased Aircraft*** is an aircraft the Holder does not own. The Holder uses the aircraft as the Holder wishes for the term of the written lease. The time will be longer than one week or more than one or two trips. The Holder cannot alter or sell the aircraft without consent of the owner.

***Operated Aircraft*** means an aircraft the Holder does not own but over which the Holder exercises control. It is an aircraft the Holder leased, rented or borrowed. The Holder can use it as the Holder wishes. The term Operated Aircraft includes aircraft for which the Holder pays or reimburses operating expenses. The Holder can not alter or sell the aircraft without consent of the owner.

***Owned Aircraft*** means an aircraft to which the Holder holds legal or equitable title. The Holder can use, alter or sell an Owned Aircraft as the Holder wishes.

ADXAT-1AA

### *What is the Aggregate Limit of Liability?*

The Aggregate Limit of Liability is the most We will pay under the Accidental Death and Dismemberment Benefit provision of the Policy for loss of life suffered by all Insureds resulting from Injuries sustained in the same aircraft Accident. The Aggregate Limit of Liability is as shown in the Schedule.

### *How are benefits paid under the Aggregate Limit of Liability?*

Under the Aggregate Limit of Liability provision, We will pay for each Insured Injured in the same aircraft Accident only that portion of his Principal Sum that would be payable except for this provision. The dollar amount payable for any one Insured equals:

Insured's Principal Sum times (Aggregate Limit of Liability ÷ Total Loss)

### *Definitions*

As used in this provision:

***Total Loss*** means the total amount of Loss of Life Benefits that, except for this provision, would be applicable under the Policy for all Insureds Injured in the same aircraft Accident.

ADAL-1AA

**SBGADD-C12DES/COV**

# *ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT*

### *What is the Accidental Death and Dismemberment Benefit?*

This benefit provides a lump sum benefit payment if an Injury sustained by the Covered Person results in any of the Losses listed below. Loss must occur within 365 days of the date of the Accident.

| **Loss of:** | **Percent of Principal Sum Payable** |
|---|---|
| Life | 100% |
| Both Hands or Both Feet | 100% |
| Entire Sight of Both Eyes | 100% |
| One Hand or One Foot | 50% |
| Entire Sight of One Eye | 50% |
| Speech | 50% |
| Hearing in Both Ears | 50% |
| Thumb and Index Finger of Same Hand | 25% |

### *What is payable under this provision?*

We will pay the Percentage of Principal Sum Payable for the Losses listed above. The Principal Sum is stated in the Schedule.

### *What does Loss mean?*

Loss as used above with reference to:

- hand or foot: means that the hand or foot is completely cut off at or above the wrist or ankle joint;
- eye: means irrecoverable loss of entire sight;
- arm or leg: means that the arm or leg is completely cut off at or above the elbow or knee;
- speech: means that speech is completely lost and cannot be recovered or restored;
- hearing: means that hearing in both ears is completely lost and cannot be recovered or restored;
- thumb and index finger: means that the thumb and index finger of the same hand are cut off at or above the metacarpophalangeal joints;

### *What if more than one Loss results from any one Accident?*

If more than one Loss results from any one Accident, only one benefit, the largest, will be paid for the following multiple Losses which result from the same Accident:

- Loss of Thumb and Index Finger of the Same Hand, and Loss of One Hand for Injury to the same hand.
- Loss of Hand or Foot, and the Loss of Arm or Leg for Injury to the same arm or leg.

ADADD-1AB

**SBGADD-C12ADD/BEN**

# *WHAT OTHER BENEFITS ARE AVAILABLE?*

## *COMMON DISASTER BENEFIT*

### *What is the Common Disaster Benefit?*

This benefit provides for an increase in Your covered Dependent spouse's Principal Sum if an Injury sustained by You and Your covered Dependent spouse results in Your and Your covered Dependent spouse's death.

### *What conditions must be met before benefits are payable?*

Benefits are payable if the following conditions are met:

1) coverage for Your covered Dependent spouse is in force on the date of the Accident;
2) both You and Your covered Dependent spouse die as the result of Injuries sustained in the same Accident; or
3) You and Your covered Dependent spouse die as the result of Injuries sustained in separate Accidents that occur within the same 24 hour period; and
4) You and Your covered Dependent spouse die within 90 days of the date of the Accident(s); and
5) the Loss of Life Benefit becomes payable under the Accidental Death and Dismemberment Benefit for both You and Your covered Dependent spouse.

### *How are benefits paid under this provision?*

We will increase Your covered Dependent spouse's Principal Sum to an amount equal to Your Principal Sum, not to exceed maximum benefit payment of $500,000.
ADCDB-1AA

## *PARALYSIS BENEFIT*

### *What is the Paralysis Benefit?*

This benefit provides a lump sum benefit payment if, as the result of an Injury, the Covered Person sustains Paralysis.

### *What conditions must be met before benefits are payable?*

Benefits are payable, if the following conditions are met:

1) such Paralysis occurs within 365 days of the date of the Accident;
2) the Paralysis continues for 12 consecutive months;
3) a competent medical authority, acceptable to Us, determines the Paralysis to be permanent, complete and irreversible; and
4) the Covered Person sustains any of the losses described below.

### *What is payable under this provision?*

We will pay, after the 12th month of Paralysis, a lump sum benefit amount based on the Covered Person's Principal Sum, equal to the Percent of Principal Sum Payable listed below.

| | Percent of Principal Sum Payable |
|---|---|
| Paraplegia | 75% |
| Quadriplegia | 100% |

### *Can the total amount of benefits payable under this provision, in addition to any other benefits payable under the Policy, exceed the Principal Sum?*

No, unless specifically stated otherwise, the most We will pay under the Policy for all losses resulting from any one Accident is the Covered Person's Principal Sum.

### *Definitions*

As used in this provision:

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

***Quadriplegia*** means the total Paralysis of both upper and lower limbs.

ADP-1AA

## *PERMANENT TOTAL DISABILITY*

### *What is the Permanent Total Disability Benefit?*

This benefit provides a monthly benefit payment if You sustain Permanent Total Disability as a result of an Injury.

### *What conditions must be met before benefits are payable?*

Benefits are payable if the following conditions are met:

1) Your Permanent Total Disability must begin within 365 days of the date of the Accident;
2) You are disabled to the extent described in the definition of Permanent Total Disability as stated below;
3) Your Permanent Total Disability has rendered You unable to work for at least 12 consecutive months; and
4) We receive due proof of Your Permanent Total Disability.

### *What items must be supplied to establish due proof of Permanent Total Disability?*

The following items must be supplied to Us to establish due proof of Permanent Total Disability:

1) Our disability claim form. You may obtain Our disability claim form from Us or the Holder. This form must be fully completed and signed by You, the Holder and Your attending Doctor;
2) proof that You are receiving Appropriate and Regular Care for Your condition from a Doctor whose specialty or expertise is the most appropriate for the treatment of Your Permanent Total Disability according to Generally Accepted Medical Practice;
3) objective medical findings which support Your Permanent Total Disability. Objective medical findings include but are not limited to: tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for Your disability;
4) documents detailing the extent of Your Permanent Total Disability, including any restrictions or limitations.

### *Will proof of continued Permanent Total Disability be required?*

Proof of continued Permanent Total Disability may be required by Us on a periodic basis. At Our option, We also have the right to require that a Doctor of Our choosing examine You. If an examination is required, it will be conducted at Our expense. All accrued benefits under this provision will be paid each month subject to due written proof of loss.

### *What is payable under this provision?*

We will pay 1% of Your Principal Sum per month for each month of continued Permanent Total Disability. Benefits payable under this provision for periods of less than one month will be paid on the basis of 1/30$^{th}$ of the monthly benefit for each day of Permanent Total Disability.

### *When do benefits begin and end?*

Benefits begin with the 13$^{th}$ month of disability. Benefits end on the date:

1) You have recovered to the point where You are no longer Permanently Totally Disabled, as defined;
2) the 100th benefit payment has been made;
3) proof of the continuance of Your Permanent Total Disability is not furnished when required;
4) You refuse to be examined as required; or
5) the total amount of benefit paid under this benefit, plus any other benefits payable under the Accidental Death and Dismemberment Benefit for all losses resulting from any one Accident, equal Your Principal Sum;

whichever first occurs.

### *What happens if You die during the period for which benefits are payable?*

If You die during a period for which benefits are payable and before We have paid an amount equal to Your Principal Sum, the unpaid benefit for the remaining months will be paid in one lump sum to Your Beneficiary.

### *Can the total amount of benefits payable under this provision, in addition to any other benefits payable under the Policy, exceed the Principal Sum?*

No, unless specifically stated otherwise, the most We will pay under the Policy for all losses resulting from any one Accident is Your Principal Sum.

Applicable to Insured Faculty/Staff members and Insured Spouses Only.

This benefit is not available if you are age 70 or older.

### *Definitions*

As used in this provision:

***Appropriate and Regular Care*** means that You are regularly visiting a Doctor as frequently as medically required to meet Your basic health needs. The effect of the care should be of demonstrable medical value for Your disabling condition(s), to effectively attain and/or maintain Maximum Medical Improvement.

***Generally Accepted Medical Practice*** means care and treatment which is consistent with relevant guidelines or national medical, research and health care coverage organizations and governmental agencies.

***Maximum Medical Improvement*** means that level at which, based on reasonable medical probability, further material recovery from or lasting improvements to an Injury can no longer be reasonably anticipated.

***Permanent Total Disability*** or ***Permanently Totally Disabled*** means that an Injury:

1) has caused a physical or mental impairment to such a degree of severity that it is determined by competent medical authority to be permanent, total and continuous; and
2) You have been for a period of 12 consecutive months:
    a) continuously prevented from performing the duties of any occupation for which You are or become qualified by education, training and experience; and
    b) not working for wages in any occupation for which You are or become qualified by education, training and experience.

ADPD-1AA

# *SEATBELT AND AIR BAG BENEFIT*

### *What is the Seatbelt Benefit?*

This benefit provides a lump sum benefit payment if the Covered Person dies from Injuries sustained in an Automobile Accident while wearing a properly fastened Seatbelt at the time of such Accident.

This benefit is payable in addition to any other benefits provided under the Policy.

### *What conditions must be met before benefits are payable under the Seatbelt Benefit?*

Benefits are payable under this provision if the following conditions are met:

1) the Loss of Life Benefit is payable under the Accidental Death and Dismemberment Benefit and
2) due proof of Seatbelt use is provided as part of the official police report or as certified, in writing, by the investigating law enforcement officer.

If due proof of Seatbelt use is not provided, and it is unclear if the Covered Person was wearing a Seatbelt, We will pay an additional lump sum benefit payment of $1,000.

### *What is payable under the Seatbelt Benefit?*

We will pay an amount equal to 10% of the Covered Person's Principal Sum or $25,000, whichever is less*.

*Covered family member benefit amounts will increase based on the Family Plan benefit formula.

### *What is the Air Bag Benefit?*

This benefit provides a lump sum benefit payment if the Covered Person dies from Injuries sustained in an Automobile Accident and the Automobile is equipped with a factory installed Supplemental Restraint System (Air Bag).

### *What conditions must be met before benefits are payable under the Air Bag Benefit?*

Benefits are payable under this provision if the following conditions are met:

1) benefits are payable under the Seatbelt Benefit as described immediately above;
2) the Covered Person is positioned in a seat that is designed to be protected by an Air Bag; and
3) the police report or other evidence establishes that the Air Bag inflated properly upon impact.

If it is unclear whether the Covered Person was positioned in a seat designed to be protected by an Air Bag or if it is not established that the Air Bag inflated properly upon impact, We will pay an additional lump sum benefit payment of $1,000.

### *What is payable under the Airbag Benefit?*

We will pay an additional 1% of the Covered Person's Principal Sum or $1, whichever is less.

### *Exclusions*

In addition to any other Exclusions listed herein, We will not pay benefits for any loss caused by or resulting from:

1) driving or riding in any vehicle used in a race, speed or endurance test or for acrobatic or stunt driving; [or]
2) any Injury sustained while the Covered Person is breaking any traffic laws of the jurisdiction in which the Accident occurred;
3) intoxication. Intoxication means that which is defined and determined by the laws of the jurisdiction where the loss or cause of loss occurred; or
4) being under the influence of drugs, unless taken as prescribed by a Doctor.

### *Definitions*

As used in this provision:

***Automobile*** means a four-wheel private passenger car, including pick-up trucks, sports utility vehicles and vans with a load capacity of one ton or less, and self-propelled motor homes, that is duly licensed for passenger use. It must be designed primarily for use on public streets and highways.

***Automobile Accident*** means an Accident that occurs when the Covered Person is driving or riding in an Automobile.

***Seatbelt*** means an unaltered lap or lap and shoulder restraint. It includes a government approved child restraint device when used in accordance with the manufacturer's directions. In the case of small children, the restraint must:

1) meet the standards of the National Safety Council; and
2) must be properly secured and utilized in accordance with applicable state law and the recommendations of its manufacturer for children of like age and weight.

***Supplemental Restraint System*** or ***Air Bag*** means a device of passive restraint installed inside a vehicle. Such device must be designed to inflate upon collision to protect the individual from Injury or death.

ADSB-1AA-12

## *WORLDWIDE TRAVEL ASSISTANCE BENEFIT*

### *What is the Worldwide Travel Assistance Benefit?*

This benefit provides coverage for the following emergency assistance services which may be required if the Covered Person sustains an Injury, becomes Sick or dies while traveling more than 100 miles from his Primary Home:

1) Emergency Medical Evacuation/Repatriation;
2) Return of a Traveling Companion;
3) Bedside Visit; and
4) Return of Mortal Remains.

Benefits provided under the Worldwide Travel Assistance Benefit provision are payable in addition to any other benefits provided under the Policy.

### *What conditions must be met before any emergency assistance service is payable?*

Before benefits are payable for any emergency assistance service the following conditions must be met:

1) the Covered Person has to obtain advance approval of the emergency assistance service from the emergency assistance provider contracted by Us to render such emergency assistance service;
2) the emergency assistance service must be arranged and provided by such emergency assistance service provider; and
3) with respect to emergency medical evacuation/repatriation, all evacuation and medical transportation recommendations must be deemed Medically Necessary. The determination as to whether or not:
    a) adequate medical treatment is available locally and whether or not the subsequent medical evacuation is Medically Necessary;
    b) repatriation of the Covered Person is Medically Necessary, including the means of transportation; or
    c) any medical or non-medical escort to accompany the Covered Person is Medically Necessary during the medical evacuation or repatriation;

    will be made by Our emergency assistance service provider's medical Doctor in conjunction with the Covered Person's attending Doctor. However, repatriation will not be deemed Medically Necessary if Our emergency assistance service provider determines that the Covered Person is able to continue his trip or use the original transportation arrangements that the Covered Person purchased for the trip.

### *What is payable under this provision?*

**Emergency Medical Evacuation/Repatriation**

We will pay the Reasonable Expenses incurred for:

1) medical evacuation of the Covered Person to the nearest appropriate medical facility, if adequate medical treatment is not available locally where the Covered Person sustained the Injury or became Sick; and/or
2) repatriation of the Covered Person from the place where the Covered Person is being treated to:
    a) the most appropriate medical facility closest to the Covered Person's Primary Home; or
    b) to his Primary Home; and
3) any medical or non-medical escort to accompany the Covered Person during such medical evacuation or repatriation.

Coverage includes all Medically Necessary treatment, services and supplies required as part of the medical evacuation or repatriation. However, no benefits are payable for any medical treatment, services or supplies that were provided before and/or after the Covered Person's evacuation or repatriation.

**Return of a Traveling Companion**

When an Injury or Sickness results in the emergency medical evacuation, repatriation, or hospitalization of the Covered Person, or if the Covered Person dies, and as a result, the Covered Person's Traveling Companion has to forfeit his return airfare, We will pay for the:

1) transportation expenses incurred up to the cost of a one-way Economy Airfare, to return the Covered Person's Traveling Companion to his Primary Home; and/or
2) expenses incurred for the necessary services of a qualified, non-family attendant if the Traveling Companion is the Covered Person's dependent child and if such child is left unattended following the Covered Person's medical evacuation, repatriation, hospitalization or death.

**Bedside Visit**

We will pay for the transportation expenses incurred up to the cost of an Economy Airfare, for one round trip of one friend or family member, as designated by the Covered Person, to visit the Covered Person while he is Hospital confined, provided:

1) the Covered Person was traveling alone at the time he became Sick or was Injured; and
2) the Injury or Sickness causes the Covered Person to be Hospital confined for at least 10 consecutive days.

Coverage includes the Reasonable Expenses incurred for meals and hotel accommodations, not to exceed a maximum benefit payable of $150 per day, subject to a maximum period payable of 7 days per Injury or Sickness.

However, no benefits are payable under this Bedside Visit provision if the Covered Person is scheduled to be evacuated or repatriated within 24 hours of the scheduled arrival of the family member or friend the Covered Person designated be at his bedside.

**Return of Mortal Remains**

We will pay the Reasonable Expenses incurred for the following services:

1) embalming or cremation;
2) a container or urn appropriate for the transport of mortal remains;
3) transportation of the mortal remains to the funeral director responsible for the Covered Person's burial; or
4) the necessary documentation and permission from local authorities to remove and transfer the Covered Person's mortal remains;

if the Covered Person dies.

Benefits for the return of the Covered Person's mortal remains are payable to the person who has incurred the cost for the return of the Covered Person's mortal remains.

### *Definitions*

As used in this provision:

***Economy Airfare*** means the least expensive airfare available by the most direct and economical route not in excess of the published tariff for an economy fare, less any credit or refund.

***Foreign Country*** means any country other than the United States.

***Medically Necessary*** means a treatment is:

1) Recommended by the attending Doctor;
2) Consistent with generally accepted medical practice for the Injury or Sickness, as determined by Us;
3) Generally considered by Doctors in the U.S.A. to be appropriate for the Injury or Sickness; and
4) Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties.

If a treatment does not meet the criteria above or is not consistent with professionally recognized standards of care with respect to quality, frequency or duration, the treatment will not be deemed Medically Necessary.

***Primary Home*** means the residence the Covered Person's maintains as his principal domicile. If of a Covered Person has been living in a Foreign Country longer than 30 days, "Primary Home" means the residence the Covered Person maintains as his principle domicile in such Foreign Country.

***Reasonable Expense*** means the normal and customary charge of the provider incurred for a service or supply, but not more than the general level of charges made in the area:

1) for a like service by a provider with similar training or experience; or
2) for a supply which is identical or substantially equivalent to the one for which the charge is being incurred.

Based on the above described criteria, the final determination of the normal and customary charge rests solely with Us.

***Sickness*** or ***Sick*** means illness or disease which requires medical treatment by a Doctor. For the purposes of this Worldwide Travel Assistance Benefit, any exclusions or limitations pertaining to Sickness or disease including, but not limited to, any heart, coronary or circulatory malfunction, otherwise found in the Policy, shall not apply.

***Traveling Companion*** means a person or persons, including but not limited to the Covered Person's spouse and dependent children who are scheduled to accompany the Covered Person the entire time the Covered Person is traveling away from his Primary Home.
ADTC-1AA-12

**SBGADD-C12OTH/BEN**

# *EXCLUSIONS*

### *What is excluded from coverage under the Policy?*

No benefits will be paid for loss caused by or resulting from:

- riding in or boarding or alighting from any aircraft owned, operated, or leased by or on behalf of the Holder unless a specific written agreement has been obtained from Us to provide such coverage. (This does not include Chartered Aircraft as defined in this certificate.)
- declared or undeclared war or an act of either;
- suicide, a suicide attempt, self-destruction or an attempt to self-destroy while sane or insane;
- service in the armed forces of any country. However, orders to active military service for 2 months or less will not constitute service in the armed forces;
- sickness or disease, except infections which result from an accidental injury, or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance;

ADEX-1AA-12

**SBGADD-C12EXC**

# *TERMINATION PROVISIONS*

## *TERMINATION OF EMPLOYEE INSURANCE*

### *When does Your insurance terminate?*

Your insurance coverage will terminate on the earliest of the following dates:

1) the date the Policy is terminated;
2) the date You request to cancel Your coverage under the Policy;
3) the date at the end of the period for which premium has been paid, if the required premium is not paid within the Grace Period;
4) on the premium due date that falls on or next follows the date:
    a) You are no longer a member in an Eligible Class;
    b) Your class is no longer covered under the Policy;

Termination will not affect a covered loss which began before the date of termination.
ADC-9AA

**SBGADD-C12TERM/EMP**

# *TERMINATION OF DEPENDENT'S INSURANCE*

### *When does Your Dependent's coverage terminate?*

Your Dependent's coverage will end on the earliest of:

1) the date Your coverage terminates;
2) the date the Policy terminates;
3) the date You cancel Your Dependent's insurance;
4) the date at the end of the period for which the last premium has been paid if the required premium is not paid within the Grace Period;
5) the date the Dependent ceases to be an eligible Dependent;
6) the date You are no longer in a class eligible for Dependents' insurance;
7) the date of termination of Dependents' insurance under the Policy;
8) the date Your Dependent enters the armed forces of any country. Membership in the reserves, or a call to active duty for 2 months or less is not deemed entry into the armed forces;
9) the date of a final decree of divorce (applicable to spouse coverage, if any).

ADCD-10AA

### *Under what conditions can Your unmarried handicapped Dependent Child continue to qualify for coverage?*

We will continue coverage beyond the termination age for Your unmarried covered Dependent Child who is not capable of self-support due to physical or mental handicap. Coverage for such Dependent Child will continue while he remains disabled, Your coverage stays in force and the required premium is paid.

We will require proof of the disability and dependency of the Child within 31 days after the date coverage would have otherwise ended and thereafter, as requested. After 2 years, We will not require such proof more often than once a year. If the proof is not provided, coverage will terminate 90 days after We mail You a request for proof of incapacity status.

ADCD-11AA

**SBGADD-C12TERM/DEP**

# *BENEFICIARY AND PAYMENT OF CLAIMS*

### *How do You designate or change Your Beneficiary?*

At the time You become insured, You should name a Beneficiary to receive Your loss of life proceeds payable under the Policy for death caused by an Injury.

It is important that You name a Beneficiary and keep Your designation current. You may name a new Beneficiary at any time by filing with the Holder a written request on forms acceptable to Us. The Holder will send the request to Us upon Your death. When the request is received by Us from the Holder, the change will relate back to and take effect as of the date it was signed. This is the case whether You are alive or not when We receive the request. Even though the change of Beneficiary will relate back to the date it was signed, it will be without prejudice to Us on account of any payment We have already made.

ADC-13AA

### *To whom are benefits payable?*

Benefits for Your loss of life will be payable in accordance with the Beneficiary designation in effect at the time of payment. Benefits for other than loss of life are payable to You. In lieu of a lump sum payment, You or Your Beneficiary may select an optional method of settlement as stated in the provision titled *Can You or Your Beneficiary choose an Optional Method of Settlement*. We will pay all accrued benefits unpaid at Your death in the same manner as benefits for Your loss of life.
ADC-14AA

Benefits payable for losses sustained by Your Dependents will be paid to You. If You should die before receiving such benefits, We will pay them to Your estate.
ADC-15AA

If a Beneficiary dies simultaneously with You, or within 10 days of Your death, benefits will be paid as if You survived Your Beneficiary.
ADC-16AA

If You name more than one Beneficiary and do not specify the amounts, percentage shares, or order of payment of the Beneficiaries, any proceeds that become payable under the Policy will be divided equally among all Beneficiaries. The share of any Beneficiary who has died before You, will go equally to the surviving Beneficiaries.

If a Beneficiary is a minor or is not legally competent, We may, at Our option, pay up to $2,000 to the person or entity that has in Our opinion assumed custody and main support of such person. We will do this until the Beneficiary's legal guardian makes a formal claim.

At Our option, We may pay a part of the Accidental Death Benefit to any person who has incurred funeral or other expenses on the Covered Person's behalf as result of an Injury ending in the Covered Person's death. The maximum amount of such payment is limited to the lesser of $1,000 or the maximum amount allowed by law.

Any payment made by Us in good faith, will fully discharge Our liability to the extent of such payment.
ADC-17AA

### *What if there is no valid Beneficiary designation in effect at the time of Your death?*

If no such designation is in effect at that time, the benefits shall be paid to Your Beneficiary as designated under the Group Life Insurance policy issued to the Holder and in effect on the date of the Accident. Otherwise, Your loss of life proceeds will be paid to Your estate if:

1) You die without naming a Beneficiary; or
2) all of Your Beneficiaries have died before You.

If payment would otherwise be payable to Your estate due to the above, We have the right to pay all or a part of the benefit to the first of the following successive classes of surviving relatives: Your spouse; Your children; Your parents, or Your siblings.

Any payment made by Us in good faith, will fully discharge Our liability to the extent of such payment.
ADC-18AA

**SBGADD-C12BENF**

# *UNIFORM PROVISIONS*

### *Time of Payment of Claim*

Benefits payable under the Policy will be paid after We receive due written proof of loss.

### *Notice of Claim*

Written notice of claim must be given to Us within 30 days after any loss covered by the Policy. If notice cannot be given within that time, it must be given as soon as reasonably possible.

Notice will be sufficient if it identifies You and the Policy. The notice must be sent to Us at Our Claim Office, P.O. Box 946790, Maitland, FL 32794-6790, or given to Our agent.

### *Claim Forms*

After We receive the written notice of claim, We will furnish claim forms within 15 days. If We do not, the Covered Person will be considered to have met the requirements for written proof of loss if We are sent written proof as described below. The proof must describe the occurrence, extent and nature of the loss.

### *Written Proof of Loss*

Written proof of loss must be given to Us within 90 days after the date of such loss. If it is not reasonably possible to give the proof within 90 days, the claim is not affected if the proof is given as soon as possible. Unless the Insured is legally incapacitated, written proof must be given within one year of the time it is otherwise due.

### *Physical Examination*

At Our expense, We will have the right to examine the Covered Person as often as reasonably necessary while a claim is pending.

### *Autopsy*

We have the right to have an autopsy performed unless forbidden by law.

### *Legal Actions*

No action at law or in equity can be brought until after 60 days following the date written proof of loss was given. No action can be brought after 3 years (Kansas, 5 years, South Carolina, 6 years) from the date written proof is required.

### *Conformity with State Statutes*

If any provision of the Policy is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery, the provision is automatically amended to meet the minimum requirements of the statute.
ADCUP-1AA

**SBGADD-C12UNI**

# *GENERAL PROVISIONS*

### *How will Your statements made in any application for this insurance be used?*

Any statement made by You will be deemed a representation and not a warranty. No statement will be used to void or reduce benefits, or be used in defense to a claim unless:

1) it is in writing;
2) it was signed by You; and
3) a copy has been given to You, Your Beneficiary or Your personal representative.

We will not use any statement to contest the validity of Your insurance after it has been continuously in force under the Policy for a period of 2 years during Your lifetime.
ADC-19AA

### *What is the Grace Period if the premium is not paid?*

A grace period of 31 days will be allowed for the payment of any unpaid premium after the first payment is made. Your insurance will remain in force during the grace period. If the premium is not paid by the end of the grace period, Your coverage under the Policy ends.

The grace period will not apply if:

1) at least 31 days prior to the premium due date We send written notice to the Holder of Our intent not to renew the Policy; or
2) the Holder tells Us in writing that the Policy will not be renewed.

Your coverage will end on the date stated in Our notice, or on the date stated in such notice from the Holder, whichever is first to occur.
ADC-20AA

### *Can You or Your Beneficiary choose an Optional Method of Settlement?*

Yes. In lieu of a lump sum payment, You or Your Beneficiary may elect to have all or a part of the insurance benefits paid in a fixed number of monthly installments. If You have not made such election, Your Beneficiary may do so. Election must be made by filing written request with Us at Our Home Office.

The amount of each monthly payment, according to the number of years elected, is shown in the table below:

| **Number of Years of Payment** | **3** | **4** | **5** | **10** | **15** | **20** |
|---|---|---|---|---|---|---|
| **Monthly Installment for each $1,000 of Benefits Payable** | $28.99 | $22.06 | $17.91 | $9.61 | $6.87 | $5.51 |

The first payment will be made once You or Your Beneficiary become eligible for payment under the applicable benefit provision. A period of years resulting in monthly payments of less than $50.00 may not be selected.

If You or Your Beneficiary die while receiving monthly payments, the present value of the remaining payments will be paid to Your Beneficiary or to Your Beneficiary's estate unless You or Your Beneficiary has designated an alternate payee by prior written election. The present value will be determined by using a 3% per year interest factor.

We may change the above table on any Policy anniversary date. We may also change the table on any date the provisions of the Policy are changed. Any new table will not apply to any claim pending under the Policy before the date of the change.
ADC-21AA

### *Can You assign Your Ownership Rights?*

Your right, title, and interest in the Policy are evidenced by the certificate. You may assign such right, title, and interest to someone else (known as an assignee). This assignment will cover all of Your ownership rights under the Policy including, but not limited to the following:

1) the right to change the Beneficiary;
2) the right to receive any and all benefits under the Policy without notice to or consideration to You.

We will recognize an assignee as the owner of the rights assigned only if:

1) the assignment is in writing, signed by You, and on a form approved by Us; and
2) a signed or certified copy of the written assignment has been received and registered by Us.

You cannot assign Your Accident Insurance as collateral for a loan.

We will not be responsible for the legal, tax or other effects of any assignment; or for any action taken under the Policy's provisions before receiving and registering an assignment.
ADC-22AA

### *Are proceeds protected from the claims of the Beneficiary's creditors?*

The benefits under the Policy are not subject to the claim of, or legal process by any creditor of Your Beneficiary.
ADC-23AA

### *What if the age of someone covered under the Policy is misstated?*

If the age of a person covered under the Policy has been misstated and the benefits payable under the Policy are subject to any age reduction requirements, any benefits payable will be adjusted to reflect the correct amount of benefits payable had the true age of the person covered been known.
ADC-24AA

### *What happens if there is a record keeping error?*

An error in keeping records will not cancel insurance that should otherwise continue in force. Such error will not continue insurance that should otherwise end. Your insurance coverage will not be prejudiced by the failure on the part of the Holder to transmit reports, pay premium or comply with any of the provisions of the Policy when such failure is due to an inadvertent error or clerical mistake.

We have the right to examine the Holder's records for the Policy at any reasonable time. This right will extend until 2 years after the expiration of the Policy or until final adjustment and settlement of all claims hereunder, whichever is later.
ADC-25AA

### *How is this Policy affected by Workers' Compensation Insurance?*

The policy is not in lieu of and does not affect any requirements for coverage by Workers' Compensation Insurance.
ADC-26AA

**SBGADD-C12GEN**

## *DEFINITIONS*

The following are key words and phrases used in this certificate. When these words and phrases or forms of them are used, they are capitalized. As You read this certificate, refer back to these definitions.

Any word in the male pronoun equally applies to the female pronoun unless a distinction is specified.
ADD

***Accident*** means an unexpected, unusual and specific event. Such event must occur by chance at an identifiable time and place while coverage is in force. Any loss caused by, or resulting from, a sickness or disease is not an accident.
ADD-1AA-12

***Active Work, Actively at Work*****,** or ***Actively Working*** means You must be:

1) while school is in session, that You are:
    a) working at the Holder's usual place of business, or on assignment for the purpose of furthering the Holder's business; and
    b) performing the material and substantial duties of Your regular occupation on a full-time basis;
2) if school is not in session, that You:
    a) met the requirements stated in 1 a) and b) above during the prior school year (if employed during such period); and
    b) would be able to report to work and perform the material and substantial duties of Your regular occupation if school were in session.

ADD-2BA

***Beneficiary*** means the person, persons or entity You name to receive benefits payable for Your Accidental death.
ADD-4AA

***Chartered Aircraft*** means an aircraft the Holder does not own. The Holder hires the aircraft for one purpose or one trip or for general use. The time the Holder has it may not exceed 10 straight days nor more than 15 days in any one year. The term does not include one or more aircraft hired by the Holder on a regular or frequent basis.
ADD-5AA

***Child*** means:

1) Your birth child; or
2) an adopted child beginning on the date:
    a) of placement with You for the purposes of adoption; or
    b) a prospective adopted Child is temporarily placed in Your care;

whichever comes first, regardless of whether a final order granting adoption is ultimately issued.

A Child also includes Your stepchild, foster child, or any other child who has a parent-child relationship with You. Such child must depend upon You for financial support.
ADD-6AA-12

***Covered Person*** means You and Your Dependents who are covered under the Policy.
ADD-8AA

***Dependent*** is as defined in the Schedule.
ADD-9AA

***Doctor*** means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither You nor a member of Your Immediate Family. A licensed medical practitioner is a Doctor if applicable state law requires that such practitioner be recognized for purposes of certification of disability, and the treatment provided by the practitioner is within the scope of his license.
ADD-10AA

***Eligible Person or Eligible Persons*** means a person or persons in an Eligible Class under the Policy. With respect to this Certificate, eligible persons are those persons in an Eligible Class shown in the Schedule.
ADD-11AA

***Eligible Class*** means a class of persons eligible for insurance under the Policy. With respect to this Certificate, the class or classes eligible for insurance are as described in the Schedule.
ADD-12AA

***Hospital*** means an establishment which:

1) holds a license as a Hospital (if required in the state);
2) operates primarily for the reception, care and treatment of sick or injured persons as in-patients;
3) provides around the clock nursing service;
4) has a staff of one or more Physicians available at all times;
5) provides organized facilities for diagnosis and surgery;
6) is not primarily a clinic, nursing, rest or convalescent home or a skilled nursing facility or similar establishment; and
7) is not, other than incidentally, a place for treatment of alcoholism, drug addiction or mental or nervous disorders.

The nursing service must be by registered or graduate nurses on duty or call. The surgical facilities may be either at the Hospital or at a facility with which it has a formal arrangement.

Confinement in a special unit of a Hospital used primarily as a nursing, rest or convalescent home or skilled nursing facility will not be deemed to be a confinement in a Hospital.
ADD-13AA

***Immediate Family*** means Your spouse and the children, siblings and parents of either You or Your spouse.
ADD-14AA

***Injury*** means bodily injury caused by an Accident. The Injury must:

1) occur while coverage is in force; and
2) result, directly and independently of disease or bodily infirmity, in a loss covered by the Policy.

ADD-15AA-12

***Insured*** means the eligible employee whose insurance is in force under the terms of the Policy.
ADD-16AA

***Principal Sum*** means the amount of accident insurance that applies to You and Your covered Dependents as shown or described in the Schedule.
ADD-18AA

***Schedule*** means the Schedule of Benefits which is a part of this certificate.
ADD-20AA

***Voluntary Plan of Accidental Death and Dismemberment Insurance*** means coverage for which You pay all or a part of the premium.
ADD-7AA-12

***Waiting Period*** means the continuous length of time that You must be Actively Working in an Eligible Class before becoming eligible for coverage. The Waiting Period is as stated in the Schedule.
ADD-21AA

***We, Our*** and ***Us*** mean Hartford Life and Accident Insurance Company, Chicago Illinois.
ADD-22AA

***You, Your*** and ***Yours*** means the Insured to whom this certificate is issued and whose insurance is in force under the terms of the Policy.
ADD-23AA

**SBGADD-C12DEF**

# *IMPORTANT ERISA WELFARE PLAN INFORMATION*

The following section contains information provided to You at the request of the Plan Administrator of Your Plan to meet certain requirements of the Employee Retirement Income Security Act of 1974, as amended, (ERISA). All inquiries related to the following material should be referred directly to Your Plan Administrator.

## *DISCRETIONARY AUTHORITY*

The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments thereto. The plan administrator and other plan fiduciaries have discretionary authority to determine Your eligibility for and entitlement to benefits under the Policy. The plan administrator has delegated sole discretionary authority to Hartford Life and Accident Insurance Company to determine Your eligibility for benefits and to interpret the terms and provisions of the plan and any policy issued in connection with it.

# *COMPLAINT NOTICE*

THIS NOTICE IS TO ADVISE YOU THAT ANY COMPLAINTS REGARDING THIS GROUP INSURANCE PLAN MAY BE DIRECTED TO:

The Hartford
P.O. Box 2999
Hartford, CT 06104
(800) 572-9047

and/or

Illinois Department of Insurance
Consumer Division or Public Service Section
Springfield, IL 62767

# *LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION DISCLAIMER*

The Illinois Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are substantial limitations and exclusions. Coverage is generally conditioned on continued residence in Illinois. Other conditions may also preclude coverage.

You should not rely on availability of coverage under the Life and Health Insurance Guaranty Association Law when selecting an insurer. Your insurer and agent are prohibited by law from using the existence of the Association or its coverage to sell you an insurance policy.

The Illinois Life and Health Insurance Guaranty Association or the Illinois Department of Insurance will respond to any questions you may have which are not answered by this document. Policyholders with additional questions may contact:

Illinois Life and Health Insurance Guaranty Association
8420 West Bryn Mawr Avenue
Chicago, IL 60631
(773) 714-8050

Illinois Department of Insurance
320 West Washington Street, 4th Floor
Springfield, IL 62767
(217) 782-4515

### *Summary and General Purposes and Current Limitations of Coverage*

The Illinois law that provides for this safety-net coverage is called the Illinois Life and Health Insurance Guaranty Association Law ("Law"). The following contains a brief summary of the Law's coverages, exclusions and limits. This summary does not cover all provisions, nor does it in any way change anyone's rights or obligations under the Law or the rights or obligations of the Guaranty Association. If you have obtained this document from an agent in connection with the purchase of a policy, you should be aware that its delivery to you does not guarantee that your policy is covered by the Guaranty Association.

### *Coverage*

The Illinois Life and Health Insurance Guaranty Association provides coverage to policyholders that reside in Illinois for insurance issued by members of the Guaranty Association, including:

- Life insurance, health insurance and annuity contracts;
- Life, health or annuity certificates under direct group policies or contracts;
- Unallocated annuity contracts; and
- Contracts to furnish health care services and subscription certificates for medical or health care services issued by certain licensed entities. The beneficiaries, payees or assignees of such persons are also protected, even if they live in another state.

### *Exclusions from Coverage*

The Guaranty Association does **not** provide coverage for:

- Any policy or portion of a policy for which the individual has assumed the risk;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate guarantees which exceed certain statutory limitations;
- Certain unallocated annuity contracts issued to an employee benefit plan protected under the Pension Benefit Guaranty Corporation and any portion of a contract which is not issued to or in connection with a specific employee, union or association of natural persons benefit plan or a government lottery;
- Any portion of a variable life insurance or variable annuity contract not guaranteed by an insurer; or
- Any stop loss insurance.

In addition, persons are **not** protected by the Guaranty Association if:

- The Illinois Director of Insurance determines that, in the case of an insurer which is domiciled in Illinois, the insurer's home state provides substantially similar protection to Illinois residents which will be provided in a timely manner; or
- Their policy was issued by an organization which is not a member insurer of the Association.

### *Limits on Amount of Coverage*

The law limits the amount the Illinois Life and Health Insurance Guaranty Association is obligated to pay. The Guaranty Association's liability is limited to the lesser of either:

- The contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer; or
- With respect to any one life, regardless of the number of policies, contracts or certificates:
  - In the case of Life insurance, $300,000 in death benefits but not more than $100,000 in net cash surrender or withdrawal values;
  - In the case of health insurance, $300,000 in health insurance benefits, including net cash surrender or withdrawal values; and
  - With respect to annuities, $100,000 in the present value of annuity benefits, including net cash surrender or withdrawal values, and $100,000 in the present value of annuity benefits for individuals participating in certain government retirement plans covered by an unallocated annuity contract. The limit for coverage of unallocated annuity contracts other than those issued to certain governmental retirement plans is $5,000,000 in benefits per contract holder, regardless of the number of contracts.

However, in no event is the Guaranty Association liable for more than $300,000 with respect to any one individual.


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