

## **YOUR BENEFIT PLAN**

**Saks and Company LLC on behalf of itself and its US affiliates,  
including but not limited to, Saks Fifth Avenue LLC**

**Basic Life Insurance**

**Supplemental Life Insurance**

**Dependent Life Insurance**

**Accidental Death and Dismemberment Insurance**

**Supplemental Accidental Death and Dismemberment Insurance**

**Certificate Date: January 1, 2024**

Certificate Number 3

Saks and Company LLC on behalf of itself and its US affiliates,  
including but not limited to, Saks Fifth Avenue LLC  
12 East 49th Street  
New York, NY 10017

TO OUR ASSOCIATES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Saks and Company LLC on behalf of itself and its US affiliates,  
including but not limited to, Saks Fifth Avenue LLC



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## **CERTIFICATE RIDER**

**Group Policy No.:** 151333-1-G

**Policyholder:** Saks and Company LLC on behalf of itself and its US affiliates, including but not limited to, Saks Fifth Avenue LLC

**Effective Date:** January 1, 2024

The certificate is changed as follows:

The following statement is added to the Schedule of Benefits:

“Certain non-insured Grief Counseling Services are included with Supplemental Life Insurance; or non/contributory Basic Life Insurance; or Contributory Basic Life Insurance; or a combination of any of the above and provided at no additional cost. MetLife has arranged for these services to be provided by LifeWorks US Inc, a third party service provider, to help beneficiaries cope with the death of covered persons whose lives are the subject of Group Life Insurance under the Group Policy. If the certificate would otherwise end due to the death of the covered person, the Grief Counseling Services will remain in effect.

**Grief Counseling Services** include intake, assessment and counseling services as follows:

- Telephone intake by a licensed mental health professional for assessment and appropriate referral to identified licensed counselors with at least a master's degree in counseling, psychology or sociology based upon the beneficiary's specific grief counseling needs;
- 24-hour availability of grief counseling clinical services, via a toll-free telephone line three hundred sixty-five days a year;
- A maximum of five 50 minute face-to-face, telephonic, and video grief counseling sessions per loss event;
- Courtesy follow-up with beneficiaries using the Grief Counseling Services; and
- Access to educational materials and self-assessments as it pertains to the loss experienced by the beneficiaries.

Access to the Grief Counseling Services and more information on how to access Grief Counseling Services can be obtained by contacting LifeWorks at 866-307-1405, 201 – 17th Street NW, Suite 630, Atlanta, GA, United States, 30363 and [metlifebene.lifeworks.com](http://metlifebene.lifeworks.com).”

**The Effective Date of this rider is the later of the Effective Date shown above or Your original Effective Date of Certificate shown in the Schedule of Benefits.**

**This rider is to be attached to and made a part of the Certificate.**



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## **CERTIFICATE RIDER**

**Group Policy No.:** 151333-1-G

**Policyholder:** Saks and Company LLC on behalf of itself and its US affiliates, including but not limited to, Saks Fifth Avenue LLC

**Effective Date:** January 1, 2024

The certificate is changed as follows:

The Legal Services Benefit Certificate Rider is changed by adding the following:

A Digital Estate Planning Platform is included with Supplemental Life Insurance at no additional cost. MetLife has arranged for this Platform to be provided by MetLife Legal Plans, Inc., a MetLife affiliate. The Platform will be made available to Employees and their Spouses so they can create estate planning documents through [legalplans.com/estateplanning](https://legalplans.com/estateplanning).

The **Digital Estate Planning Platform** includes:

- Creation of estate planning documents by answering questions through a guided electronic experience. The estate planning documents available include simple wills, living wills, revocable living trusts, transfer of deeds and durable powers of attorney.
- Online notary, witnesses, and remote identity verification where available: This process includes authenticating the user via online identity verification and a secure two-way video session with a notary and witnesses. The process also provides for the application of electronic signatures, secure storage of tamper-proof versions of all documents, and recorded audio and video of the session as evidence of the transaction.
- Access to educational estate planning materials.

The Digital Estate Planning Platform and more information on how to access it is available at [legalplans.com/estateplanning](https://legalplans.com/estateplanning).

The Effective Date of this rider is the later of the Effective Date shown above or the effective date of your Group Supplemental Life Insurance.

**This rider is to be attached to and made a part of the Certificate.**



Metropolitan Life Insurance Company  
New York, New York

## **CERTIFICATE RIDER**

**Group Policy No.:** 151333-1-G

**Policyholder:** Saks and Company LLC on behalf of itself and its US affiliates, including but not limited to, Saks Fifth Avenue LLC

**Effective Date:** January 1, 2024

The certificate is changed as shown below:

The definition of Domestic Partner is added as follows:

**Domestic Partner** means each of two people, one of whom is an employee of the Policyholder, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other with a substantial interest engendered by love and affection; or in the case of other persons, have a lawful and substantial economic interest in the continued life, health or bodily safety of the person insured. Each person must be:
  1. 18 years of age or older;
  2. unmarried;
  3. the sole domestic partner of the other;
  4. financially dependent on the other and responsible for the other's common welfare, basic living expenses and financial obligations to third parties;
  5. sharing a primary residence with the other; and
  6. not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the employee.

**This rider is to be attached to and made a part of the Certificate**





Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## **CERTIFICATE OF INSURANCE**

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

**Policyholder:** Saks and Company LLC on behalf of itself and its US affiliates, including but not limited to, Saks Fifth Avenue LLC

**Group Policy Number:** 151333-1-G

**Type of Insurance:** Term Life & Accidental Death and Dismemberment Insurance

**MetLife Toll Free Number(s):**  
**For Claim Information** FOR LIFE CLAIMS: 1-800-638-6420

**THIS CERTIFICATE ONLY DESCRIBES TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.**

**FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.**

**READ YOUR CERTIFICATE CAREFULLY.**

**CERTAIN WAR RISKS ARE NOT ASSUMED.**

**(THAT IS, DEPENDENT COVERAGE IS NOT AVAILABLE ON PERSONS SERVING IN THE MILITARY. SEE THE DEFINITIONS SECTION FOR FURTHER INFORMATION.)**

**IN CASE OF ANY DOUBT WRITE US FOR FURTHER EXPLANATION.**

**THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN FLORIDA.**

**For Idaho Residents: TEN DAY RIGHT TO EXAMINE CERTIFICATE:** You may return the certificate to Us within 10 days from the date You receive it. If You return it within the 10 day period, the certificate will be considered never to have been issued. We will refund any premium paid after We receive Your notice of cancellation.

**THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.**

**WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**

**IMPORTANT NOTICE THIS INSURANCE DOES NOT PROVIDE COVERAGE FOR SICKNESS**



## **NOTICE FOR RESIDENTS OF TEXAS**

### **Have a complaint or need help?**

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

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

### **Metropolitan Life Insurance Company**

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

**Call: Corporate Consumer Relations Department at 1-800-438-6388**

**Toll-free: 1-800-438-6388**

Email: [Johnstown\\_Complaint\\_Referrals@metlife.com](mailto:Johnstown_Complaint_Referrals@metlife.com)

Mail: Metropolitan Life Insurance Company  
700 Quaker Lane  
2nd Floor  
Warwick, RI 02886

### **The Texas Department of Insurance**

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

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

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

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

## **NOTICE FOR RESIDENTS OF TEXAS (continued)**

### **¿Tiene una queja o necesita ayuda?**

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

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

#### **Metropolitan Life Insurance Company**

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

**Llame a: Departamento de Relaciones Corporativas del Consumidor al 1-800-438-6388**

**Teléfono gratuito: 1-800-438-6388**

Correo electrónico: [Johnstown\\_Complaint\\_Referrals@metlife.com](mailto:Johnstown_Complaint_Referrals@metlife.com)

Dirección postal: Metropolitan Life Insurance Company  
700 Quaker Lane  
2nd Floor  
Warwick, RI 02886

#### **El Departamento de Seguros de Texas**

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

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

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

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

## **NOTICE FOR RESIDENTS OF MONTANA, TEXAS**

### **The Definition Of Child Is Modified For The Coverage Listed Below:**

#### **For Montana Residents (Accidental Death and Dismemberment Insurance):**

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

#### **For Texas Residents (Life Insurance):**

The term also includes Your grandchildren. The age limit for children and grandchildren will not be less than 25, regardless of the child's or grandchild's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance. In addition, grandchildren must be able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Insurance.

## **NOTICE FOR RESIDENTS OF WASHINGTON**

### **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO)**

The Life Insurance accelerated benefit does not and is not intended to qualify as long-term care under Washington state law. Washington state law prevents this accelerated life benefit from being marketed or sold as long-term care.

## **NOTICE FOR RESIDENTS OF ALL STATES**

### **LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID**

**DISCLOSURE:** The Life Insurance accelerated benefit offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive an accelerated benefit excludable from income under federal law.

**DISCLOSURE:** Receipt of an accelerated benefit may affect Your, Your Spouse's or Your family's eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect Your, Your Spouse's and Your family's eligibility for public assistance.

## **NOTICE FOR RESIDENTS OF ARKANSAS**

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department  
Consumer Services Division  
1 Commerce Way, Suite 102  
Little Rock, Arkansas 72202

## **NOTICE FOR RESIDENTS OF CALIFORNIA**

### **IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR METLIFE AT:**

**METROPOLITAN LIFE INSURANCE COMPANY  
ATTN: CONSUMER RELATIONS DEPARTMENT  
500 SCHOOLHOUSE ROAD  
JOHNSTOWN, PA 15904**

**1-800-438-6388**

**IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA DEPARTMENT OF INSURANCE AT:**

**DEPARTMENT OF INSURANCE  
CONSUMER SERVICES  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013**

**WEBSITE: <http://www.insurance.ca.gov/>**

**1-800-927-4357 (within California)  
1-213-897-8921 (outside California)**

## **NOTICE FOR RESIDENTS OF CALIFORNIA**

If Your certificate includes an exclusion for the voluntary intake or use by any means of any drug, medication or sedative, unless it is taken or used as prescribed by a Physician (or a similar exclusion), We will adjudicate your claim as follows:

We will exclude any Covered Loss as a consequence of being under the influence of any intoxicant or controlled substance unless administered on the advice of a Physician.



## **NOTICE FOR RESIDENTS OF GEORGIA**

### **IMPORTANT NOTICE**

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

## **NOTICE FOR RESIDENTS OF IDAHO**

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance

Consumer Affairs

700 West State Street, 3<sup>rd</sup> Floor

PO Box 83720

Boise, Idaho 83720-0043

1-800-721-3272 (for calls placed within Idaho) or 208-334-4250 or [www.DOI.Idaho.gov](http://www.DOI.Idaho.gov)

## **NOTICE FOR RESIDENTS OF ILLINOIS**

### **IMPORTANT NOTICE**

To make a complaint to MetLife, You may write to:

MetLife  
200 Park Avenue  
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance  
Public Services Division  
Springfield, Illinois 62767

## **NOTICE FOR RESIDENTS OF INDIANA**

**Questions regarding your policy or coverage should be directed to:**

**Metropolitan Life Insurance Company  
1-800-438-6388**

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance  
Consumer Services Division  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi)

## **NOTICE FOR RESIDENTS OF MAINE**

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as for nonpayment of a contribution that is due. The intent is to allow reinstatements where the default is due to the insured person's suffering from cognitive impairment or functional incapacity. You may make this designation by completing a "Third-Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third-Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this certificate to obtain a Third-Party Notice Request Form. Within 90 days after cancellation of coverage for nonpayment of premium, You or any person authorized to act on Your behalf may request reinstatement of the certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.

## **NOTICE FOR MASSACHUSETTS RESIDENTS**

### **CONTINUATION OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

1. If Your AD&D Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.

2. If Your AD&D Insurance ends because:

- You cease to be in an Eligible Class; or
- Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your AD&D Insurance under the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

**Plant Closing** and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

## **NOTICE FOR RESIDENTS OF MINNESOTA**

This is a life insurance policy which pays accelerated death benefits at your option under conditions specified in the policy. This policy is not a long-term care policy meeting the requirements of sections M.S.62A.46 to 62A.56 or chapter 62S.

## NOTICE FOR RESIDENTS OF MINNESOTA

### GENERAL PROVISIONS

If You reside in Minnesota the suicide provision is as follows:

#### **Suicide**

**If You commit suicide** within 1 year from the date Life Insurance for You takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary.
- any premium paid by the Policyholder will be returned to the Policyholder.

If You commit suicide within 1 year from the date an increase in Your Life Insurance takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

**If a Dependent commits suicide** within 1 year from the date any Life Insurance on such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary.
- any premium paid by the Policyholder will be returned to the Policyholder.

If such Dependent commits suicide within 1 year from the date an increase in any Life Insurance on such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.



## **NOTICE FOR RESIDENTS OF MISSOURI**

### **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

If You reside in Missouri the "suicide or attempted suicide" language found in the Direct and Sole Cause provision is as follows:

"suicide or attempted suicide while sane"

### **LIFE INSURANCE**

#### **GENERAL PROVISIONS**

If You reside in Missouri the suicide provision is as follows:

##### **Suicide**

If You commit suicide within 1 year from the date Life Insurance for You takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary.
- any premium paid by the Policyholder will be returned to the Policyholder.

If You commit suicide within 1 year from the date an increase in Your Life Insurance takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

If a Dependent commits suicide within 1 year from the date Life Insurance for such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary.
- any premium paid by the Policyholder will be returned to the Policyholder.

If a Dependent commits suicide within 1 year from the date an increase in Life Insurance for such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

## NOTICE FOR RESIDENTS OF NORTH DAKOTA

### GENERAL PROVISIONS

If You reside in North Dakota the suicide provision is as follows:

#### **Suicide**

**If You commit suicide** within 1 year from the date Life Insurance for You takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary.
- any premium paid by the Policyholder will be returned to the Policyholder.

If You commit suicide within 1 year from the date an increase in Your Life Insurance takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

**If a Dependent commits suicide** within 1 year from the date Life Insurance for such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary.
- any premium paid by the Policyholder will be returned to the Policyholder.

If a Dependent commits suicide within 1 year from the date an increase in Life Insurance for such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

## **NOTICE FOR RESIDENTS OF TEXAS**

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.**

## **NOTICE FOR RESIDENTS OF TEXAS**

### **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO)**

The laws of the state of Texas mandate that the terms “Terminally Ill” and “Terminal Illness” when used in the LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU and the LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR DEPENDENTS provisions mean that due to injury or sickness, You or Your Dependent is expected to die within 24 months of the date You request payment of an Accelerated Benefit.

## NOTICE FOR RESIDENTS OF UTAH

### Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a **brief summary** of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies. (For the purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMOs) and limited health plans.)

The basic protections provided by the Association are:

- Life Insurance
  - o \$500,000 in death benefits
  - o \$200,000 in cash surrender or withdrawal values
- Accident and Health Insurance
  - o \$500,000 for health benefit plans
  - o \$500,000 in disability income insurance benefits
  - o \$500,000 in long-term care insurance benefits
  - o \$500,000 in other types of health insurance benefits
- Annuities
  - o \$250,000 in the present value of annuity benefits in aggregate, including any net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to health benefit plans.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Utah law.

Benefits provided by a long-term care rider to a life insurance or annuity contract shall be considered the same type of benefit as the base life insurance policy or annuity contract to which it relates.

To learn more about the above protections, please visit the Association's website at [www.ulhiga.org](http://www.ulhiga.org) or contact:

Utah Life and Health Insurance Guaranty Assoc.  
466 South 500 East, Suite 100  
Salt Lake City UT 84102  
(801) 320-9955

Utah Insurance Department  
4315 S. 2700 W., Suite 2300  
Taylorsville, UT 84129  
(801) 957-9200

## **NOTICE FOR RESIDENTS OF VIRGINIA**

### **IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife  
200 Park Avenue  
New York, New York 10166  
Attn: Corporate Consumer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:  
1-800-275-4638

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Bureau of Insurance  
Life and Health Division  
P.O. Box 1157  
Richmond, VA 23218-1157  
1-804-371-9691 - phone  
1-877-310-6560 - toll-free  
1-804-371-9944 - fax  
[www.scc.virginia.gov](http://www.scc.virginia.gov) - web address  
[BureauOfInsurance@scc.virginia.gov](mailto:BureauOfInsurance@scc.virginia.gov) - email

Written correspondence is preferable so that a record of Your inquiry is maintained. When contacting Your agent, company or the Bureau of Insurance, have Your policy number available.

## **NOTICE FOR RESIDENTS OF WASHINGTON**

### **LIFE INSURANCE**

#### **GENERAL PROVISIONS**

The suicide provision is not applicable to residents of Washington.

## **NOTICE FOR RESIDENTS OF WASHINGTON**

This non-insurance benefit does not constitute an insurance funded prearrangement contract, pursuant to RCW 18.39.255.

Employees who become insured for MetLife Supplemental Life Insurance and/or non-contributory Basic Life Insurance under the Group Policy are eligible to receive discounts of up to 10% off the service provider's standard price for certain funeral services including funeral, cremation and cemetery products and services provided by a third party national network of funeral and funeral planning providers while such insurance remains in effect. Employees who become insured for MetLife Supplemental Life Insurance and/or non-contributory Basic Life Insurance will also have access to funeral planning resources including funeral planning tools and concierge services provided by the same national network of providers. MetLife has arranged for these services and discounts to be provided to Employees and their spouses for no additional premium. MetLife is not responsible for providing or failing to provide these services nor is it liable for any negligence in the provision of such services by the third party service provider.

The discounts and planning services are not available in all jurisdictions and are subject to regulatory approval.

A Digital Estate Planning Platform is included with Supplemental Life Insurance at no additional cost. MetLife has arranged for this Platform to be provided by MetLife Legal Plans, Inc., a MetLife affiliate. The Platform will be made available to Employees and their Spouses so they can create estate planning documents through [legalplans.com/estateplanning](https://legalplans.com/estateplanning).



## NOTICE FOR RESIDENTS OF WISCONSIN

### **KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

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

MetLife  
Attn: Corporate Consumer Relations Department  
200 Park Avenue  
New York, New York 10166  
1-800-438-6388

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

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

# TABLE OF CONTENTS

Section	Page
CERTIFICATE FACE PAGE .....	1
NOTICES .....	3
SCHEDULE OF BENEFITS .....	30
DEFINITIONS .....	41
ELIGIBILITY PROVISIONS: INSURANCE FOR YOU .....	45
Eligible Classes .....	45
Date You Are Eligible for Insurance .....	45
Enrollment Process .....	45
Date Your Insurance That Is Part Of The Flexible Benefits Plan Takes Effect .....	46
Date Your Insurance Ends .....	48
ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS .....	49
Eligible Classes For Dependent Insurance .....	49
Date You Are Eligible For Dependent Insurance .....	49
Enrollment Process .....	49
Date Insurance That Is Part Of The Flexible Benefits Plan Takes Effect For Your Dependents .....	50
Date Your Insurance For Your Dependents Ends .....	52
CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT .....	53
For Mentally or Physically Disabled Children .....	53
For Family And Medical Leave .....	53
At The Policyholder's option .....	53
At Your Option: Portability For Life Insurance .....	54
At Your Option: Portability For Accidental Death And Dismemberment Insurance .....	58
EVIDENCE OF INSURABILITY .....	60
LIFE INSURANCE: FOR YOU .....	62
LIFE INSURANCE: FOR YOUR DEPENDENTS .....	63
LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU .....	64
LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE .....	66
LIFE INSURANCE: CONVERSION OPTION FOR YOU .....	68
LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS .....	70
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE .....	73
ADDITIONAL BENEFIT: SEAT BELT USE .....	75
ADDITIONAL BENEFIT: AIR BAG USE .....	76
ADDITIONAL BENEFIT: CHILD CARE .....	77
ADDITIONAL BENEFIT: CHILD EDUCATION .....	78
ADDITIONAL BENEFIT: SPOUSE EDUCATION .....	79
ADDITIONAL BENEFIT: COMMON CARRIER .....	80
ADDITIONAL BENEFIT: REPATRIATION EXPENSE .....	81
FILING A CLAIM: CLAIMS FOR LIFE INSURANCE BENEFITS .....	82
FILING A CLAIM: CLAIMS FOR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS .....	83
GENERAL PROVISIONS .....	84
Assignment .....	84
Beneficiary .....	84
Suicide .....	85
Entire Contract .....	85
Incontestability: Statements Made by You .....	85
Misstatement of Age .....	86
Conformity with Law .....	86

## TABLE OF CONTENTS (continued)

Section	Page
Physical Exams .....	86
Autopsy .....	86
Gender .....	86

## SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

**The amount of Insurance that We will pay for any insurance to which You make contributions will be decreased by the amount of Your contributions due and unpaid to Us for that insurance.**

### BENEFIT

### BENEFIT AMOUNTS AND HIGHLIGHTS

#### Life Insurance For You

##### Basic Life Insurance

Basic Life Insurance is Portability Eligible Insurance

You may elect an amount of Basic Life Insurance which is either a flat amount or a multiple of Your Basic Annual Earnings.

The flat amount which You may elect is:

For Active Associates ..... \$50,000

Instead of the flat amount, You may elect a multiple of Your Basic Annual Earnings. The multiple which You may elect is:

For Active Associates:

Option 1 ..... An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000 up to a Maximum Benefit of \$1,000,000

Minimum Basic Life Benefit ..... \$10,000

Maximum Basic Life Benefit ..... \$1,000,000

Accelerated Benefit Option ..... Up to 80% of Your Basic Life amount not to exceed \$500,000

Note: If You do not choose an option for Basic Life Insurance, You will automatically be enrolled for \$50,000.

## SCHEDULE OF BENEFITS (continued)

### Supplemental Life Insurance

Supplemental Life Insurance is Portability Eligible Insurance

For Active Associates who elect:

Option 1 .....	An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 2 .....	An amount equal to 2 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 3 .....	An amount equal to 3 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 4 .....	An amount equal to 4 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 5 .....	An amount equal to 5 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Minimum Supplemental Life Benefit.....	\$10,000
Maximum Supplemental Life Benefit.....	\$2,000,000
Non-Medical Issue Amount .....	\$500,000
Accelerated Benefit Option.....	Up to 80% of Your Supplemental Life amount not to exceed \$500,000

## **SCHEDULE OF BENEFITS (continued)**

### **THE FOLLOWING APPLIES TO RESIDENTS OF TEXAS ONLY**

#### **ESTATE RESOLUTION SERVICES**

The following Estate Resolution Services are provided at no additional cost to individuals insured for Group Supplemental Life Insurance coverage as described below. If You are eligible to receive these Estate Resolution Services and You or Your Spouse (for the Will Preparation Service) or You or Your Spouse or a Beneficiary (for the Probate Service) would like to speak with a representative from MetLife Legal Services or get the name of a Plan Attorney that you can speak with about these Services, please call (800) 821-6400.

##### **Will Preparation Service**

If You elect Group Supplemental Life Insurance coverage, a Will Preparation Service (the "Service") will be made available to You through a MetLife affiliate (the "Affiliate"), as agreed to by the Policyholder and MetLife, while Your Group Supplemental Life Insurance coverage is in effect under this Policy.

Will Preparation Service means a service covering the preparation of wills and codicils for You and Your Spouse. The creation of any testamentary trust is covered. The Will Preparation Service does not include tax planning.

This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

##### **Probate Service**

If You become insured for Group Supplemental Life Insurance coverage and You or Your Spouse die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate in the event of Your death or to Your Spouse's estate in the event of Your Spouse's death. Such benefit will be made available through a MetLife affiliate ("Affiliate").

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of the estate of the deceased including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate of the deceased to applicable heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such services to be made available, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, the estate of the deceased must pay for those attorney's services directly. Upon Proof of such payment, the estate of the deceased will be reimbursed for the attorney's services in an amount equal to the lesser of the amount such estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends.

### **FOR RESIDENTS OF ALL STATES OTHER THAN TEXAS**

Please see the Legal Services Benefit Certificate Riders at the end of this Certificate.

## SCHEDULE OF BENEFITS (continued)

### Accidental Death and Dismemberment Insurance (AD&D) For You

#### Full Amount for Basic AD&D

Accidental Death and Dismemberment Insurance for You is Portability Eligible Insurance

For Active Associates .....	\$50,000 or An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000 up to a Maximum Benefit of \$1,000,000
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Minimum Accidental Death and Dismemberment Full Amount.....	\$10,000
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Maximum Accidental Death and Dismemberment Full Amount.....	\$1,000,000
---	-------------

#### Additional Benefits:

Seat Belt Benefit .....	Yes
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Air Bag Use Benefit.....	Yes
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Child Care Benefit.....	Yes
-------------------------	-----

Child Education Benefit.....	Yes
------------------------------	-----

Spouse Education Benefit .....	Yes
--------------------------------	-----

Common Carrier Benefit .....	Yes
------------------------------	-----

Repatriation Expense Benefit .....	Yes
------------------------------------	-----

The Common Carrier Benefit is an amount equal to the Full Amount.

#### Schedule of Covered Losses for Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	75%
Loss of a leg permanently severed at or above the knee.....	75%
Loss of sight in one eye .....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
--	------

## SCHEDULE OF BENEFITS (continued)

Loss of the thumb and index finger of same hand..... 25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing ..... 100%

Loss of speech or loss of hearing ..... 50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs..... 100%

Paralysis of both legs..... 50%

Paralysis of the arm and leg on either side of the body..... 50%

Paralysis of one arm or leg ..... 25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage ..... 100%

**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma..... 1% monthly  
beginning on the  
7th day of the  
Coma for the  
duration of the  
Coma to a  
maximum of 60  
months

**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.



## SCHEDULE OF BENEFITS (continued)

### Full Amount for Supplemental AD&D

Supplemental Accidental Death and Dismemberment Insurance for You is Portability Eligible Insurance

For Active Associates who elect:

Option 1 .....	An amount equal to 1 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 2 .....	An amount equal to 2 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 3 .....	An amount equal to 3 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 4 .....	An amount equal to 4 times Your Basic Annual Earnings, rounded to the next higher \$1,000
Option 5 .....	An amount equal to 5 times Your Basic Annual Earnings, rounded to the next higher \$1,000

Minimum Supplemental Accidental Death and Dismemberment Full Amount ..... \$10,000

Maximum Supplemental Accidental Death and Dismemberment Full Amount ..... \$2,000,000

### Additional Benefits:

Seat Belt Benefit .....	Yes
Air Bag Use Benefit.....	Yes
Child Care Benefit.....	Yes
Child Education Benefit.....	Yes
Spouse Education Benefit .....	Yes
Common Carrier Benefit .....	Yes
Repatriation Expense Benefit .....	NONE

The Common Carrier Benefit is an amount equal to the Full Amount.

## SCHEDULE OF BENEFITS (continued)

### Schedule of Covered Losses for Supplemental Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow .....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	75%
Loss of a leg permanently severed at or above the knee .....	75%
Loss of sight in one eye .....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing .....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs .....	100%
Paralysis of both legs .....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg .....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Brain Damage .....	100%
--------------------	------

**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

## SCHEDULE OF BENEFITS (continued)

Coma.....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

### If You Are Age 65 Or Older

If You are age 65 or older but under age 70 on Your effective date of insurance, the amounts of Your Basic Life and Basic Accidental Death and Dismemberment insurance on Your effective date of insurance will be limited to 65% of such amount. On and after Your 70th birthday, the amount of such insurance will be 50% of the amount of such insurance in effect on the effective date of Your insurance. If You are age 70 or older on the effective date of Your insurance, the amounts of Your Basic Life and Basic Accidental Death and Dismemberment insurance on Your effective date of insurance will be limited to 50% of such amount.

If You are under age 65 on the effective date of Your insurance, the amounts of Your Basic Life and Basic Accidental Death and Dismemberment insurance on and after age 65 will be 65% of such insurance in effect on the day before Your 65th birthday. On and after Your 70th birthday, the amount of such insurance will be 50% of the amount of such insurance in effect on the day before Your 65th birthday.

## SCHEDULE OF BENEFITS (continued)

### Life Insurance For Your Dependents

Life Insurance for Your Dependents is Portability Eligible Insurance

For Your Spouse .....	An amount, elected by You, which is a multiple of \$25,000 or a flat \$10,000
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Minimum Spouse Dependent Life Benefit .....	\$10,000
---	----------

Maximum Spouse Dependent Life Benefit .....	The lesser of 100% of Your total Basic and Supplemental Life Benefits or \$250,000
---	--

Non-Medical Issue Amount.....	\$50,000
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Accelerated Benefit Option .....	Up to 80% of Your Dependent Life amount not to exceed \$200,000
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For each of Your Children

All Associates who elect:

Option 1.....	\$5,000
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Option 2.....	\$10,000
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Minimum Child Dependent Life Benefit.....	\$5,000
---	---------

Maximum Child Dependent Life Benefit.....	\$10,000
---	----------

## **SCHEDULE OF BENEFITS (continued)**

### **Portability Eligible Life and AD&D Insurance**

#### **Life and AD&D Insurance For You:**

##### **Portability Eligible Life Insurance For You:**

##### **In any combination of Basic Life and Supplemental Life Insurance:**

Minimum Portability Eligible Life Insurance Amount.....	\$10,000
Maximum Portability Eligible Life Insurance Amount.....	The lesser of Your total Life Insurance in effect on the date You elect to Port or \$2,000,000

##### **Portability Eligible AD&D Insurance For You:**

##### **In any combination of AD&D Insurance:**

Minimum Portability Eligible AD&D Insurance Amount.....	\$10,000
Maximum Portability Eligible AD&D Insurance Amount.....	The lesser of Your total AD&D Insurance in effect on the date You elect to Port or \$2,000,000

If Your Portability Eligible Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance that ends under the Group Policy less the amount of life and AD&D insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

### **Life Insurance For Your Spouse:**

#### **Portability Eligible Dependent Spouse Life Insurance:**

Minimum Portability Eligible Dependent Spouse Life Insurance Amount .....	\$2,500 (\$10,000 when porting Dependent Spouse Life Insurance alone)
Maximum Portability Eligible Dependent Spouse Life Insurance Amount .....	The lesser of Your total Dependent Spouse Life Insurance in effect on the date You elect to Port or \$250,000

## **SCHEDULE OF BENEFITS (continued)**

If Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance or Your Portability Eligible Dependent Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance that ends under the Group Policy less the amount of life and AD&D insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

### **Life Insurance For Your Children:**

#### **Portability Eligible Dependent Child Life Insurance:**

Minimum Portability Eligible Dependent Child Life Insurance Amount.....	\$1,000
Maximum Portability Eligible Dependent Child Life Insurance Amount.....	The lesser of Your total Dependent Child Life Insurance in effect on the date You elect to Port or \$25,000

If Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance ends due to the end of the Group Policy or the amendment of the Group Policy to end the Portability Eligible Insurance or Your Portability Eligible Dependent Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may Port is the lesser of:

- the amount of Your Portability Eligible Insurance or Your Portability Eligible Dependent Insurance that ends under the Group Policy less the amount of life and AD&D insurance for which You become eligible under any group policy issued to replace this Group Policy; or
- \$10,000.

## DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Actively at Work or Active Work** means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

**Basic Annual Earnings** (for claims) means:

Salaried Associates: Annual Base Salary as of the pay period immediately prior to or concurrent with date of loss.

Hourly, Non-Commissioned Associates: Base Hourly Rate as of the pay period immediately prior to or concurrent with date of loss, multiply by 38.5, then by x 52 weeks.

Hourly Commissioned Associates with at least one year of service on date of loss: Base/Draw Hourly Rate as of the pay period immediately prior to or concurrent with date of loss, multiplied by 38.5, then by x 52 weeks + prior 52 weeks of commissions.

Hourly Commissioned Associates with less than one year of service: Base/Draw Hourly Rate as of the pay period immediately prior to or concurrent with date of loss, multiplied by 38.5 then by x 52 weeks.

**Basic Annual Earnings** (for premium payment) means:

Salaried Associates: Annual Base Salary as of the pay period immediately prior to or concurrent with September 1 each year (annual OE calculation), effective January 1 of the following year.

Hourly, Non-Commissioned Associates: Base Hourly Rate as of the pay period immediately prior to or concurrent with September 1 each year (annual OE Calculation) multiply by 38.5, then by x 52 weeks, effective January 1 of the following year.

Hourly Commissioned Associates with at least one year of service on September 1 each year: Base/Draw Hourly Rate as of the pay period immediately prior to or concurrent with September 1 each year (annual OE calculation) multiplied by 38.5, then by x 52 weeks + prior 52 weeks of commissions, effective January 1 of the following year.

Hourly Commissioned Associates with less than one year of service on September 1 each year:

- From Eligibility Date to pay period immediately prior to or concurrent with September 1 each year (annual OE calculation): Base/Draw Hourly Rate multiplied by 38.5, then by x 52 weeks.
- Rate to be recalculated when Associate meets their one year anniversary: Base/Draw Hourly Rate as of the pay period immediately prior to or concurrent with their one-year anniversary date, multiplied by 38.5, then by x 52 weeks + prior 52 weeks of commission.
- \* Note – New rate is effective the first of the month following their one-year anniversary, thereafter Associate will fall on the same calculation schedule (pay period immediately prior to or concurrent with September 1 each year (annual OE calculation), as all other Associates.

**Beneficiary** means the person(s) to whom We will pay insurance as determined in accordance with the GENERAL PROVISIONS section.

## DEFINITIONS (continued)

**Child** means the following: (for residents of Texas, the Child Definition is modified as explained in the notice pages of this certificate - please consult the Notice)

**for Life Insurance**, Your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption) or stepchild (including the child of a Domestic Partner); and who, in each case, is:

- at least 15 days old, under age 19, unmarried and dependent on You for support and maintenance; or
- under age 23 and who is:
  1. unmarried;
  2. dependent on You for support and maintenance;
  3. not employed on a full-time basis; and
  4. a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located. A person who, while enrolled as a full-time student:
    - a. leaves school because of a medically necessary leave of absence; and
    - b. whose absence is certified in Writing as necessary by a Physician;will be considered to have the status of a full-time student for the lesser of: (i) 12 months or (ii) the length of the certified leave of absence.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as an employee.

**Common Carrier** means a government regulated entity that is in the business of transporting fare paying passengers.

**The term does not include:**

- chartered or other privately arranged transportation;
- taxis; or
- limousines.

**Contributory Insurance** means insurance for which the Policyholder requires You to pay any part of the premium.

Contributory Insurance includes: Supplemental Life Insurance, Supplemental Accidental Death and Dismemberment Insurance and Dependent Life Insurance.

**Dependent(s)** means Your Spouse and/or Child.

**Domestic Partner** - For the Domestic Partner Definition, please refer to the Domestic Partner Definition Rider in the front of this certificate.

**Full-Time** means Active Work of at least 30 hours per week on the Policyholder's regular work schedule for the eligible class of associates to which You belong (excluding temporary, seasonal and part-time employees).



## DEFINITIONS (continued)

**Hospital** means a facility which is licensed as such in the jurisdiction in which it is located and:

- provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
- provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

**Hospitalized** means:

- admission for inpatient care in a Hospital;
- receipt of care in the following:
  - a hospice facility;
  - an intermediate care facility; or
  - a long term care facility; or
- receipt of the following treatment, wherever performed:
  - chemotherapy;
  - radiation therapy; or
  - dialysis.

**Noncontributory Insurance** means insurance for which the Policyholder does not require You to pay any part of the premium.

**Physician** means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

**The term does not include:**

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
  - parents;
  - children (natural, step or adopted);
  - siblings;
  - grandparents; or
  - grandchildren.

## DEFINITIONS (continued)

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful spouse. Wherever the term "Spouse" appears in the certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority. However, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as an employee.

**Total Disability** or **Totally Disabled** means that due to an injury or sickness:

- You are unable to perform the material duties of Your regular job; and
- You are unable to perform any other job for which You are fit by education, training or experience.

**We, Us and Our** mean MetLife.

**Written** or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**You and Your** mean an employee who is insured under the Group Policy for the insurance described in this certificate.

## ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

### ELIGIBLE CLASS(ES)

**All Full-Time associates of the Policyholder.**

### DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for insurance described in this certificate on the later of:

1. January 1, 2024; and
2. the first day of the calendar month following the date You complete the Waiting Period of 60 days.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

### Previous Employment With The Policyholder

If You were employed by the Policyholder and insured by Us under a policy of group life insurance when Your employment ended, You will not be eligible for life insurance under this Group Policy if You are re-hired by the Policyholder within 2 years after such employment ended, unless You surrender:

- any individual policy of life insurance to which You converted when Your employment ended; and
- any certificate of insurance continued as ported insurance when such employment ended.

The cash value, if any, of such surrendered insurance will be paid to You.

### ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. In addition, You must give evidence of Your Insurability at Your expense if You are required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder Written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

Your premium contributions for Your Supplemental Life Insurance are impacted by tobacco use as well as other factors. If You indicate You are a tobacco user when You enroll for Supplemental Life Insurance and You subsequently stop using tobacco, You may qualify to have Your premium contributions reduced if:

- You complete a tobacco status change form; and
- You meet the non-tobacco criteria outlined in the status change form.

Upon receipt and processing of the tobacco status change form, the benefits administrator for the plan will notify You of the effective date of the reduction in your premium contributions.

## ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Life Insurance for You; and
- Accidental Death and Dismemberment Insurance;

only when You are first eligible, during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

### DATE YOUR INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT

#### Enrollment When First Eligible

If You complete the enrollment process within 31 days of becoming eligible for insurance, such insurance will take effect as follows:

- if You are **not required** to give evidence of Your insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work. You are not required to give evidence of Your insurability for Basic Life Insurance, Basic Accidental Death and Dismemberment Insurance and Supplemental Accidental Death and Dismemberment Insurance.
- if You are **required** to give evidence of Your insurability and We determine that You are insurable, the benefit will take effect in accordance with the information We provide in Writing, provided You are Actively at Work. Basic Accidental Death and Dismemberment Insurance and Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your insurability

If You do not complete the enrollment process within 31 days of becoming eligible, You will not be able to enroll for insurance until the next annual enrollment period, as determined by the Policyholder, following the date You first became eligible. At that time You will be able to enroll for insurance for which You are then eligible.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. In addition to having been Actively at Work on the date Your Contributory Life Insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

#### Enrollment During An Annual Enrollment Period

During any annual enrollment period as determined by the Policyholder, You may enroll for insurance for which You are eligible or choose a different option than the one for which You are currently enrolled. The insurance enrolled for or changes to Your insurance made during an annual enrollment period will take effect as follows:

- for any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work. You are not required to give evidence of Your insurability for Basic Life Insurance, Basic Accidental Death and Dismemberment Insurance and Supplemental Accidental Death and Dismemberment Insurance.
- for any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect in accordance with the information We provide in Writing, if You are Actively at Work. Basic Accidental Death and Dismemberment Insurance and Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your insurability.

## ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)

If You are not Actively at Work on the date an amount of insurance would otherwise take effect, that amount of insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### Enrollment Due to a Qualifying Event

Under the rules of the flexible benefit plan, You may enroll for insurance for which You are eligible or change the amount of Your insurance between annual enrollment periods only if You have a Qualifying Event.

**Qualifying Event** includes:

- marriage;
- the birth, adoption or placement for adoption of a dependent child;
- divorce, legal separation or annulment;
- the death of a dependent;
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage; or
- a change in Your or Your dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for, or changes to Your insurance made as a result of a Qualifying Event will take effect as follows:

- for any amount for which You are **not required** to give evidence of Your insurability, such insurance will take effect on the first day of the month following the date of Your request, if You are Actively at Work. You are not required to give evidence of Your insurability for Basic Life Insurance, Basic Accidental Death and Dismemberment Insurance and Supplemental Accidental Death and Dismemberment Insurance.
- for any amount for which You are **required** to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect in accordance with the information We provide in Writing, if You are Actively at Work. Basic Accidental Death and Dismemberment Insurance and Supplemental Accidental Death and Dismemberment Insurance does not require evidence of Your insurability.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

## INCREASES AND DECREASES

### For Life and Accidental Death and Dismemberment Insurance

#### Increase in Insurance

An increase in insurance due to an increase in Your earnings will take effect on the date of the increase in Your earnings.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. For a Contributory Life Insurance Benefit to take effect, in addition to having been Actively at Work on the date the insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

### **Decrease in Insurance**

A decrease in insurance due to a decrease in Your earnings will take effect on the date of change.

### **DATE YOUR INSURANCE ENDS**

Your insurance will end on the earliest of:

#### **for all coverages**

1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the date You cease to be in an eligible class; or
4. the end of the period for which the last premium has been paid for You; or

#### **for Basic Life Insurance**

5. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
6. the date You retire in accordance with the Policyholder's retirement plan; or

#### **for Supplemental Life Insurance**

7. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
8. the date You retire in accordance with the Policyholder's retirement plan; or

#### **for Basic Accidental Death and Dismemberment Insurance**

9. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT or
10. the date You retire in accordance with the Policyholder's retirement plan; or

#### **for Supplemental Accidental Death and Dismemberment Insurance**

11. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT or
12. the date You retire in accordance with the Policyholder's retirement plan.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU for information concerning the option to convert to an individual policy of life insurance if Your Life Insurance ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

### ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

**All Full-Time associates of the Policyholder.**

### DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

You will be eligible for Dependent insurance described in this certificate on the latest of:

1. January 1, 2024;
2. the date You enter a class eligible for insurance;
3. the date You obtain a Dependent; and
4. the first day of the calendar month following the date You complete the Waiting Period of 60 days.

**Waiting Period** means the period of continuous membership in an eligible class that You must wait before You become eligible for insurance. This period begins on the date You enter an eligible class and ends on the date You complete the period(s) specified.

No person may be insured as a Dependent of more than one employee.

### ENROLLMENT PROCESS

In order to enroll for Life Insurance for Your Dependents, You must either (a) already be enrolled for Basic Life Insurance for You or (b) enroll at the same time for Basic Life Insurance for You.

If You become eligible for Dependent insurance, You may enroll for such insurance by providing Us with the information required for each Dependent to be insured. In addition, each of Your Dependents must give evidence of insurability satisfactory to Us at Your expense if required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for Contributory Insurance, You must also give the Policyholder written permission to deduct premiums from Your pay for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

Once You have enrolled one Child for a Dependent insurance benefit, each succeeding Child will automatically be covered for such insurance on the date that Child qualifies as a Dependent.

The insurance listed below is part of a flexible benefits plan established by the Policyholder. Subject to the rules of the flexible benefits plan and the Group Policy, You may enroll for:

- Dependent Life Insurance;

only when You are first eligible or during an annual enrollment period or if You have a Qualifying Event. You should contact the Policyholder for more information regarding the flexible benefits plan.

## ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)

### DATE INSURANCE THAT IS PART OF THE FLEXIBLE BENEFITS PLAN TAKES EFFECT FOR YOUR DEPENDENTS

#### Enrollment When First Eligible

If You complete the enrollment process for Dependent insurance within 31 days of becoming eligible for insurance, such insurance will take effect for each enrolled Dependent as follows:

- if the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the date You become eligible for such insurance if You are Actively at Work and the Dependent satisfies the Additional Requirement stated below.
- if the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect in accordance with the information We provide in Writing, if You are Actively at Work and the Dependent satisfies the Additional Requirement stated below.

Once You have enrolled one Child for a Dependent insurance benefit, each succeeding Child will automatically be covered for such insurance on the date that Child qualifies as a Dependent.

If You do not complete the enrollment process for any Dependent within 31 days of becoming eligible, You will not be able to enroll for Dependent insurance until the next annual enrollment period, as determined by the Policyholder, in accordance with the rules of the flexible benefits plan. At that time You will be able to enroll for Dependent insurance:

- for which You are then eligible; and
- for Your Dependents who are then eligible.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

#### Enrollment During An Annual Enrollment Period

During any annual enrollment period, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance. The insurance enrolled for or changes to Your insurance made during the annual enrollment period will take effect for each enrolled Dependent as follows:

- if the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the first day of the calendar year following the annual enrollment period, if You are Actively at Work and the Dependent satisfies the Additional Requirement stated below.
- if the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect in accordance with the information We provide in Writing, if You are Actively at Work and the Dependent satisfies the Additional Requirement stated below.

Once You have enrolled one Child for a Dependent insurance benefit, each succeeding Child will automatically be covered for such insurance on the date that Child qualifies as a Dependent.

If You are not Actively at Work on the date Dependent insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

#### Enrollment Due to a Qualifying Event

Under the rules of the flexible benefit plan, You may enroll for Dependent insurance for which You are eligible or change the amount of Your Dependent insurance between annual enrollment periods only if You have a Qualifying Event.



## ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)

**Qualifying Event** includes:

- marriage;
- the birth, adoption or placement for adoption of a dependent child;
- divorce, legal separation or annulment;
- the death of a dependent;
- Your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage; or
- a change in Your or Your dependent's employment status, such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes You or Your dependent to gain or lose eligibility for group coverage.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event. The insurance enrolled for or changes to Your insurance made as a result of a Qualifying Event will take effect for each enrolled Dependent as follows:

- if the Dependent is **not required** to give evidence of insurability, such insurance will take effect on the first day of the month following the date of Your request, if You are Actively at Work and the Dependent satisfies the Additional Requirement stated below.
- if the Dependent is **required** to give evidence of insurability and We determine that the Dependent is insurable, such insurance will take effect in accordance with the information We provide in Writing, if You are Actively at Work and the Dependent satisfies the Additional Requirement stated below.

Once You have enrolled one Child for a Dependent insurance benefit, each succeeding Child will automatically be covered for such insurance on the date that Child qualifies as a Dependent.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

### **Additional Requirement**

On the date Dependent insurance is scheduled to take effect, the Dependent must not be:

- confined at home under a Physician's care;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

If the Dependent does not meet this requirement on such date, insurance for the Dependent will take effect on the date that Dependent is no longer:

- confined;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

The Additional Requirement will not apply to a mentally or physically disabled Child who has been continuously disabled since a date before the Child reached the limiting age under this certificate and for whom satisfactory Proof of such disability has been provided as specified under the "Child" definition.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)**

### **DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS**

A Dependent's insurance will end on the earliest of:

1. for Dependent Life Insurance, the date all of the Life Insurance under the Group Policy ends; or
2. the date You die; or
3. the date the Group Policy ends; or
4. the date You cease to be in an eligible class; or
5. the date Your Employee Life Insurance under the Group Policy ends; or
6. the date Insurance for Your Dependents ends under the Group Policy; or
7. the date Insurance for Your Dependents ends for Your class; or
8. the date the person ceases to be a Dependent; or
9. the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
10. for Dependent Life Insurance, the date You retire in accordance with the Policyholder's retirement plan; or
11. the end of the period for which the last premium has been paid for the Dependent.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS for information concerning the option to convert to an individual policy of life insurance if Life Insurance for a Dependent ends.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT**

### **FOR MENTALLY OR PHYSICALLY DISABLED CHILDREN**

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical disability as defined by applicable law. Proof of such disability must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical disability; and
- continues to qualify as a Child, except for the age limit.

### **FOR FAMILY AND MEDICAL LEAVE**

Certain leaves of absence may qualify for continuation of insurance under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact the Policyholder for information regarding such legally mandated leave of absence laws.

### **AT THE POLICYHOLDER'S OPTION**

The Policyholder has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below.

1. for the period You cease Active Work in an eligible class due to any other Policyholder approved leave of absence, coverage continues during approved medical short-term disability;
2. for the period You cease Active Work in an eligible class due to any other Policyholder approved non-medical and non-military leave of absence up to a maximum period of 12 months.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

### **Option To Convert**

In addition to the Continuation of Insurance options described above, You may have the right to convert to a policy of individual life insurance. We urge You to read the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU and LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)**

### **AT YOUR OPTION: PORTABILITY FOR LIFE INSURANCE**

If Your Portability Eligible Insurance or Portability Eligible Dependent Insurance ends or reduces for any of the reasons stated below, You have the option to continue that insurance under another group policy in accordance with the conditions and requirements of this section. This is referred to as Porting. Evidence of Your insurability will not be required.

For purposes of this subsection the term "Portability Eligible Insurance" refers to Your Life Insurance benefits for which the Portability Eligible Insurance is shown as available in the SCHEDULE OF BENEFITS.

If Insurance for Your Dependents is in effect, the term "Portability Eligible Dependent Insurance" refers to Your Life Insurance for Your Dependents for which the Portability Eligible Dependent Insurance is shown as available in the SCHEDULE OF BENEFITS.

#### **When Porting is an Option**

Porting may only be exercised by a request in Writing during the Request Period specified below.

If You choose not to Port, Life Insurance benefits may be converted in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

1. You may choose to Port if Portability Eligible Insurance and/or Portability Eligible Dependent Insurance ends because:
  - You become retired from active service with the Employer; or
  - Your employment ends, due to a reason other than retirement; or
  - You cease to be in a class that is eligible for such insurance; or
  - the Policy is amended to end the Portability Eligible Insurance or Portability Eligible Dependent Insurance, unless such insurance is replaced by similar insurance in the same or greater amount under another group insurance policy issued to the Policyholder or its successor; or
  - this Policy has ended, unless such insurance is replaced by similar insurance in the same or greater amount under another group insurance policy issued to the Policyholder or its successor.
2. You may choose to Port the reduced amount of insurance if Your Portability Eligible Insurance is reduced due to:
  - Your age; or
  - an amendment to the Plan which affects the amount of insurance for Your class; or
  - change in class.
3. Your former Dependent Spouse may choose to Port if their Portability Eligible Dependent Insurance on his or her own life ends because:
  - You die; or
  - Your marriage ends in divorce or annulment; or
  - Your Domestic Partnership, Civil Union or Reciprocal Beneficiary relationship ends

provided that former Dependent Spouse satisfies the Additional Requirement sub-section of the ELIGIBILITY PROVISIONS; INSURANCE FOR YOUR DEPENDENTS.

4. Your former Dependent Child may request to Port Portability Eligible Dependent Insurance on his or her own life if that insurance ends because Your former Dependent Child no longer meets the definition of Child.

If a request is made under this subsection, We will issue a new certificate of insurance which will explain the new insurance benefits. The insurance benefits under the new certificate may not be the same as those that ended under this Policy.

## CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)

A request under this subsection may be made, if on the date the Portability Eligible Life Insurance or Portability Eligible Dependent Life Insurance ended, the following requirements are met:

- the Group Policy is in effect;
- with respect to any amount of Portability Eligible Life Insurance or Portability Eligible Dependent Life Insurance that is to be Ported, no application has been made to convert that amount of insurance to an individual policy of life insurance as provided in the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS; and
- the person either
  1. resides in New York; or
  2. resides in another jurisdiction that permits this Portability feature. Please call 1-800-275-4638 to verify if Your jurisdiction permits Portability.

### Request Period

For You or a former Dependent to Port, We must receive a completed request form within the Request Period as described below.

If written notice of the option to Port is given within 15 days before or after the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires 31 days after the date.

If written notice of the option to Port is given more than 15 days after but within 90 days of the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires 45 days after the date of the notice.

If written notice of the option to Port is not given within 90 days of the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires at the end of such 90 day period.

### Amount of the New Certificate

#### For You

Your Portability Eligible Life Insurance is limited to the total amount of insurance in effect on the date You elect to Port plus any increase in the amount of Your insurance which takes effect in accordance with the AT YOUR OPTION: PORTABILITY subsection of the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. In no event can the amount of Your Portability Eligible Insurance be less than the Minimum Amount or greater than the Maximum Amount reflected in the table below:

Minimum Portability Eligible Life Insurance Amount.....	\$10,000
Maximum Portability Eligible Life Insurance Amount.....	\$2,000,000

#### For Your Dependent Spouse

Your Portability Eligible Life Insurance for Your Dependent Spouse is limited to the total amount of insurance in effect on the date You elect to Port plus any increase in the amount of Your insurance which takes effect in accordance with the AT YOUR OPTION: PORTABILITY subsection of the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT. In no event can the amount of Your Portability Eligible Insurance be less than the Minimum Amount or greater than the Maximum Amount reflected in the table below:

## CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)

### Minimum When Porting Dependent Spouse Insurance along with Insurance for You

Minimum Portability Eligible Dependent Spouse Life Insurance Amount.....\$2,500

### Minimum When Porting Dependent Spouse Insurance alone

Minimum Portability Eligible Dependent Spouse Life Insurance Amount.....\$10,000

Maximum Portability Eligible Dependent Spouse Life Insurance Amount.....The lesser of Your total Dependent Spouse Life Insurance in effect on the date You elect to Port or \$250,000.

### For Your Dependent Child

#### Portability Eligible Dependent Child Insurance

Minimum Portability Eligible Dependent Child Life Insurance Amount  
(in any combination of Basic and Supplemental Life Insurance) .....\$1,000

Maximum Portability Eligible Dependent Child Life Insurance Amount  
(in any combination of Basic and Supplemental Life Insurance).....The lesser of Your total Dependent Child Life Insurance in effect on the date You elect to Port or \$25,000.

At the time of Porting You may change the amount of Portability Eligible Life Insurance in the following circumstances:

#### Amount of Insurance

#### Your Increase in Amount For Portability Eligible Life Insurance

At the time of Porting, You may increase the amount of Your Portability Eligible Life Insurance. This may be done in increments of \$25,000, up to a maximum ported amount of \$2,000,000. To be eligible for this increased amount, You must provide evidence of Your insurability satisfactory to us, at Your expense. If We approve the increase, it will take effect on the date We state in Writing.

#### Dependent Spouse Increase in Amount For Portability Eligible Dependent Life Insurance

At the time of Porting, the amount of Your Spouse's (or Your former Dependent Spouse's) Portability Eligible Dependent Life Insurance may be increased. This may be done in increments of \$25,000, up to a maximum ported amount of \$250,000. To be eligible for this increased amount, Your Spouse (or Your former Dependent Spouse) must provide evidence of insurability satisfactory to us, at Your Spouse's (or Your former Dependent Spouse's) expense. If We approve the increase, it will take effect on the date We state in Writing.

#### Dependent Child Increase in Amount For Portability Eligible Dependent Life Insurance

At the time of Porting, if Your former Dependent Child is making the request to continue Portability Eligible Dependent Life Insurance because he or she no longer meets the definition of a Child, that former Dependent Child is eligible to increase coverage by \$25,000. To be eligible for this increased amount, Your former Dependent Child must give evidence of insurability satisfactory to Us at Your former Dependent Child's expense. If we approve the increase, it will take effect on the date We state in Writing.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)**

### **You and/or Your Dependent(s) Decrease in Amount**

If We receive a request to decrease an amount of insurance, any such decrease will take place on the date We state in Writing.

### **Premiums for the New Certificate**

All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

You are not required to provide evidence of insurability to Port Your existing amount of Portability Eligible Life Insurance. However, to qualify for a lower premium rate, You may give us, at Your expense, evidence of Your insurability satisfactory to Us. If We determine that the evidence satisfies Us, We will notify You that the lower premium rates will apply to You.

You are not required to provide evidence of insurability for Your Dependents for whom You wish to Port the existing amount of Portability Eligible Dependent Life Insurance. However, to qualify for a lower premium rate on Life Insurance for Your Dependent Spouse, You may give Us, at Your expense, evidence of Your Spouse's insurability satisfactory to Us. If We determine that the evidence satisfies Us, We will notify You that the lower premium rates will apply for Your Dependent Spouse.

Your former Dependents are not required to provide evidence of insurability to Port their existing amount of Portability Eligible Dependent Life Insurance. However, to qualify for a lower premium rate, they may give us, at their expense, evidence of their insurability satisfactory to Us. If We determine that the evidence satisfies Us, We will notify them that the lower premium rates will apply to them.

### **Right to Convert Life Insurance Amounts Not Ported**

Any amount of Life Insurance not Ported under this subsection may be converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU or the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

### **If You Die During The Request Period After The Date Portability Eligible Life Insurance Ends or is Reduced**

If You die during the Request Period after the date Portability Eligible Life Insurance ends or is reduced and You have not Ported, Proof of Your death must be sent to us. When We receive such Proof with the claim, We will review the claim and if We approve it will pay the Beneficiary the amount of Life Insurance to which You were entitled to under the section entitled LIFE INSURANCE: FOR YOU. This determination will be made in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU.

### **If A Former Dependent Dies During The Request Period After The Date Portability Eligible Dependent Life Insurance Ends**

If a former Dependent dies during the Request Period after the date Portability Eligible Dependent Life Insurance ends, and has not Ported, We will determine whether Life Insurance for the Dependent qualifies for payment. If We approve it will pay the Beneficiary the amount of Dependent Life Insurance to which You or the Dependent were entitled to under the section entitled Life Insurance: For Your Dependents This determination will be made in accordance with the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)**

### **AT YOUR OPTION: PORTABILITY FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

If Your Portability Eligible Insurance or ends for any of the reasons stated below, You have the option to continue that insurance under another group policy in accordance with the conditions and requirements of this section. This is referred to as Porting. Evidence of Your insurability will not be required.

For purposes of this subsection the term "Portability Eligible Accidental Death and Dismemberment Insurance" refers to Your Accidental Death and Dismemberment Insurance benefits for which the Portability Eligible Insurance is shown as available in the Schedule of Benefits.

#### **When Porting is an Option**

Porting may only be exercised by a request in Writing during the Request Period specified below.

1. You may choose to Port if Portability Eligible Accidental Death and Dismemberment Insurance ends because:
  - You become retired from active service with the Employer; or
  - Your employment ends, due to a reason other than retirement; or
  - You cease to be in a class that is eligible for such insurance; or
  - The Policy is amended to end the Portability Eligible Accidental Death and Dismemberment Insurance, unless such insurance is replaced by similar insurance under another group insurance policy issued to the Policyholder or its successor; or
  - This Policy has ended, unless such insurance is replaced by similar insurance under another group insurance policy issued to the Policyholder or its successor.
2. You may choose to Port the reduced amount of insurance if Your Portability Eligible Accidental Death and Dismemberment Insurance is reduced due to:
  - Your age; or
  - An amendment to the Plan which affects the amount of insurance for Your class.

If a request is made under this subsection, We will issue a new certificate of insurance which will explain the new insurance benefits. The insurance benefits under the new certificate may not be the same as those that ended under this Policy.

A request under this subsection may be made, if on the date the Portability Eligible Accidental Death and Dismemberment Insurance ended, the following requirements are met:

- the Group Policy is in effect;
- the person making the request resides in a jurisdiction that permits this Portability feature.

#### **Request Period**

If written notice of the option to Port is given within 15 days before or after the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires 31 days after the date.

If written notice of the option to Port is given more than 15 days after but within 90 days of the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires 45 days after the date of the notice.



## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)**

If written notice of the option to Port is not given within 90 days of the date such insurance ends, the Request Period:

- begins on the date the insurance ends, and
- expires at the end of such 90 day period.

### **Amount of the New Certificate**

The amount of Ported Accidental Death and Dismemberment Insurance for You that may be continued is shown in the Schedule of Benefits. However, at the time of Porting You may change the amount of Portability Eligible Accidental Death and Dismemberment Insurance in the following circumstances:

#### **Your Increase in Amount For Portability Eligible Accidental Death and Dismemberment Insurance**

At the time of Porting, You may increase the amount of Your Portability Eligible Accidental Death and Dismemberment Insurance. This may be done in increments of \$25,000, up to a maximum ported amount of \$2,000,000. This increase will take effect on the date We state in Writing.

#### **Your Decrease in Amount**

If We receive a request to decrease an amount of insurance, any such decrease will take place on the date We state in Writing.

Once the amount of insurance has been decreased, it can only remain the same or be decreased again. It cannot be increased, even to the original amount.

### **Premiums for the New Certificate**

All premium payments must be made directly to Us. When We issue the new certificate, We will also provide a schedule of premiums and payment instructions.

You are not required to provide evidence of insurability to Port Your existing amount of Portability Eligible Accidental Death and Dismemberment Insurance.

## EVIDENCE OF INSURABILITY

We require evidence of insurability satisfactory to Us as follows:

1. if You make a request during an annual enrollment period to increase the amount of Your Basic Life Insurance.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Basic Life Insurance will not be increased.
2. if You make a late request during an annual enrollment period for Supplemental Life Insurance. A late request is one made more than 31 days after You become eligible.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, You will not be covered for Supplemental Life Insurance.
3. if You make a late request due to a Qualifying Event for Supplemental Life Insurance. A late request is one made more than 31 days after You become eligible.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, You will not be covered for Supplemental Life Insurance.
4. in order to become covered for an amount of Supplemental Life Insurance greater than the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.  
If You do not give Us evidence of Your insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will be limited to the Non-Medical Issue Amount.
5. if You make a request due to a Qualifying Event to increase the amount of Your Supplemental Life Insurance by more than one level **above** Your current amount of Supplemental Life Insurance.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance if it is below the Non-Medical Issue Amount will be increased by one level but not to exceed the Non-Medical Issue Amount.
6. if You make a request during an annual enrollment period to increase the amount of Your Supplemental Life Insurance.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Supplemental Life Insurance will not be increased.
7. in order to become covered for an amount of Life Insurance for Your Dependent Spouse greater than the Non-Medical Issue Amount for Your Dependent Spouse as shown in the SCHEDULE OF BENEFITS.  
If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Life Insurance for Your Dependent Spouse will be limited to the Non-Medical Issue Amount for Your Dependent Spouse.
8. if You make a late request during an annual enrollment period for Life Insurance for Your Dependent Spouse. A late request is one made more than 31 days after You become eligible for Life Insurance for Your Dependent Spouse.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, Your Dependent Spouse will not be covered for Life Insurance.
9. if You make a late request due to a Qualifying Event for Life Insurance for Your Dependent Spouse. A late request is one made more than 31 days after You become eligible for Life Insurance for Your Dependent Spouse.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, Your Dependent Spouse will not be covered for Life Insurance.
10. if You make a request due to a Qualifying Event to increase the amount of Life Insurance for Your Dependent Spouse by more than one level **above** Your Dependent Spouse's current amount of Life Insurance.  
If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Dependent Spouse's Life Insurance if it is below the Non-Medical Issue Amount will be increased by one level but not to exceed the Non-Medical Issue Amount.

## **EVIDENCE OF INSURABILITY (continued)**

11. if You make a request during an annual enrollment period to increase the amount of Life Insurance for Your Dependent Spouse.

If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, the amount of Your Dependent Spouse's Life Insurance will not be increased.

The evidence of insurability is to be given at Your expense.

## **LIFE INSURANCE: FOR YOU**

If You die, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the date of Your death.

### **PAYMENT OPTIONS**

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

### **PAYMENT OF FUNERAL EXPENSES**

We may, at Our option, deduct part of the Life Insurance payable to the Beneficiary for the purpose of reimbursing any person who incurred funeral expenses for Your death. We may make such payment after We receive Proof that such expenses were incurred. The payment will be equal to the expense incurred, up to a maximum of \$500.

## **LIFE INSURANCE: FOR YOUR DEPENDENTS**

If a Dependent dies, Proof of the Dependent's death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the life of such Dependent on the date of death.

### **PAYMENT OPTIONS**

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

## LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU

For purposes of this section, the term “ABO Eligible Life Insurance” refers to each of Your Life Insurance benefits for which the Accelerated Benefit Option is shown as available in the SCHEDULE OF BENEFITS.

If You become Terminally Ill, You or Your legal representative have the option to request Us to pay ABO Eligible Life Insurance before Your death. This is called an accelerated benefit. The request must be made while ABO Eligible Life Insurance is in effect.

**Terminally Ill** or **Terminal Illness** means that due to injury or sickness, You are expected to die within 12 months.

### Requirements For Payment of an Accelerated Benefit

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of each ABO Eligible Life Insurance benefit to be accelerated equals or exceeds \$20,000; and
- We have received Proof that You are Terminally Ill.

We will only pay an accelerated benefit for each ABO Eligible Life Insurance benefit once.

### Proof of Your Terminal Illness

We will require the following Proof of Your Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that You are Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

### Accelerated Benefit Amount

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for each ABO Eligible Life Insurance benefit in effect for You, subject to the following:

**Minimum Accelerated Benefit Amount.** The minimum amount We will pay for each ABO Eligible Life Insurance benefit is 25% of the amount of such ABO Eligible Life Insurance.

**Maximum Accelerated Benefit Amount.** The maximum amount We will pay for each ABO Eligible Life Insurance benefit is shown in the SCHEDULE OF BENEFITS.

**Scheduled Reduction of an ABO Eligible Life Insurance Benefit.** If an ABO Eligible Life Insurance benefit is scheduled to reduce within the 12 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of such ABO Eligible Life Insurance that will be in effect immediately after the reduction(s) scheduled for such period.

**Scheduled End of an ABO Eligible Life Insurance Benefit.** If an ABO Eligible Life Insurance benefit is scheduled to end within 12 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit for such ABO Eligible Life Insurance benefit.

**Previous Conversion of an ABO Eligible Life Insurance Benefit.** We will not pay an accelerated benefit for any amount of ABO Eligible Life Insurance which You previously converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU.

## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU (continued)**

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

### **Effect of Payment of an Accelerated Benefit**

**On Contribution for Your Life Insurance.** After We pay the accelerated benefit, any future contributions for Life Insurance You are required to pay will be waived.

**On Your Life Insurance at Your death.** The amount of Life Insurance that We will pay at Your death will be decreased by the amount of the accelerated benefit paid by Us.

**On Your Life Insurance at conversion.** The amount to which You are entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU will be decreased by the amount of the accelerated benefit paid by Us.

**On Your Accidental Death and Dismemberment Insurance.** Payment of an accelerated benefit will not affect Your Accidental Death and Dismemberment Insurance.

### **Date Your Option to Accelerate Benefits Ends**

The accelerated benefit option will end on the earliest of:

- the date the ABO Eligible Life Insurance ends;
- the date You or Your legal representative assign all ABO Eligible Life Insurance; or
- the date You or Your legal representative have accelerated all ABO Eligible Life Insurance benefits.

## LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE

If Your Spouse becomes Terminally Ill, You or Your legal representative have the option to request Us to pay Life Insurance for Your Spouse before their death. This is called an accelerated benefit. The request must be made while Life Insurance for Your Spouse is in effect.

**Terminally Ill** or **Terminal Illness** means that due to injury or sickness, Your Spouse is expected to die within 12 months.

### Requirements For Payment of an Accelerated Benefit

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of Life Insurance for the Terminally Ill Spouse equals or exceeds \$20,000; and
- We have received Proof that Your Spouse is Terminally Ill.

We will only pay an accelerated benefit for Life Insurance for Your Spouse once.

### Proof of Your Spouse's Terminal Illness

We will require the following Proof of Your Spouse's Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician's certification that Your Spouse is Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

### Accelerated Benefit Amount

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for the amount of Life Insurance in effect for a Terminally Ill Spouse, subject to the following:

**Minimum Accelerated Benefit Amount.** The minimum amount We will pay is 25% of the amount of Life Insurance for Your Spouse.

**Maximum Accelerated Benefit Amount.** The maximum amount We will pay is shown in the SCHEDULE OF BENEFITS.

**Scheduled Reduction of Life Insurance for a Terminally Ill Spouse.** If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to reduce within the 12 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of Life Insurance that will be in effect for Your Spouse immediately after the reduction(s) scheduled for such period.

**Scheduled end of Life Insurance for a Terminally Ill Spouse.** If the Life Insurance in effect for a Terminally Ill Spouse is scheduled to end within 12 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.



## **LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE (continued)**

### **Effect of Payment of an Accelerated Benefit**

**On Contribution for Life Insurance.** After We pay the accelerated benefit, any future contributions for Life Insurance You are required to pay for Life Insurance for Your Spouse will be waived.

**On Payment of Life Insurance at a Dependent's death.** The amount of Life Insurance that We will pay at death of Your Spouse for whom We paid an accelerated benefit will be decreased by the amount of the accelerated benefit paid by Us for such Dependent.

**On Life Insurance at conversion.** The amount to which Your Spouse for whom We paid an accelerated benefit is entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS will be decreased by the amount of the accelerated benefit paid by Us for Your Spouse.

### **Date Your Option to Accelerate Benefits Ends**

The accelerated benefit option for Your Spouse will end on the earliest of:

- the date Life Insurance for Your Spouse ends;
- the date Your rights in Life Insurance for Your Spouse are assigned; or
- the date You or Your legal representative have accelerated all Dependent Life Insurance benefits.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU**

If Your Life Insurance ends or is reduced for any of the reasons stated below, You have the option to buy an individual policy of life insurance ("new policy") from Us during the Application Period in accordance with the conditions and requirements of this section. This is referred to as the "option to convert". Evidence of Your insurability will not be required.

### **When You Will Have the Option to Convert**

You will have the option to convert when:

- Your Life Insurance ends because:
  - You cease to be in an eligible class for any reason, including disability;
  - Your employment ends for any reason, including disability; or
  - the Group Policy ends; or
- Your Life Insurance is reduced:
  - on or after the date You attain age 60;
  - because You change from one eligible class to another; or
  - due to an amendment of the Group Policy.

If You opt not to convert a reduction in the amount of Your Life Insurance as described above, You will not have the option to convert that amount at a later date.

A reduction in the amount of Your Life Insurance as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

### **Application Period**

If You opt to convert Your Life Insurance for any of the reasons stated above, We must receive a completed conversion application form from You within the Application Period described below.

If You are given Written notice of the option to convert within 15 days before or after the date Your Life Insurance ends, the Application Period begins on the date that such Life Insurance ends and expires 31 days after such date.

If You are given Written notice of the option to convert more than 15 days after but within 90 days of the date Your Life Insurance ends, the Application Period begins on the date such Life Insurance ends and expires 45 days from the date of such notice.

If You are not given Written notice of the option to convert within 90 days after the date that Life Insurance for You ends, the Application Period begins on the date Your Life Insurance ends and expires at the end of such 90 day period.

### **Option Conditions**

The option to convert is subject to these conditions:

1. Our receipt within the Application Period of:
  - Your Written application for the new policy; and
  - the premium due for such new policy;
2. the premium rates for the new policy will be based on:
  - Our rates then in use;
  - the form and amount of insurance;

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU (continued)**

- Your class of risk; and
  - Your attained age when Your Life Insurance ends or is reduced;
3. if insurance ends due to Your Total Disability, the new policy may be on any form then customarily offered by Us, at Your option, the new policy may be preceded by a one year term policy;
  4. if insurance ends for other reasons or is reduced, the new policy may be on any form then customarily offered by Us excluding term insurance, at Your option, the new policy may be preceded by a one year term policy;
  5. the new policy will be issued without an accidental death and dismemberment benefit, a continuation benefit, an accelerated benefit option, a waiver of premium benefit or any other rider or additional benefit; and
  6. the new policy will take effect on the 32<sup>nd</sup> day after the date Your Life Insurance ends or is reduced; this will be the case regardless of the duration of the Application Period.

### **Maximum Amount of the New Policy**

If Your Life Insurance ends due to the end of the Group Policy, the maximum amount of insurance that You may elect for the new policy is:

- the amount of Your Life Insurance that ends under the Group Policy; less
- the amount of life insurance for which You become eligible under any group policy within 45 days after the date insurance ends under the Group Policy.

If Your Life Insurance ends due to Your Total Disability, the maximum amount of insurance that You may elect for the new policy is:

- the amount of Your Life Insurance that ends under the Group Policy; less
- the amount of Your Life Insurance that is replaced within 45 days after the date insurance ends under the Group Policy.

If Your Life Insurance ends for any other reason or is reduced, the maximum amount of insurance that You may elect for the new policy is the amount of Your Life Insurance which ends under the Group Policy.

### **IF YOU DIE DURING THE APPLICATION PERIOD**

If You die, Proof of Your death must be sent to Us.

#### **1. If You Die During The First 31 Days Of The Application Period**

If You die during the first 31 days of the Application Period and a new individual policy did not take effect during this period, We will review the claim and if We approve it will pay the Beneficiary the amount of Life Insurance under this Group Policy to which You were entitled to convert.

#### **2. If You Die After The First 31 Days Of The Application Period**

If You die after the first 31 days of the Application Period, but still within an extended Application Period, We will review the claim. If We approve the claim, We will pay the Beneficiary from a new individual policy. The amount We will pay is the amount of Life Insurance which You were entitled to convert under the Group Policy.

We will not pay insurance under both a new policy applied for during the Application Period and the Group Policy.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS**

If Life Insurance for a Dependent ends or is reduced for any of the reasons stated below, You or that Dependent will have the option to buy from Us an individual policy of life insurance on the life of the Dependent ("new policy") during the Application Period in accordance with the conditions and requirements of this section. This is referred to as "the option to convert". Evidence of the Dependent's insurability will not be required.

### **When You or a Dependent Will Have the Option to Convert**

You will have the option to convert Life Insurance for a Dependent when:

- Life Insurance for the Dependent ends because:
  - You cease to be in an eligible class for any reason, including disability;
  - Your employment ends for any reason, including disability; or
  - the Group Policy ends; or
- Life Insurance for the Dependent is reduced:
  - on or after the date You attain age 60;
  - because You change from one eligible class to another; or
  - due to an amendment of the Group Policy.

A Dependent will have the option to convert when:

- Life Insurance for such Dependent ends because he ceases to qualify as a Dependent as defined in this certificate, or
- You die.

If You opt not to convert a reduction in the amount of Life Insurance for a Dependent, You will not have the option to convert that amount at a later date.

A reduction in the amount of Life Insurance for a Dependent as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

You must notify Univers Workplace Solutions in the event that a Dependent ceases to qualify as a Dependent as defined in this certificate.

### **Application Period**

If You or a Dependent opt to convert as stated above, We must receive a completed conversion application form within the Application Period described below.

If Written notice of the option to convert is given within 15 days before or after the date Life Insurance for a Dependent ends, the Application Period begins on the date that such Life Insurance ends and expires 31 days after such date.

If Written notice of the option to convert is given more than 15 days after but within 90 days of the date Life Insurance for a Dependent ends, the Application Period begins on the date that such Life Insurance ends and expires 45 days from the date of such notice.

If Written notice of the option to convert is not given within 90 days after the date Life Insurance for a Dependent ends, the Application Period begins on the date such Life Insurance ends and expires at the end of such 90 day period.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS (continued)**

### **Option Conditions**

The option to convert is subject to these conditions:

1. Our receipt within the Application Period of:
  - a Written application for the new policy for the Dependent; and
  - the premium due for such new policy;
2. the premium rates for the new policy will be based on:
  - Our rates then in use;
  - the form and amount of insurance;
  - the Dependent's class of risk; and
  - the Dependent's attained age when Life Insurance for such Dependent ends or is reduced;
3. If Life Insurance for a Dependent ends due to Your Total Disability, the new policy may be on any form then customarily offered by Us, at Your Dependent's option, the new policy may be preceded by a one year term policy;
4. if Life Insurance for a Dependent ends for other reasons or is reduced, the new policy may be on any form then customarily offered by Us excluding term insurance, at Your Dependent's option, the new policy may be preceded by a one year term policy;
5. the new policy will be issued without an accidental death and dismemberment benefit, a continuation benefit, an accelerated benefit option, waiver of premium benefit or any other rider or additional benefit; and
6. the new policy will take effect on the 32<sup>nd</sup> day after the date Life Insurance for the Dependent ends or is reduced; this will be the case regardless of the duration of the Application Period.

### **Maximum Amount of the New Policy**

If Life Insurance for a Dependent ends due to the end of the Group Policy, the maximum amount of insurance that the Dependent may elect for the new policy is:

- the amount of Life Insurance for the Dependent that ends under the Group Policy; less
- the amount of life insurance for dependents for which You become eligible under any group policy within 45 days after the date insurance ends under the Group Policy.

If Life Insurance for a Dependent ends due to Your Total Disability, the maximum amount of insurance that the Dependent may elect for the new policy is:

- the amount of Life Insurance for the Dependent that ends under the Group Policy; less
- the amount of Life Insurance for the Dependent which is replaced within 45 days after the date insurance ends under the Group Policy.

If Life Insurance for a Dependent ends for any other reason or is reduced, the maximum amount of insurance that may be elected for the new policy is the amount of Life Insurance for the Dependent that ends under the Group Policy.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS (continued)**

### **IF YOUR DEPENDENT DIES DURING THE APPLICATION PERIOD**

If Your Dependent dies, Proof of the Dependent's death must be sent to Us.

#### **1. If Your Dependent Dies During The First 31 Days Of The Application Period**

If Your Dependent dies during the first 31 days of the Application Period and a new individual policy did not take effect during this period, We will review the claim and if We approve it will pay the amount of Life Insurance under this Group Policy to which You or the Dependent were entitled to convert.

#### **2. If Your Dependent Dies After The First 31 Days Of The Application Period**

If Your Dependent dies after the first 31 days of the Application Period, but still within an extended Application Period, We will review the claim. If We approve the claim, We will pay from a new individual policy. The amount We will pay is the amount of Life Insurance which You or the Dependent were entitled to convert under the Group Policy.

We will not pay insurance under both a new policy applied for during the Application Period and the Group Policy.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If You sustain an accidental injury that is the Direct and Sole Cause of a Covered Loss described in the SCHEDULE OF BENEFITS, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof We will review the claim and, if We approve it, will pay the insurance in effect on the date of the injury.

**Direct and Sole Cause** means that the Covered Loss occurs within 12 months of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes and that the Covered Loss was not caused or contributed to by non-accidental events, such as suicide, attempted suicide (See notice page for residents of Missouri), intentionally self-inflicted injury, physical or mental infirmity or the diagnosis or treatment of such illness or infirmity or by infection, (other than infection occurring in an external, accidental wound). Nor may the Covered Loss be caused or contributed to by voluntary actions such as:

- the voluntary intake or use by any means of any drug, medication or sedative, unless it is:
  - taken or used as prescribed by a Physician, or
  - an "over the counter" drug, medication or sedative taken as directed;
- the voluntary intake or use by any means of alcohol in combination with any drug, medication, or sedative; or
- the voluntary intake or use by any means of poison, gas or fumes.

We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

### PRESUMPTION OF DEATH

You will be presumed to have died as a result of an accidental injury if:

- the aircraft or other vehicle in which You were traveling disappears, sinks, or is wrecked; and
- the body of the person who has disappeared is not found within 1 year of:
  - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
  - the date the person is reported missing to the authorities, if traveling in any other aircraft or other vehicle.

### EXCLUSIONS

We will not pay benefits under this section for any loss caused or contributed to by:

1. service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
2. war, whether declared or undeclared; or act of war, participation in a felony, riot, or insurrection.

### Exclusion for Intoxication

We will not pay benefits under this section for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

Intoxicated means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For any other loss sustained by You We will pay benefits to You.

If You sustain more than one Covered Loss due to an accidental injury, the amount We will pay, on behalf of any such injured person, will not exceed the Full Amount.

We will pay benefits in one sum. Other modes of payment may be available upon request. For details call Our toll free number shown on the Certificate Face Page.

### **APPLICABILITY OF PROVISIONS**

The provisions set forth in this ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section apply to all Accidental Death and Dismemberment Insurance – Additional Benefit sections included in this certificate except as may otherwise be provided in such Additional Benefit sections.



## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SEAT BELT USE**

If You die as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**The term includes** any child restraint device that meets the requirements of state law.

### **BENEFIT AMOUNT**

The Seat Belt Use benefit is an additional benefit equal to 10% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

### ADDITIONAL BENEFIT: AIR BAG USE

If You die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
  - was riding in a seat protected by an Air Bag;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**The term includes** any child restraint device that meets the requirements of state law.

**Air Bag** means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

### BENEFIT AMOUNT

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

### BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD CARE**

If You die as a result of an accidental injury, We will pay this additional Child Care benefit if:

1. We pay a benefit for loss of Your life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of death a Child was enrolled in a Child Care Center; or
  - within 12 months after the date of death a Child was enrolled in a Child Care Center.

**Child Care Center** means a facility that:

- is operated and licensed according to the law of the jurisdiction where it is located; and
- provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

- an annual maximum of \$5,000; and
- an overall maximum of 12% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We will not pay for Child Care Center charges incurred after the date a Child attains age 13.

We may require Proof of the Child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit quarterly when We receive Proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Child Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that on the date of death a Child was:
  - enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or
  - at the 12th grade level and, within one year after the date of death, enrolls as a full-time student in an accredited college, university or vocational school.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- an academic year maximum of \$10,000; and
- an overall maximum of 20% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Child's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date of death and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SPOUSE EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Spouse Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of Your death, Your Spouse was enrolled as a full-time student in an accredited school; or
  - within 12 months after the date of Your death, Your Spouse enrolls as a full-time student in an accredited school.

### **BENEFIT AMOUNT**

We will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed:

- an academic year maximum of \$5,000; and
- an overall maximum of 5% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Spouse's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the Spouse.

If this benefit is in effect on the date You die and there is no Spouse who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: COMMON CARRIER**

If You die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

### **BENEFIT AMOUNT**

The Common Carrier Benefit is shown in the SCHEDULE OF BENEFITS.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: REPATRIATION EXPENSE**

If You die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that Your death occurred at least 100 miles from Your principal place of residence.

### **BENEFIT AMOUNT**

We will pay an additional benefit equal to the charges incurred for the preparation and transportation of the deceased's body to the city of the deceased's principal residence; not to exceed \$5,000.

### **BENEFIT PAYMENT**

We will pay this benefit when We receive Proof that the charges described above have been paid. Payment will be made to the person who paid such charges.

## **FILING A CLAIM**

### **CLAIMS FOR LIFE INSURANCE BENEFITS**

When there has been the death of an insured person, notify the Policyholder. This notice should be given to the Policyholder as soon as is reasonably possible after the death. The claim form will be sent to the beneficiary or beneficiaries of record.

The beneficiary or beneficiaries should complete the claim form and send it and Proof of the death to Us as instructed on the claim form.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time We make payment.



## **FILING A CLAIM**

### **CLAIMS FOR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

When there has been a Covered Loss, notify the Policyholder. This notice should be given to the Policyholder as soon as is reasonably possible but in any case within 20 days of the Covered Loss. Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. The claim form will be sent to You or the beneficiary or beneficiaries of record.

The claim form should be completed and sent along with Proof of the Covered Loss to Us as instructed on the claim form. If You or the beneficiary have not received a claim form within 15 days of giving notice of the claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

The claimant must give us Proof no later than 120 days after the date of the Covered Loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice or Proof are given as soon as is reasonably possible.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy. When We receive such Proof We will review the claim and if We approve it, within 60 days We will pay the insurance in effect on the date of the injury.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

## **GENERAL PROVISIONS**

### **Assignment**

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

### **Beneficiary**

You may designate a Beneficiary in Your application or enrollment form. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated, Written request to the Policyholder using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to the Policyholder within 30 days of the date You Sign such request.

You do not need the Beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no Beneficiary designated or no surviving Beneficiary at Your death, We will determine the Beneficiary according to the following order:

1. Your Spouse or Domestic Partner, if alive;
2. Your child(ren), if there is no surviving Spouse or Domestic Partner;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Any payment made in good faith will discharge our liability to the extent of such payment.

If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

For Your Life Insurance for Your Dependents, We will pay You as the Beneficiary if alive. If you are not alive, We will determine the Beneficiary according to the following order:

1. Your Spouse or Domestic Partner, if alive;
2. Your child(ren), if there is no surviving Spouse or Domestic Partner;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Any payment made in good faith will discharge our liability to the extent of such payment.

If You and any Dependent die within a 24 hour period, We will pay the Dependent's Life Insurance to the Beneficiary receiving payment of your Life Insurance or We may pay Your estate. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

## **GENERAL PROVISIONS (continued)**

**Suicide (See notice page for residents of Missouri) (See notice page for residents of North Dakota)  
(See notice page for residents of Washington) (See notice page for residents of Minnesota)**

### **For Supplemental Life**

**If You commit suicide** within 2 years from the date Life Insurance for You takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

**If You commit suicide** within 2 years from the date an increase in Your Life Insurance takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

### **For Dependent Life**

**If a Dependent commits suicide** within 2 years from the date Life Insurance for such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

**If a Dependent commits suicide** within 2 years from the date an increase in Life Insurance for such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

### **Entire Contract**

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

### **Incontestability: Statements Made by You**

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

We will not use Your statements which relate to insurability to contest life insurance after it has been in force for 2 years during Your life. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life.

## **GENERAL PROVISIONS (continued)**

### **Misstatement of Age**

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

### **Conformity with Law**

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform. However, the rights and benefits provided under this certificate will never be less than the minimums required by New York law.

Nothing in the Group Policy invalidates or impairs any rights or benefits as stated in the certificate or granted by New York law.

### **Physical Exams**

If a claim is submitted for insurance benefits other than life insurance benefits, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

### **Autopsy**

We have the right to make a reasonable request for an autopsy where not prohibited by law. Any such request will set forth the reasons We are requesting the autopsy.

### **Gender**

Male pronouns will be read as female where applicable.

**The following Legal Services Benefit Certificate Riders apply to residents of all states other than Texas.**



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## **CERTIFICATE RIDER**

**Group Policy No.:** 151333-1-G

**Policyholder:** Saks and Company LLC on behalf of itself and its US affiliates,  
including but not limited to, Saks Fifth Avenue LLC

**Effective Date:** January 1, 2024

The certificate is changed by adding the following Legal Services Benefit:

### **Legal Services Benefit**

Subject to the provisions of this certificate rider, this rider provides Eligible Employees insurance for the Covered Legal Services described herein.

This certificate rider is issued under the group policy and is also subject to the terms and provisions of the group policy that describe this insurance. Please read this certificate rider carefully.

The Covered Legal Services described in this certificate rider are provided on a noncontributory basis and are administered by MetLife Legal Plans, Inc. ("MetLife"), a Delaware Corporation and affiliate of Metropolitan. Any reference to MetLife Legal Plans is as the Administrator of this Legal Services Benefit.

### **Contacting MetLife Legal Plans**

MetLife Legal Plans, Inc. may be reached by phone, or mail as follows:

By phone: **1-800-821-6400**  
By mail: **1111 Superior Avenue**  
**Cleveland, OH 44114-2507**

### **Definitions**

When the following words appear in initial capitalization in this rider, they will mean as follows:

**Beneficiary** means the person(s) named to receive the life insurance proceeds under the certificate to which this rider is attached.

**Covered Legal Services** means those legal services listed and described in this rider.

**Eligible Employee** means each employee who is insured for Group Supplemental Life Insurance under the Policyholder's plan of Group Supplemental Life Insurance with Metropolitan Life Insurance Company ("MetLife").

**Plan Attorney** means an attorney who has contracted with Metropolitan or the Administrator to provide Covered Legal Services.

## **Definitions (continued)**

**Spouse** means Your lawful spouse or Qualified Domestic Partner or Civil Union Partner.

**Qualified Domestic Partner** means a person who qualifies for coverage (a) as a domestic partner or civil union partner under another employee benefit provided by the Policyholder or (b) as required by applicable law.

**You** and **Your** means an Eligible Employee.

## **Covered Legal Services**

### **Office Consultation and Telephone Advice**

This service will be made available to:

- You; and
- Your Spouse; and, in addition, with respect to estate resolution (probate) matters:
  - the representative of Your estate in the event of Your death;
  - the representative of Your Spouse's estate in the event of Your Spouse's death; and
  - the Beneficiary(ies).

This service covers telephone advice and office consultations with a Plan Attorney to discuss matters related to the preparation of a will or estate resolution (probate) matters related to Your or Your Spouse's estate.

### **Will Preparation Service**

This service covers the preparation of wills, codicils, living wills and powers of attorney (when You or Your Spouse are granting the power) for You or Your Spouse. The creation of any testamentary trust is covered. This service does not include tax planning.

### **Estate Resolution (Probate) Service**

This service will be made available to Your estate in the event of Your death or to Your Spouse's estate in the event of Your Spouse's death

This service includes:

- providing attorney representation and payment of legal fees for the executor or administrator of the deceased's estate including representation for all court proceedings needed to transfer probate assets from the deceased's estate to the heirs of that estate; and
- the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

## **Exclusions**

Excluded services are those legal services that are not provided under this certificate rider. No services will be provided for the following:

- Matters in which there is a conflict of interest between Your or Your Spouse's estate and the Policyholder;
- Matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the deceased's estate;
- Any employment-related matter including those concerning the Policyholder and/or statutory benefits;
- Any disputes with the Policyholder, Plan Attorneys, MetLife and/or any of its affiliates;
- Will Contests or litigation outside Probate Court;
- Appeals;
- Costs, expenses to a third party, or fines; and
- Frivolous or unethical matters.

## **How to Access Covered Legal Services**

To use a Covered Legal Service call MetLife Legal Plans. The person calling MetLife Legal Plans should be prepared to identify themselves as a person eligible to receive the Covered Legal Service being requested:

When calling MetLife Legal Plans, the Client Service Representative who answers the call will:

- make an initial determination of whether and to what extent the matter is covered;
- give a case number (a new case number will be needed for each new matter);
- give the telephone number(s) and location of the nearest Plan Attorney(s); and
- answer questions about the Plan.

A Plan Attorney or a non-Plan Attorney may be used. If a Plan Attorney is used, the Plan Attorney will provide the Covered Legal Services described above.

If a non-Plan Attorney is used, the recipient of the non-Plan Attorney's services must notify MetLife Legal Plans. MetLife Legal Plans will send a claim form and informational material including a Non-Plan Attorney Fee Schedule. After the matter is finished, the claim form must be completed and returned to MetLife Legal Plans with the attorney's final bill. Within 60 days of MetLife Legal Plans' receipt of the completed claim form and final bill, MetLife Legal Plans will pay an amount equal to the lesser of the amount paid for the attorney's services and the amount stated in the Non-Plan Attorney Fee Schedule. The recipient of the non-Plan Attorney's services is responsible for making payment to the non-Plan Attorney for any expenses, costs and/or fees incurred in excess of the amount paid by MetLife Legal Plans.

If a claim is denied in whole or in part, MetLife Legal Plans may be asked to provide a written statement with the reason(s) for the denial and with information as to the steps that need to be taken to appeal the denial.



## **When Coverage Provided By This Rider Ends**

Coverage provided to an Eligible Employee will end upon the first of the following to occur:

- the date the Legal Services Benefit provided under the group policy ends, or
- the last day of the month in which a person ceases to qualify as an Eligible Employee.

## **Other Important Information**

Plan Attorneys may not request or accept additional compensation for providing Covered Legal Services, except for payments required to be made to third parties. For Will Preparation matters, You are responsible for the payment of all amounts due to third parties. For Estate Resolution (probate) matters, Your estate and/or its representatives or Your Spouse's estate and/or its representatives are responsible for the payment of all amounts due to third parties.

Complaints regarding the conduct of an attorney who provides Covered Legal Services under the plan may be made to the Appellate Division or other body designated by the Appellate Division to investigate complaints in accordance with Judiciary Law Section 90, to the appropriate disciplinary body including the state bar association in the state where the Covered Legal Service is being provided about the conduct of an attorney who provides Covered Legal Services under the Plan. If, at any time, a question or concern arises about the Covered Legal Services received, please call MetLife Legal Plans. MetLife Legal Plans and Metropolitan will work hard to fix the problem.

Nothing contained in this certificate is intended to interfere with freedom of choice in the selection of an attorney or with the attorney-client relationship.

### **FOR RESIDENTS OF MASSACHUSETTS**

Complaints about the operation of the plan or quality of the attorneys may be made by calling 800-821-6400. The complaint will be resolved during the call or through the intervention of a representative who will contact the attorney and member to resolve the matter in most cases within 72 hours.

**The Effective Date of this rider is the later of the Effective Date shown above or the effective date of your Group Supplemental Life Insurance.**

**This rider is to be attached to and made a part of the Certificate.**

## Fee Reimbursement Schedule

This fee schedule describes the maximum amounts, as of the Effective Date that you will be reimbursed for Covered Legal Services provided by a non-Plan Attorney. Only one fee category per casetype applies to each matter: i.e., the one that best describes the services that were provided. If You or Your attorney have any questions regarding coverage or exclusions, please call 1-800-821-6400 and ask to speak with MetLife Legal Plans' Payment Administrator before services are provided.

### CASETYPE:

### THE PLAN WILL PAY UP TO A MAXIMUM OF:

#### ADVICE AND CONSULTATION

##### Office Consultation and Telephone Advice

In connection with Will Preparation Services . . . . .	\$70
...	
(If no further covered services are provided)	
In connection with Estate Resolution (Probate) Services . . . . .	\$70
...	
(If no further covered services are provided)	

#### WILL PREPARATION SERVICES

##### Living Wills

Individual. . . . .	\$75
...	
Eligible Employee and Spouse. . . . .	\$80
...	

##### Powers of Attorney

Individual. . . . .	\$65
...	
Eligible Employee and Spouse. . . . .	\$75
...	

##### Wills and Codicils

Individual. . . . .	\$150
...	
Eligible Employee and Spouse. . . . .	\$200
...	

#### ESTATE RESOLUTION (PROBATE) SERVICES

##### Estate Resolution (Probate) Services

Affidavit/Simple Procedure/Tax Only. . . . .	\$500
...	
Standard Probate/Court Supervised Probate. . . . .	\$1,500
...	

**THE PRECEDING PAGE IS THE END OF THE CERTIFICATE.  
THE FOLLOWING IS ADDITIONAL INFORMATION.**





Delaware American Life Insurance Company  
MetLife Health Plans, Inc.  
MetLife Legal Plans, Inc.  
MetLife Legal Plans of Florida, Inc.  
Metropolitan General Insurance Company

Metropolitan Life Insurance Company  
Metropolitan Tower Life Insurance Company  
SafeGuard Health Plans, Inc.  
SafeHealth Life Insurance Company

## **Our Privacy Notice**

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We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

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### **SECTION 1: Plan Sponsors and Group Insurance Contract Holders**

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, as an executive benefit, or as otherwise made available at your work or through an association to which you belong. In this notice "you" refers to these individuals.

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### **SECTION 2: Protecting Your Information**

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

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### **SECTION 3: Collecting Your Information**

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life insurers, a legal plans company and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

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### **SECTION 4: How We Get Your Information**

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB, LLC ("MIB"). It is a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. We, or our reinsurers, may make a brief report to MIB. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's

file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. You may do so by writing to MIB, LLC, 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or go to MIB website at [www.mib.com](http://www.mib.com).

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## **SECTION 5: Using Your Information**

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
  - perform business research
  - market new products to you
  - comply with applicable laws
  - process claims and other transactions
  - confirm or correct your information
  - help us run our business
- 

## **SECTION 6: Sharing Your Information With Others**

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
  - telling another company what we know about you if we are selling or merging any part of our business
  - giving information to a governmental agency so it can decide if you are eligible for public benefits
  - giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
  - giving your information to your health care provider
  - having a peer review organization evaluate your information, if you have health coverage with us
  - those listed in our "Using Your Information" section above
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## **SECTION 7: HIPAA**

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act ("HIPAA") protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at [www.MetLife.com](http://www.MetLife.com). For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at [HIPAAprivacyAmericasUS@metlife.com](mailto:HIPAAprivacyAmericasUS@metlife.com), or call us at telephone number (212) 578-0299.

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## **SECTION 8: Accessing and Correcting Your Information**

You may ask us for a copy of the personal information we have about you. We will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

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**SECTION 9: Questions**

We want you to understand how we protect your privacy. If you have any questions or want more information about this notice, please contact us. A detailed notice shall be furnished to you upon request. When you write, include your name, address, and policy or account number.

**Send privacy questions to:**

MetLife Privacy Office  
P. O. Box 489  
Warwick, RI 02887-9954  
[privacy@metlife.com](mailto:privacy@metlife.com)

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.

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THIS SUMMARY PLAN DESCRIPTION IS EXPRESSLY MADE PART OF THE SAKS AND COMPANY LLC ON BEHALF OF ITSELF AND ITS US AFFILIATES, INCLUDING BUT NOT LIMITED TO, SAKS FIFTH AVENUE LLC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN AND IS LEGALLY ENFORCEABLE AS PART OF THE PLAN WITH RESPECT TO ITS TERMS AND CONDITIONS. IN THE EVENT THERE IS NO OTHER PLAN DOCUMENT, THIS DOCUMENT SHALL SERVE AS A SUMMARY PLAN DESCRIPTION AND SHALL ALSO CONSTITUTE THE PLAN.

## **ERISA INFORMATION**

### **NAME AND ADDRESS OF EMPLOYER AND PLAN ADMINISTRATOR**

Saks and Company LLC on behalf of itself and its US affiliates,  
including but not limited to, Saks Fifth Avenue LLC  
12 East 49th Street  
New York, NY 10017

**EMPLOYER IDENTIFICATION NUMBER:** 99-0372181

<b>PLAN NUMBER</b>	<b>COVERAGE</b>	<b>PLAN NAME</b>
501	All Coverages	Saks Global U.S. Health and Welfare Plan

### **TYPE OF ADMINISTRATION**

The above listed benefits are insured by Metropolitan Life Insurance Company ("MetLife").

MetLife is liable for all life and accidental death and dismemberment insurance.

### **AGENT FOR SERVICE OF LEGAL PROCESS**

For disputes arising under the Plan, service of legal process may be made upon the Plan Administrator at the above address. For disputes arising under those portions of the Plan insured by MetLife, service of legal process may be made upon MetLife at one of its local offices, or upon the supervisory official of the Insurance Department in the state in which you reside.

### **ELIGIBILITY FOR INSURANCE; DESCRIPTION OR SUMMARY OF BENEFITS**

Your MetLife certificate describes the eligibility requirements for insurance provided by MetLife under the Plan. It also includes a detailed description of the insurance provided by MetLife under the Plan.

### **PLAN TERMINATION OR CHANGES**

The group policy sets forth those situations in which the Employer and/or MetLife have the rights to end the policy.

The Employer reserves the right to change or terminate the Plan at any time. Therefore, there is no guarantee that you will be eligible for the insurance described herein for the duration of your employment. Any such action will be taken only after careful consideration.

Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan.

In the event Your insurance ends in accordance with the DATE YOUR INSURANCE ENDS and DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsections of Your certificate, you may still be eligible to receive benefits. The circumstances under which benefits are available are described in Your MetLife certificate.



## **CONTRIBUTIONS TO PREMIUM**

If you enroll for Supplemental Life Insurance, Supplemental Accidental Death and Dismemberment Insurance and Dependent Life Insurance coverage, you are required to make contributions to premiums.

Premium rates are set by MetLife.

## **PLAN YEAR**

The Plan's fiscal records are kept on a Plan year basis beginning each January 1st and ending on the following December 31st.

## **CLAIMS INFORMATION**

### **Procedures for Presenting Claims for Life and Accidental Death and Dismemberment Benefits**

All claim forms needed to file for benefits under the group insurance program can be obtained from the Employer who will also be ready to answer questions about the insurance benefits and to assist the claimant in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

### **Routine Questions**

If there is any question about a claim payment, an explanation may be requested from the Employer who is usually able to provide the necessary information.

### **Claim Submission**

In submitting claims for life and accidental death and dismemberment benefits ("Benefits"), the claimant must complete the appropriate claim form and submit the required Proof as described in the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

### **Initial Determination**

After MetLife receives a claim for Benefits, MetLife will review the claim and notify the claimant of its decision to approve or deny the claim.

Such notification will be provided to the claimant within a reasonable period, not to exceed 90 days from the date we received the claim, unless MetLife notifies the claimant within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If MetLife denies the claim in whole or in part, the notification of the claims decision will state the reason why the claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of the claimant's right to bring a civil action if the claim is denied after an appeal.

## **Appealing the Initial Determination**

In the event a claim has been denied in whole or in part, the claimant can request a review of the claim by MetLife. This request for review should be sent in writing to Group Insurance Claims Review at the address of MetLife's office which processed the claim within 60 days after the claimant received notice of denial of the claim. When requesting a review, the claimant should state the reason the claimant believes the claim was improperly denied and submit in writing any written comments, documents, records or other information the claimant deems appropriate. Upon the claimant's written request, MetLife will provide the claimant free of charge with copies of relevant documents, records and other information.

MetLife will re-evaluate all the information, will conduct a full and fair review of the claim, and the claimant will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date we received the request for review, unless MetLife notifies the claimant within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send the claimant a final written decision that states the reason(s) why the appealed claim is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of the claimant's right to bring a civil action if the claim is denied after an appeal. Upon written request, MetLife will provide the claimant free of charge with copies of documents, records and other information relevant to the claim.

## **Discretionary Authority of Plan Administrator and Other Plan Fiduciaries**

In carrying out their respective responsibilities under the Plan, the Plan Administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

## **STATEMENT OF ERISA RIGHTS**

The following statement is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

### **Receive Information About Your Plan and Benefits**

Examine, without charge, at the Plan Administrator's office and at other specified locations, all Plan documents, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

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

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

## **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

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

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees.

If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

## **Assistance with Your Questions**

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

## **FUTURE OF THE PLAN**

It is hoped that This Plan will be continued indefinitely, but Saks and Company LLC on behalf of itself and its US affiliates, including but not limited to, Saks Fifth Avenue LLC reserves the right to change or terminate the Plan in the future. Any such action would be taken only after careful consideration.

The Board of Directors of Saks and Company LLC on behalf of itself and its US affiliates, including but not limited to, Saks Fifth Avenue LLC shall be empowered to amend or terminate the Plan or any benefit under the Plan at any time.

## **Supplementary ERISA Information For Legal Services**

The ERISA information set forth above which pertains to Group Supplemental Life Insurance also applies to Legal Services Insurance – Will Preparation Benefit and Estate Resolution Benefit, except as noted below:

### Coverage

Legal Services Insurance – Will Preparation Benefit and Estate Resolution Benefit

### Type of Administration

Legal Services Insurance – Will Preparation Benefit and Estate Resolution Benefit are insured by Metropolitan Life Insurance Company ("MetLife"). Benefits are administered by MetLife Legal Plans, Inc.

### **Agent for Service of Legal Process**

For disputes arising under those portions of the Plan insured by MetLife, service of legal process may be made upon MetLife at one of its local offices, or upon the supervisory official of the Insurance Department in the state in which you reside.

### **Eligibility For Insurance; Description or Summary of Benefits**

Your MetLife Legal Services Benefit certificate rider describes the eligibility requirements for insurance under the Plan. It also includes a detailed description of the insurance provided by MetLife under the Plan.

### **Plan Termination or Changes**

The group policy sets forth those situations in which the Employer and/or MetLife have the right to end the Legal Services Insurance – Will Preparation Benefit and Estate Resolution Benefit.

### **Contributions**

No contribution is required for Legal Services Insurance – Will Preparation Benefit and Estate Resolution Benefit.

### **Claims Information**

Claims information for Legal Services Insurance – Will Preparation Benefit and Estate Resolution Benefit is contained under the sub-section of the Legal Services Benefit certificate rider: "How to Access Covered Legal Services".