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GROUP BOOKLET-CERTIFICATE FOR MEMBERS:

**BROTHERHOOD OF LOCOMOTIVE
ENGINEERS AND TRAINMEN
UP NORTHERN REGION GCA**

ALL MEMBERS
Group Voluntary Term Life

Print Date: 09/18/2017

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GROUP VOLUNTARY TERM LIFE INSURANCE CERTIFICATE

Your insurance has been designed to provide financial help for you when a covered loss occurs. Your employer has chosen benefits provided by a Group Policy issued by Us, Principal Life Insurance Company. To the extent that benefits are provided by that Group Policy, the administration and payment of claims will be done by Us as an insurer.

The provisions of the Group Policy determine Members' rights and benefits. This booklet briefly describes those rights and benefits. It outlines what you must do to be insured. It explains how to file claims. It is your certificate while you are insured.

NOTE: If this insurance replaces prior group life insurance provided through the Policyholder, the beneficiary named under the prior group life insurance and recorded by the company designated by the Policyholder will be the beneficiary under the Group Policy unless you have named a new beneficiary. If you wish to change your beneficiary designation, you must complete a new beneficiary designation form - see the company designated by the Policyholder for the necessary form.

THIS BOOKLET REPLACES ANY PRIOR BOOKLET THAT YOU MAY HAVE RECEIVED. If you have any questions about this new booklet, please contact the company designated by the Policyholder. In the event of future changes to your insurance, you will be provided with a new Scheduled Benefits Summary, booklet-certificate, or a booklet-certificate rider.

If you have an electronic booklet, paper copies of this booklet-certificate are also available. Please contact the company designated by the Policyholder if you would like to request a paper copy.

PLEASE READ YOUR BOOKLET CAREFULLY. We suggest that you start with a review of the terms listed in the DEFINITIONS Section (at the back of the booklet). The meanings of these terms will help you understand the insurance.

This booklet describes all the benefits available under the Group Policy underwritten by Us. However, if you have elected to not accept any available benefits, those benefits described in this booklet will not apply to you.

The group insurance policy and your insurance under the Group Policy may be discontinued or altered by the Policyholder or Us at any time without your consent.

ACCELERATED BENEFITS - Benefits paid as shown in this booklet-certificate for Accelerated Benefits are an advance of a portion of your Life Insurance benefit. This provision:

- accelerates and reduces your benefit;
- is not intended to be used as long-term care insurance.

Effect on Government Benefits. If you receive payment of Accelerated Benefits, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others.

Tax Consequences. Receiving Accelerated Benefits from the Group Policy may have tax consequences for you. We cannot give you advice about this. You may wish to obtain advice from a tax professional or an attorney before you decide to receive Accelerated Benefits from the Group Policy.

Illinois insurance law requires that each booklet-certificate include the telephone number of the insurance company issuing the policy in order for the persons to present inquiries, to obtain information about coverage, and to provide assistance in resolving complaints. Persons may call or write to:

Principal Life Insurance Company
711 High Street
Des Moines, Iowa 50392-0002

For Life claim-related inquiries:
Attn: Group Claim - Life Info Line Services
Telephone: 1-800-245-1522

For administration-related inquiries:
Attn: Group Call Center
Telephone: 1-800-843-1371

The insurance provided in this booklet is subject to the laws of the state of Illinois.

PRINCIPAL LIFE INSURANCE COMPANY
Des Moines, IA 50392-0002

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SUMMARY OF BENEFITS
(revised effective July 1, 2017)

This section highlights the benefits provided under this insurance. The purpose is to give you quick access to the information you will most often want to review. **Please read the other sections of this booklet for a more detailed explanation of benefits and any limitations or restrictions that might apply.**

MEMBER LIFE INSURANCE

If you die, your beneficiary will be paid the Scheduled Benefit then in force for you (however, see the exception noted below). Your specific Scheduled Benefit is shown on your Scheduled Benefits Summary and is based on your class:

Class	*Scheduled Benefit
ALL MEMBERS	An amount in increments of \$10,000 as applied for by you and approved by Us. The Maximum Scheduled Benefit amount will be \$500,000 and the Minimum Scheduled Benefit amount will be \$10,000, subject to the provisions below.

Member Life Insurance benefits are subject to all reductions provided in the Group Policy including reductions due to salary changes, and age changes, and receipt of an Accelerated Benefit payment.

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet on GH 110. If, because of these Proof of Good Health requirements, We approve an amount of insurance that is different than the Scheduled Benefit, the approved amount will be paid.

*If you are insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy, your initial Scheduled Benefit will only be for the amount of insurance for which you were insured under the Prior Policy.

For the age(s) shown below, your amount of insurance will be the percentage of the Scheduled Benefit (or approved amount, if applicable) as shown below.

Age	% of Scheduled Benefit (or approved amount, whichever applies)
Age 70 and over	50%

MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If you are injured and otherwise qualify, We will pay the following percentages of your Scheduled Benefit (or approved amount, if applicable) in force:

- 50% if you lose a hand, a foot, or the sight of one eye; or
- 100% if more than one of the above listed losses results from the same accident; or

- 25% for loss of thumb and index finger on the same hand; or
- 100% if you lose your life.

Payment for loss of life will be to your beneficiary or as otherwise provided in the Death Benefit provision. Payment for any other loss will be to you. Your specific Scheduled Benefit is shown on your Scheduled Benefits Summary and is based on your class:

Class	*Scheduled Benefit
ALL MEMBERS	An amount in increments of \$10,000 as applied for by you and approved by Us. The Maximum Scheduled Benefit amount will be \$500,000 and the Minimum Scheduled Benefit amount will be \$10,000, subject to the provisions below.

In no circumstances will the Scheduled Benefit amount for Accidental Death and Dismemberment Insurance combined with the Scheduled Benefit amount for Personal Loss Insurance be greater than the Scheduled Benefit amount for Member Life Insurance.

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet on GH 110. If, because of these Proof of Good Health requirements, We approve an amount of insurance that is different than the Scheduled Benefit, the approved amount will be paid.

*If you are insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy, your initial Scheduled Benefit will only be for the amount of insurance for which you were insured under the Prior Policy.

For the age(s) shown below, your amount of insurance will be the percentage of the Scheduled Benefit (or approved amount, if applicable) as shown below.

Age	% of Scheduled Benefit (or approved amount, whichever applies)
Age 70 and over	50%

MEMBER PERSONAL LOSS INSURANCE

Your specific Scheduled Benefit is shown on your Scheduled Benefits Summary and is based on your class:

Class	*Scheduled Benefit
ALL MEMBERS	An amount in increments of \$10,000 as applied for by you and approved by Us. The Maximum Scheduled Benefit amount will be \$500,000 and the Minimum Scheduled Benefit amount will be \$10,000, subject to the provisions below.

In no circumstances will the Scheduled Benefit amount for Accidental Death and Dismemberment Insurance combined with the Scheduled Benefit amount for Personal Loss Insurance be greater than the Scheduled Benefit amount for Member Life Insurance.

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet on GH 110. If, because of these Proof of Good Health requirements, We approve an amount of insurance that is different than the Scheduled Benefit, the approved amount will be paid.

*If you are insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy, your initial Scheduled Benefit will only be for the amount of insurance for which you were insured under the Prior Policy.

For the age(s) shown below, your amount of insurance will be the percentage of the Scheduled Benefit (or approved amount, if applicable) as shown below.

Age	% of Scheduled Benefit (or approved amount, whichever applies)
Age 70 and over	50%

DEPENDENT LIFE INSURANCE

Unless a Beneficiary has been designated, if one of your Dependents dies, you will be paid the Scheduled Benefit (or approved amount, if applicable) then in force for that Dependent. The specific Scheduled Benefit is shown on your Scheduled Benefits Summary and is based on the status of your Dependent:

Class

ALL MEMBERS

Dependent	*Scheduled Benefit
Spouse or Domestic Partner	An amount in increments of \$5,000 as applied for by you and approved by Us. The Maximum Scheduled Benefit amount for your Dependent spouse or Domestic Partner will be \$250,000 and the Minimum Scheduled Benefit amount for your Dependent spouse or Domestic Partner will be \$5,000, subject to the provisions below.
Dependent Children (age at death) Live birth and older	\$15,000

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet on GH 111. If, because of these Proof of Good Health requirements, We approve an amount of insurance that is different than the Scheduled Benefit, the approved amount will be paid.

*If your Dependent is insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy, your Dependent's initial Scheduled Benefit will only be for the amount of insurance for which he or she was insured under the Prior Policy.

Your Dependent spouse's or Domestic Partner's insurance will terminate on the date you attain age 70.

In no event will a Dependent's Scheduled Benefit be more than 50% of your Scheduled Benefit amount. If you elect a Dependent Life benefit in excess of 50% of your Scheduled Benefit amount, the Dependent will be given the highest amount available, not to exceed 50%.

DEPENDENT SPOUSE OR DOMESTIC PARTNER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If your Dependent spouse or Domestic Partner is injured and otherwise qualifies, We will pay the following percentages of the Scheduled Benefit (or approved amount, if applicable) then in force for your Dependent spouse or Domestic Partner:

- 50% if your Dependent spouse or Domestic Partner loses a hand, a foot, or the sight of one eye; or
- 100% if more than one of the above listed losses results from the same accident; or
- 25% for loss of thumb and index finger on the same hand; or
- 100% if your Dependent spouse or Domestic Partner loses his or her life.

Payment for loss of life will be to the beneficiary named for Dependent Life Insurance. Payment for any other loss will be to your Dependent spouse or Domestic Partner. The specific Scheduled Benefit is shown on your Scheduled Benefits Summary and is based on the status of your Dependent spouse or Domestic Partner:

Class

ALL MEMBERS

Dependent

***Scheduled Benefit**

Spouse or Domestic Partner

An amount in increments of \$5,000 as applied for by you and approved by Us. The Maximum Scheduled Benefit amount for your Dependent spouse or Domestic Partner will be \$250,000 and the Minimum Scheduled Benefit amount for your Dependent spouse or Domestic Partner will be \$5,000, subject to the provisions below.

In no circumstances will the Scheduled Benefit amount for Accidental Death and Dismemberment Insurance combined with the Scheduled Benefit amount for Personal Loss Insurance be greater than the Scheduled Benefit amount for Dependent Life Insurance.

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet on GH 111. If, because of these Proof of Good Health requirements, We approve an amount of insurance that is different than the Scheduled Benefit, the approved amount will be paid.

*If your Dependent spouse or Domestic Partner is insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy, your Dependent spouse's or Domestic Partner's initial Scheduled Benefit will only be for the amount of insurance for which he or she was insured under the Prior Policy.

Your Dependent spouse's or Domestic Partner's insurance will terminate on the date you attain age 70.

In no event will a Dependent spouse's or Domestic Partner's Scheduled Benefit be more than 50% of your Scheduled Benefit amount. If you elect a Dependent Life benefit in excess of 50% of your Scheduled Benefit amount, the Dependent spouse or Domestic Partner will be given the highest amount available, not to exceed 50%.

DEPENDENT SPOUSE OR DOMESTIC PARTNER PERSONAL LOSS INSURANCE

The specific Scheduled Benefit is shown on your Scheduled Benefits Summary and is based on the status of your Dependent spouse or Domestic Partner:

Class

ALL MEMBERS

Dependent

***Scheduled Benefit**

Spouse or Domestic Partner

An amount in increments of \$5,000 as applied for by you and approved by Us. The Maximum Scheduled Benefit amount for your Dependent spouse or Domestic Partner will be \$250,000 and the Minimum Scheduled Benefit amount for your spouse or Domestic Partner will be \$5,000, subject to the provisions below.

In no circumstances will the Scheduled Benefit amount for Accidental Death and Dismemberment Insurance combined with the Scheduled Benefit amount for Personal Loss Insurance be greater than the Scheduled Benefit amount for Dependent Life Insurance.

*The Scheduled Benefit is subject to the Proof of Good Health requirements as described in the booklet on GH 111. If, because of these Proof of Good Health requirements, We approve an amount of insurance that is different than the Scheduled Benefit, the approved amount will be paid.

*If your spouse or Domestic Partner is insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before the effective date of the Group Policy, your spouse's or Domestic Partner's initial Scheduled Benefit will only be for the amount of insurance for which he or she was insured under the Prior Policy.

Your Dependent spouse's or Domestic Partner's insurance will terminate on the date you attain age 70.

A Dependent spouse's or Domestic Partner's Scheduled Benefit will not exceed 50% of your Scheduled Benefit amount. If you elect a Dependent Life benefit in excess of 50% of your Scheduled Benefit amount, the Dependent will be given the highest amount available, not to exceed 50%.

HOW TO BE INSURED - MEMBERS

MEMBER LIFE INSURANCE MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT AND PERSONAL LOSS INSURANCE

Eligibility

To be eligible for insurance you must be a Member.

If you had insurance under the Prior Policy for which the Group Policy is a replacement and you are a Member on October 1, 2016 you will be eligible on that date.

If you are not a Member until later, you will be eligible on the May 1 or November 1 next following the date you become a Member as defined on GH 114.

In no circumstance will you be eligible for Member Life Insurance under the Group Policy if you are eligible under any other Group Voluntary Term Life Insurance policy underwritten by Us.

Note: For employees that transfer from one railroad line or union to another, coverage will be effective on the date of transfer if you were previously enrolled with the prior railroad line or union.

For persons that are rehired within 6 months of their termination date, you will be eligible on the date you return to work and will have the coverage levels you had in force prior to termination.

For persons removed from duty due to a suspension, you can enroll for coverage however, you will not be eligible for coverage until the date you return to Active Work.

Effective Dates - Actively at Work

If you are not Actively at Work on the date your insurance would otherwise be effective, your insurance will not be in force until the day you return to Active Work.

This Actively at Work requirement will be waived for you if:

- you are absent from Active Work because of a regularly scheduled day off, holiday, or vacation day; and
- you were Actively at Work on your last scheduled work day before the date of your absence; and
- you were capable of Active Work on the day before the scheduled effective date of your insurance or change in your insurance, whichever is applicable.

This Actively at Work requirement may also be waived as described below.

When insurance under the Group Policy replaces coverage under a Prior Policy, the Active Work requirement may be waived for those Members who:

- are eligible and enrolled under the Group Policy on the date the Group Policy is effective; and
- were covered under the Prior Policy on the date of its termination.

In no event will the Active Work requirement be waived for those Members who, on the date of termination of the Prior Policy, either:

- had the option, under the terms of the Prior Policy, to convert their coverage under the Prior Policy to an individual policy; or
- were eligible under the terms of the Prior Policy to have their premiums waived due to Total Disability.

NOTE: When insurance under the Group Policy replaces coverage under a Prior Policy and the Active Work requirement is waived, any benefits payable will be the lesser of the Scheduled Benefit of the Group Policy or the amount that would have been paid by the Prior Policy had it remained in force.

Individual Incontestability

All statements made by any insured person (you or one of your Dependents) will be representations and not warranties. These statements may not be used to contest an insured person's insurance unless:

- the insurance has been in force for less than two years during the insured person's lifetime; and
- the statement is in Written form Signed by the insured person; and
- a copy of the form, which contains the statement, is given to the insured person or the insured person's beneficiary at the time insurance is contested.

However, the above will not preclude the assertion at any time of defenses based upon the person not being eligible for insurance under the Group Policy or upon other provisions of the Group Policy.

In addition, if a person's age is misstated, We may, at any time, adjust premium and benefits to reflect the correct age.

Assignments

Only assignments of Member Life Insurance will be allowed under the Group Policy and only if:

- they are not collateral assignments or assignments for consideration; and
- they are in Written form and recorded at Our home office in Des Moines, Iowa.

We will assume no responsibility for the validity of effect of any assignment.

Proof of Good Health

In some instances, Proof of Good Health will be required to place your insurance in force. We will determine the type and form of required proof. You will need to file Proof of Good Health:

- If you request insurance more than 31 days after the date you are eligible including any insurance you refuse and later request.
- If you request insurance under the Group Policy and you were eligible under the Prior Policy, but elected to waive coverage under the Prior Policy.
- If you have failed to provide required Proof of Good Health or you have been refused insurance under the Group Policy at any prior time.
- If you elect to terminate insurance and, more than 31 days later, you request to be insured again.

- *To become insured for any Scheduled Benefit amount for you that is, initially or through later increases, in excess of \$200,000.

No Proof of Good Health is required for the initial excess amounts for Members insured on October 1, 2016.

*If you are insured on the date the Group Policy is effective and this insurance replaces insurance in force on the day immediately before effective date of the Group Policy: the lesser of the amount shown above or the amount for which you were insured under the replaced insurance.

- If less than 20% of the eligible employees participate, to become insured for any Scheduled Benefit amount.
- To become insured for any request for a Scheduled Benefit amount increase.
- To become insured for any Scheduled Benefit amount increase if any previous Scheduled Benefit increase has been declined.

Note: For insurance applied for during the Annual Enrollment Period, the above Proof of Good Health requirements will not apply. Refer below for Proof of Good Health Required During the Annual Enrollment Period and to Proof of Good Health Not Required During the Annual Enrollment Period.

**Effective Date for Initial Insurance
(Proof of Good Health Not Required)**

Your insurance will normally be in force on:

- the date you are eligible, if you make your request on or before that date; or
- the date of your request, if you make your request within 31 days after the date you are eligible.

However, if you are not Actively at Work on the date insurance would otherwise be effective, your insurance will not be in force until the day you return to Active Work.

**Effective Date for Initial Insurance
(Proof of Good Health Required)**

If Proof of Good Health is required, your insurance will normally be in force on the later of:

- the date insurance would have been effective had Proof of Good Health not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Us.

However, if you are not Actively at Work on the date insurance would otherwise be effective, your insurance will not be in force until the day you return to Active Work.

Effective Date for Benefit Changes Due to Change in Insurance Class

Unless Proof of Good Health is required, a change in your Scheduled Benefit amount because of a change in your insurance class will normally be effective on the date of the change. However, if you are not Actively at Work on the date the Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the day you return to Active Work. Exception: decreases in Scheduled Benefit amounts are effective on the date of the change, whether or not you are Actively at Work.

Any termination of Scheduled Benefit amounts due to a change in your insurance class will be effective on the date of the change, whether or not you are Actively at Work.

If Proof of Good Health is required, a change in your Scheduled Benefit amounts due to a change in your insurance class, will be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Us.

Effective Date for Benefit Changes Due to Changes by Policy Amendment

A change in your Scheduled Benefit amount because of a change in the Schedule of Insurance (as described on GH 109) by amendment to the Group Policy for which Proof of Good Health is not required (see above) will be effective on the date of change. However, if you are not Actively at Work on the date an increase in the Scheduled Benefit would otherwise be effective, the Scheduled Benefit in force will continue to apply to you until the day you return to Active Work. When you return to Active Work, the Scheduled Benefit increase will then be in force for you. Exception: decreases in Scheduled Benefit amounts due to a change by amendment to the Group Policy are effective on the date of change, whether or not you are Actively at Work.

A change in your Scheduled Benefit amount because of a change in the Schedule of Insurance (as described on GH 109) by amendment to the Group Policy for which Proof of Good Health is required (see above) will be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Us.

Effective Date for Benefit Changes Due to Changes Requested by the Member

If Proof of Good Health is not required, a change in your Scheduled Benefit amounts due to your request, will be effective on the November 1 that next follows the date of the request. However, if you are not Actively at Work on the date the Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the day you return to Active Work. Exception: decreases in Scheduled Benefit amounts are effective on the date of the change, whether or not you are Actively at Work.

If Proof of Good Health is required, a change in your Scheduled Benefit amounts due to your request, will be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Us.

Effective Date for Benefit Changes Due to a Change in the Member's Family Status

You may request an increase in Scheduled Benefits, a decrease in Scheduled Benefits, or the addition of Scheduled Benefits for which you were not previously insured if a change in your family status as described below has occurred, provided a request for such increase, decrease, or addition is made in Writing within 31 days after the date of the change in family status:

- marriage or establishment of a Civil Union partnership or declaration of a Domestic Partner relationship or divorce or termination of a Civil Union partnership or termination of a Domestic Partner relationship;
- death of your spouse or Domestic Partner or child;
- birth or adoption of a child;
- termination of employment by your spouse or Domestic Partner or a change in your spouse's or Domestic Partner's employment that causes loss of group insurance;
- your employment or your spouse's or Domestic Partner's employment changes from part-time to full-time or from full-time to part-time;
- you or your spouse or Domestic Partner takes an unpaid leave of absence.

A change in the Scheduled Benefits because of a request by you when a change in family status has occurred for which Proof of Good Health is not required (see above) will normally be effective on the date of the request. However, if you are not Actively at Work on the date the Scheduled Benefit change would otherwise be effective, the Scheduled Benefit change will not be in force until the day you return to Active Work. Exception: Any decrease in Scheduled Benefit amounts due to your request, will be effective on the date of the change, whether or not you are Actively at Work.

A change in the Scheduled Benefits because of a request by you when a change in family status has occurred for which Proof of Good Health is required (see above) will be effective on the later of:

- the date the change would otherwise be effective if Proof of Good Health had not been required; or
- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Us.

Annual Enrollment Period

An Annual Enrollment Period will be available for any Member or Dependent who:

- failed to enroll:
 - during the first period in which he or she was eligible to enroll; or
 - during any previous Annual Enrollment Period; or
- is currently enrolled for insurance and wants to change his or her insurance.

To qualify for enrollment during the Annual Enrollment Period, you or your Dependent must meet the eligibility requirements described in the Group Policy.

The Annual Enrollment Period is a period of time requested by the Policyholder and accepted by Us.

The effective date for any such individual requesting insurance during the Annual Enrollment Period for which Proof of Good Health is not required (see below) will be the November 1 that next follows the date of completion of the Annual Enrollment Period.

The effective date for any such individual requesting insurance during the Annual Enrollment Period for which Proof of Good Health is required (see below) will be the later of:

- the November 1 that next follows the date of completion of the Annual Enrollment Period; or

- the first of the Insurance Month coinciding with or next following the date Proof of Good Health is approved by Us.

Proof of Good Health requirements for Member or Dependent insurance purchased during the Annual Enrollment Period will be:

- To make effective any Scheduled Benefit increase in excess of \$200,000 for Members, except as described below under Proof of Good Health Not Required During Annual Enrollment.
- To make effective any Dependent Life Insurance Scheduled Benefit increase in excess of \$25,000 for your spouse or Domestic Partner, except as described below under Proof of Good Health Not Required During Annual Enrollment.
- For Members, with or without current coverage, to make effective any Scheduled Benefit increase above one benefit increment.
- For your spouse or Domestic Partner with current coverage in place, to make effective any Scheduled Benefit increase above one benefit increment.
- For your spouse or Domestic Partner without current coverage in place, to make effective any Scheduled Benefit amount elected.

Proof of Good Health Not Required During Annual Enrollment: Proof of Good Health will not be required during the Annual Enrollment Period for:

- any amount of Dependent Life Insurance elected for a Dependent Child; or
- Members, with or without current coverage, to make effective a Scheduled Benefit increase of one benefit increment regardless if in excess of \$200,000; or
- your spouse or Domestic Partner with current coverage in place, to make effective a Scheduled Benefit increase of one benefit increment regardless if in excess of \$25,000.

Termination

Your insurance under the Group Policy will cease on the earliest of:

- the date the Group Policy terminates; or
- the date your Member Accidental Death and Dismemberment and Personal Loss Insurance ceases; or
- the end of the Insurance Month for which the last premium is paid for your insurance; or
- the end of any Insurance Month, if requested by you before that date; or
- the end of the Insurance Month in which you cease to be a Member; or
- the end of the Insurance Month in which you cease to belong to a class for which insurance is provided; or
- the date you retire; or
- for a labor dispute, strike, work slowdown or lockout, the date you cease Active Work; or

- for all other occurrences, the end of the Insurance Month in which you cease Active Work.

Termination for Fraud

We may at any time terminate a person's eligibility under the Group Policy:

- in Writing and with 31-day notice, if the individual submits any claim that contains false or fraudulent elements under state or federal law; or
- in Writing and with 31-day notice, upon finding in a civil or criminal case that an individual has submitted claims that contain false or fraudulent elements under state or federal law; or
- in Writing and with 31-day notice, when an individual has submitted a claim, which, in good faith judgment and investigation, an individual knew or should have known, contains false or fraudulent elements under state or federal law.

Insurance While Outside of the United States

If you or a Dependent are temporarily outside the United States, you or your Dependent may choose to continue insurance, subject to premium payment for a period of six months or less for one of the following reasons:

- travel; or
- a business assignment; or
- full-time student status, provided you or your Dependent are either:
 - enrolled and attending an accredited school in a foreign country; or
 - participating in an academic program in a foreign country, for which the institution of higher learning at which you or your Dependent are enrolled in the U.S. grants academic credit.

The six-month period will not be reduced for any time covered under a Prior Policy.

If you or your Dependent are outside the United States for any other reason than those listed above, insurance for the person concerned will automatically terminate.

Continuation

If you cease Active Work because of sickness or injury, you may be eligible for limited continuation of insurance.

If you cease Active Work because of suspension, layoff, furlough, unapproved leave of absence or approved leave of absence, insurance may be continued on a limited basis.

Your insurance may also be continued under the continuation provisions described on GH 118 and GH 118 A and subject to the provisions of the Group Policy.

Your insurance may also be continued under the Portability option described under GH 307 and subject to the provisions of the Group Life Portability Policy.

If you are interested in continuing your insurance beyond the date it would normally terminate, you should consult with the company designated by the Policyholder before your insurance terminates.

HOW TO BE INSURED - DEPENDENTS

DEPENDENT LIFE INSURANCE DEPENDENT SPOUSE OR DOMESTIC PARTNER ACCIDENTAL DEATH AND DISMEMBERMENT AND PERSONAL LOSS INSURANCE

Eligibility

You will be eligible for insurance for your Dependents on the latest of:

- the date you are eligible for Member Life Insurance; or
- the date you first acquire a Dependent; or
- the date you enter a class for which Dependent Life Insurance is provided.

Effective Date

Dependent Life Insurance is available only with respect to Dependents of Members currently insured for Member Life Insurance. If a Member is eligible for Dependent Life Insurance, such insurance will be in force under the same terms as described earlier for Member insurance, except:

- In no event will Dependent Life Insurance be in force if you are not insured for Member Life Insurance.
- If a Dependent spouse or Domestic Partner is in a Period of Limited Activity on the date initial Dependent Life Insurance would otherwise be effective, the Dependent spouse or Domestic Partner will not be insured until the Period of Limited Activity ends.

However, this Period of Limited Activity requirement may be waived as described below.

When insurance under the Group Policy replaces coverage under a Prior Policy, the Period of Limited Activity requirement may be waived for those Dependent spouses' or Domestic Partners' who:

- are eligible and enrolled under the Group Policy on the date the Group Policy is effective; and
- were covered under the Prior Policy on the date of its termination.

In no event will the Period of Limited Activity requirement be waived for those Dependent spouses' or Domestic Partners' who, on the date of termination of the Prior Policy had the option, under the terms of the Prior Policy, to convert their coverage, under the Prior Policy, to an individual policy.

NOTE: When insurance under the Group Policy replaces coverage under a Prior Policy and the Period of Limited activity requirement is waived any benefits payable will be the lesser of the Scheduled Benefit of the Group Policy or the amount that would have been paid by the Prior Policy had it remained in force.

- If you request insurance for a Domestic Partner, insurance for a Domestic Partner will be in force on the later of:
 - the date insurance would otherwise become effective for a Dependent under the terms of the Group Policy; or
 - the date We approve the Domestic Partner's status as a Dependent.

- If you request insurance for a Dependent spouse or Domestic Partner under the Group Policy and the Dependent spouse or Domestic Partner was eligible under the Prior Policy, but elected to waive coverage under the Prior Policy.
- For your spouse or Domestic Partner, to become insured, initially, for any Scheduled Benefit amount in excess of \$25,000.

Exception: No Proof of Good Health is required for the initial excess insurance for your Dependent spouse or Domestic Partner insured on October 1, 2016.
- If a Dependent is confined in a Hospital or Skilled Nursing Facility on the date an increase in Dependent Life Insurance Scheduled Benefits would otherwise be effective, the Scheduled Benefit in force for the Dependent will continue to apply to the Dependent until such confinement ends. When the Hospital or Skilled Nursing Facility confinement ends, the Scheduled Benefit increase will then be in force for the Dependent.
- Any required Proof of Good Health will be with respect to the health of your Dependents.
- If Dependent Life Insurance is then in force for any other Dependent, a new Dependent (other than a newborn child) will be insured on the date acquired, provided the new Dependent is not then confined in a Hospital or Skilled Nursing Facility. Requests for insurance and Proof of Good Health are not required provided We have been notified of the new Dependent within 31 days after the date the Dependent is acquired.
- If Dependent Life Insurance is then in force for any other Dependent, a newly born child will be insured from the moment of live birth, provided the child meets the definition of a Dependent Child.

Individual Incontestability

Your Dependents will be subject to the Individual Incontestability as described earlier for Member insurance.

Termination

Insurance for all of your Dependents will terminate on the earliest of:

- the date your Member Life Insurance ceases; or
- for Dependent Life Insurance for your Dependent spouse or Domestic Partner, the date Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance ceases; or
- the date Dependent Life Insurance is removed from the Group Policy; or
- the end of the Insurance Month for which the last premium is paid for your Dependent's insurance; or
- the end of any Insurance Month, if requested by you before that date; or
- the end of the Insurance Month in which you cease to belong to a class for which Dependent insurance is provided; or
- for Dependent Life and Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance, the date you retire; or
- for your spouse or Domestic Partner, for Dependent Life and Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance, the date you attain age 70; or

- the date Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance is removed from the Group Policy; or
- the date you die.

Insurance for any one Dependent will terminate on the last day of the Insurance Month in which he or she ceases to be your Dependent.

However, insurance will be continued beyond the maximum age for a Dependent Child who is incapable of self-support because of a Developmental Disability or Physical Handicap and is dependent on you for primary support. You must apply for this continuation within 31 days after the child reaches the maximum age.

Termination for Fraud

Your Dependents will be subject to the Termination for Fraud provisions as described earlier for Member insurance.

Insurance While Outside of the United States

Your Dependents will be subject to the Insurance While Outside of the United States provisions as described earlier for Member insurance.

Continuation

Your Dependent's insurance may also be continued under the continuation provisions described on GH 118 and GH 118 A and subject to the provisions of the Group Policy.

Your Dependent's insurance may also be continued under the Portability option described on GH 307 and subject to the provisions of the Group Life Portability Policy.

CONTINUATION

FMLA and Other Continuation Provisions

If you cease Active Work due to an approved leave of absence under the Federal Family and Medical Leave Act (FMLA), the Policyholder may choose to continue your insurance, subject to premium payment.

If the continuation portion of the FMLA applies to your insurance, these FMLA continuation provisions:

- are in addition to any other continuation provisions of the Group Policy, if any; and
- will run concurrently with any other continuation provisions of the Group Policy for sickness, injury, suspension, layoff, furlough, unapproved leave of absence or approved leave of absence, if any.

If continuation qualifies for both state and FMLA continuation, the continuation period will be counted concurrently toward satisfaction of the continuation period under both the state and FMLA continuation periods.

Reinstatement

An Eligible Employee's terminated insurance may be reinstated in accordance with the provisions of the Federal Family and Medical Leave Act (FMLA), subject to the Actively at Work and Period of Limited Activity requirements of the Group Policy.

Reinstatement of Insurance for you or your Dependent When Insurance Ends due to Living Outside of the United States

If insurance for you or your Dependent terminates because you or your Dependent are outside of the United States, you or your Dependent may become eligible again for insurance under the Group Policy, but only if:

- you or your Dependent return to the United States within six months of the date on which insurance terminated because the person is outside of the United States; and
- in your case, you return to Active Work in the United States for a Participating Employer for a period of at least 30 consecutive days. You will be eligible for insurance on the day immediately following completion of the 30 consecutive days of Active Work; and
- in the case of your Dependent, he or she remains in the United States for 30 consecutive days. If your Dependent does so, he or she will be eligible for reinstatement of insurance on the day after completion of the 30 consecutive days of residence.

The reinstated insurance will be on the same basis as that being provided on the date insurance is reinstated. However, any restrictions on this insurance, which were in effect before reinstatement, will continue to apply. If you or your Dependent do not complete the 30 consecutive days of residence, the insurance for such person concerned will not be reinstated.

See your employer for details on this reinstatement provision.

CONTINUATION OF INSURANCE AND REINSTATEMENT

Suspension

If you cease Active Work due to a suspension, you may elect to continue your Member Life Insurance by paying the required premium until the earlier of:

- the date 12 months after the end of the Insurance Month in which your suspension began; or
- the date the Group Policy terminates.

Sickness or Injury (Other than Total Disability)

If you cease Active Work because you are sick or injured but not Totally Disabled, insurance may be continued until the earlier of:

- the date insurance would otherwise cease as provided under Terminations on GH 110; or
- the end of the Insurance Month in which you recover.

Layoff, Furlough, Unapproved Leave of Absence or Approved Leave of Absence

If you cease Active Work because you are on layoff, furlough, unapproved leave of absence, or approved leave of absence, insurance may be continued until the earliest of:

- the date insurance would otherwise cease as provided under Terminations on GH 110; or
- the end of the Insurance Month in which the layoff, furlough, unapproved leave of absence or approved leave of absence ends; or
- the date you become eligible for any other group life coverage; or
- for approved leave of absence, six months after the end of the Insurance Month in which Active Work ends; or
- for layoff, furlough or unapproved leave of absence, the end of the Insurance Month in which Active Work ends.

You may qualify to have your insurance continued under one or more the continuation provisions as described in this section and GH 118 (VTL). If you qualify for continuation under more than one provision, the longest period of continuation will be applied, and all periods of continuation will run concurrently.

Reinstatement

Your terminated insurance will be reinstated if:

- insurance ceased because of layoff, furlough or approved leave of absence; and
- you return to Active Work for a Participating Employer within six months of the date insurance ceased.

Your reinstated insurance will be in force on the date of return to work. However, the Actively at Work and Period of Limited Activity provisions will apply. Also, Proof of Good Health will be required to place in force any Scheduled Benefit that would have been subject to Proof of Good Health had you remained continuously insured.

Only the period of time during which you are actually insured will be included in determining the length of your continuous coverage under the Group Policy. For this purpose the period of time during which your reinstated insurance was not in force:

- will not be considered an interruption of continuous coverage; and
- will not be used to satisfy any provision of the Group Policy which pertains to a period of continuous coverage.

Member (State Required - Illinois)

If you cease Active Work because you are Totally Disabled, you may elect to continue your Life Insurance by paying the required premium until the earlier of:

- the date nine months after the end of the Insurance Month in which your Total Disability began; or
- the date the Group Policy terminates. However, if the Total Disability began prior to attainment of age 60 and while you are insured, you may continue your insurance after termination of the Group Policy until the end of the Insurance Month nine months after the Total disability began.

DESCRIPTION OF BENEFITS

MEMBER LIFE INSURANCE

Death Benefit

If you die while insured for Member Life Insurance, We will pay your beneficiary the Scheduled Benefit (or approved amount, if applicable) in force on the date of your death, less any unpaid premium and less any Accelerated Benefit payment as discussed later in this section. Any benefit due a beneficiary who does not survive you will be paid in equal shares to your surviving beneficiaries. If a beneficiary dies at the same time or within 15 days of you, but before We receive Written proof of your death, payment will be made as if you survived the beneficiary. If no beneficiary survives you or if no beneficiary is named, We will make payment in the following order of precedence:

- to your spouse or Domestic Partner;
- to your children born to or legally adopted by you;
- to your parents;
- to your brothers and sisters;
- if none of the above, to the executor or administrator of your estate or other persons as provided in the Group Policy.

However, if a beneficiary is suspected or charged with your death, the Death Benefit may be withheld until additional information has been received or the trial has been held. If a beneficiary is found guilty of your death, such beneficiary may be disqualified from receiving any benefit due. Payment may then be made to any contingent beneficiary or to the executor or administrator of your estate.

No payment will be made before We receive Written Proof of your death.

Upon your death, the Scheduled Benefit (or approved amount, if applicable) in force on the date of your death, less any unpaid premium and less any Accelerated Benefit payment as discussed later in this section will be paid in a single lump sum. Upon request, We may consider other payment options.

If you die by suicide within 24 months after the initial coverage effective date of your Member Life Insurance, We will pay your beneficiary the amount of any premium paid by you to Us during the period of time your insurance was in force in lieu of the Scheduled Benefit (or approved amount, if applicable) in force on the date of your death. If you were insured for at least 24 months after the initial coverage effective date and die by suicide within 24 months after an increase in the Scheduled Benefit amount (or approved amount, if applicable), We will pay your beneficiary the Scheduled Benefit amount in force immediately prior to the increase plus the amount of any premium paid by you to Us on such increase in lieu of the Scheduled Benefit (or approved amount, if applicable), in force on the date of your death. Any such payment will discharge Us to the full extent of such payment.

However, the 24 months may be reduced by any time satisfied under the Prior Policy, provided you were insured under the Prior Policy and coverage was in force for you on the date the Group Policy became effective.

Beneficiary

You should name a beneficiary at the time you enroll for insurance. You may name or later change your beneficiary by sending a Written request to the company designated by the Policyholder. See the company designated by the Policyholder for change request forms. A change in your beneficiary will not be in force until the company designated by the

Policyholder records the change. Once recorded, the change will apply as of the date the request was Signed. If We properly pay any benefit before a change request is received, that payment may not be contested.

Accelerated Benefit

An Accelerated Benefit is an advance (before death) payment of a part of your Member Life Insurance benefit. To qualify for an Accelerated Benefit, you must:

- be insured for a Member Life Insurance benefit of at least \$10,000; and
- be Terminally Ill; and
- send a request for Accelerated Benefit payment to Us; and
- send proof, satisfactory to Us, of your Terminal Illness.

Proof of Terminal Illness will consist of a statement from your Physician, and any other medical information that We believe is needed to confirm your status.

If you qualify, We will pay you any amount you request, except that:

- only one Accelerated Benefit payment will be made during your lifetime; and
- you must request a payment of at least \$5,000; and
- We will not pay you more than 75% of your Member Life Insurance benefit in force.

We will pay you the Accelerated Benefit payment in a lump sum.

If an Accelerated Benefit is paid, the Member Life Insurance benefit otherwise payable to your beneficiary upon your death will be reduced by any Accelerated Benefit payment.

Following is an EXAMPLE of how this benefit affects the final death benefit.

BENEFIT EXAMPLE

Member Life Insurance Benefit Amount	\$	100,000
Accelerated Benefit Amount Requested	\$	75,000
(Member would receive \$75,000)		
Accelerated Benefit paid on August 15		
Member death occurs on November 15 (92 days after payment)		
Payment to Member's Beneficiary		
(\$100,000 - \$75,000)	\$	25,000

During the two-year period following payment of an Accelerated Benefit:

- termination of Active Work because of your Terminal Illness will not result in termination of your Member Life Insurance; and
- your Member Life Insurance and Member Accidental Death and Dismemberment and Personal Loss Insurance and Dependent Life Insurance and Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance will be provided without premium charge.

Individual Purchase Rights

You will have the right to buy an individual life insurance policy without submitting Proof of Good Health:

- If your total Member Life Insurance, or any portion of it, terminates because you end Active Work or cease to be in a class eligible for insurance. In these instances, the maximum amount you may buy will be your Member Life Insurance amount in force on the date of termination or the portion of your Member Life Insurance that has terminated, less any individual amount purchased earlier under these rights, and less any Accelerated Benefit as discussed earlier in this Section.
- If the Group Policy terminates or is amended to exclude your insurance class after you have been insured for at least five years. In these instances, the maximum amount you may buy will be the smaller of: (1) \$10,000; or (2) your Member Life Insurance amount in force on the date of termination, less any Accelerated Benefit as discussed earlier in this Section and less any amount for which you become eligible under any group policy within 31 days.
- If your Accelerated Benefit Premium Waiver Period ceases. In this instance, the maximum amount you may buy will be the Member Life Insurance benefit amount in force on the date you cease Active Work, less any individual amount purchased earlier under these rights, and less any Accelerated Benefit as discussed earlier in this Section.

You must apply for individual purchase and pay the first premium to Us within 31 days after your insurance under the Group Policy ceases.

See the Policyholder for the proper forms. Any individual policy issued will be effective on the 32nd day.

The individual policy will be for life insurance only (other than term insurance). No Disability or other benefits will be included. The premium you pay will be at Our normal rate for your age and for the risk class to which you belong on the individual policy's date of issue.

If you die within the 31-day purchase period, your beneficiary will be paid the life insurance amount, if any, you had the right to buy. This payment will be made whether or not you have applied for an individual policy.

DESCRIPTION OF BENEFITS

MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefit Qualification

To qualify for benefit payment, all of the following must occur:

- You must be injured while insured for Member Accidental Death and Dismemberment Insurance; and
- Your injury must be caused by accident; and
- Your injury must be the direct and sole cause of a loss listed in Benefit Payable below; and
- Your loss must occur within 365 days of your injury; and
- The limitations listed below must not apply; and
- You must satisfy the requirements listed in the CLAIM PROCEDURES Section; and
- All medical evidence must be satisfactory to Us.

Benefit Payable

If all of the above qualifications are met, We will pay the following percentages of your Scheduled Benefit (or approved amount, if applicable) in force:

- 50% if one hand is severed at or above the wrist; or
- 50% if one foot is severed at or above the ankle; or
- 50% if the sight of one eye is permanently lost (For this purpose, vision not correctable to better than 20/200 will be considered loss of sight.); or
- 100% if more than one of the above listed losses occurs; or
- 25% for loss of thumb and index finger on the same hand; or
- 100% if you lose your life.

Total payment for all losses listed under Benefits Payable that result from the same accident will not exceed 100% of your Scheduled Benefit (or approved amount, if applicable). Payment for loss of life will be to the beneficiary you named for Member Life Insurance. Payment for any other loss will be to you.

Disappearance

It will be presumed that you have lost your life if:

- your body has not been found within 365 days after the disappearance of a conveyance in which you were an occupant at the time of disappearance; and
- the disappearance of the conveyance was due to its accidental wrecking or sinking; and

- the Group Policy would have covered the injury resulting from the accident.

Seat Belt/Airbag Benefit

If you lose your life as a result of an accidental injury sustained while driving or riding in an Automobile, an additional benefit of \$10,000 will be paid to your beneficiary named for Member Life Insurance, provided all Benefit Qualifications as described above are met and:

- the Automobile is equipped with factory-installed Seat Belts; and
- the Seat Belt was in actual use by you and properly fastened at the time of the accident; and
- the position of the Seat Belt is certified in the official report of the accident or by the investigating officer.

This additional benefit payment will also apply if you were driving an Automobile equipped with a properly functioning driver-side airbag or riding as a passenger in an Automobile equipped with a properly functioning passenger-side airbag, although your Seat Belt may not have been fastened at the time of the accident. The properly functioning and/or deployment of the airbag must be certified in the official report of the accident or by the investigating officer.

For the purpose of this benefit "Automobile" means a four-wheel passenger vehicle, station wagon, pick-up truck, or van-type vehicle, but excludes recreational type vehicles such as a "dune-buggy" or an "all-terrain" vehicle.

The term "Seat Belt" means a factory-installed device that forms an occupant restraint and injury avoidance system.

Educational Benefit

If a benefit is to be paid under the Group Policy for loss of your life, an extra benefit of \$3,000 will be paid annually for a maximum of four years to each Qualified Student. This annual benefit will be paid consecutively, while the Qualified Student continues his or her education as a Full-Time Student at an accredited post-secondary school.

For the purpose of this benefit, "Qualified Student" means your Dependent Child who is, at the time of your death, a Full-Time Student at an accredited post-secondary school. A 12th grade student will become a Qualified Student if he or she enrolls in an accredited post-secondary school within 12 months of the Member's death.

Limitations

Payment will not be made for any loss that results from:

- willful self-injury or self-destruction, while sane or insane; or
- disease, medical or surgical treatment of disease, or complications following the surgical treatment of disease; or
- voluntary participation in a riot, assault, felony, or insurrection; or
- participation in flying, ballooning, parachuting, parasailing, bungee jumping, or other aeronautic activities, except as a passenger on a commercial aircraft or as a passenger in a Participating Employer-owned or leased aircraft on company business; or
- duty as a member of a military organization; or
- war or act of war; or

- the use of alcohol if, at the time of the injury, your alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the operation by you of a motor vehicle or motor boat if, at the time of the injury, your alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the intentional use of any drug (excluding over the counter drugs), narcotic or hallucinogen not prescribed for you by a licensed Physician; or
- the use of any over the counter drug in a manner not consistent with the labeling.

DESCRIPTION OF BENEFITS
MEMBER PERSONAL LOSS INSURANCE

Benefit Qualification

To qualify for benefit payment, all of the following must occur:

- You must be injured while insured for Personal Loss Insurance.
- Your injury must be caused by accident.
- Your injury must be the direct and sole cause of a loss listed under Covered Loss below.
- Your loss must occur within 365 days of your injury.
- The limitations listed below must not apply.
- You must satisfy the requirements listed in the CLAIM PROCEDURES Section.
- All medical evidence must be satisfactory to Us.

Covered Loss

For the purpose of this section, Covered Loss means:

- loss of one hand (severed at or above the wrist); or
- loss of one foot (severed at or above the ankle); or
- loss of sight of one eye if permanently lost (For this purpose, vision not correctable to better than 20/200 will be considered loss of sight.); or
- loss of thumb and index finger on the same hand; or
- loss of your life.

Total payment for all losses listed under Covered Loss that result from the same accident will not exceed 100% of your Scheduled Benefit. Payment for loss of life will be to the beneficiary you named for Member Life Insurance. Payment for all other losses will be to you.

Exposure

Exposure to the elements will be presumed to be an injury if:

- such exposure is due to an accidental bodily injury; and
- within 365 days after the injury, you incur a loss that is the result of the exposure; and
- the Group Policy would have covered the injury resulting from the accident.

Loss of Use or Paralysis Benefit

If you sustain an injury, and as a result of such injury, one or more of the covered losses listed below are incurred, We will pay the following percentage of your Scheduled Benefit (or approved amount, if applicable) in force, provided all Benefit Qualifications as described above are met.

	Covered Loss	% of Scheduled Benefit
Loss of Use or Paralysis	Quadriplegia	100%
	Paraplegia	50%
	Hemiplegia	50%
	Both Hands or Both Feet	50%
	One Hand and One Foot	50%
	One Arm or One Leg	25%
	One Hand or One Foot	25%

We will not pay a Personal Loss benefit for any paralysis caused by a stroke.

Paralysis must be determined by a Physician to be permanent, complete, and irreversible.

Total payment for all losses that result from the same accident will not exceed 100% of your Scheduled Benefit (or approved amount, if applicable). Payment for loss will be to you.

For this benefit, the term "Loss of Use" means a total and irrevocable loss of voluntary movement, which has continued for 12 consecutive months. The term "Quadriplegia" means total paralysis of all four limbs. The term "Paraplegia" means total paralysis of both lower limbs. The term "Hemiplegia" means paralysis of one arm and one leg on the same side of the body.

Loss of Speech and/or Hearing Benefit

If you sustain an injury, and as a result of such injury, one or more of the covered losses listed below are incurred, We will pay the following percentages of your Scheduled Benefit (or approved amount, if applicable) in force, provided all Benefit Qualifications as described above are met.

	Covered Loss	% of Scheduled Benefit
Loss of Speech and/or Hearing	Speech and Hearing	100%
	Speech or Hearing	50%
	Hearing in One Ear	25%

Loss must be determined by a Physician to be permanent, complete, and irreversible.

Total payment for all losses that result from the same accident will not exceed 100% of your Scheduled Benefit (or approved amount, if applicable). Payment for Loss will be to you.

For this benefit, the term "Loss" means a total and irrevocable Loss of speech or hearing that has continued for 12 consecutive months.

Repatriation Benefit

If a benefit is to be paid under the Group Policy for loss of your life and death occurs at least 100 miles away from your permanent place of residence, all customary and reasonable expenses incurred for preparation of your body and its transportation to the place of burial or cremation will be paid up to a maximum benefit payment of \$2,000.

Limitations

Payment will not be made for any loss that results from:

- willful self-injury or self-destruction, while sane or insane; or
- disease, medical or surgical treatment of disease, or complications following the surgical treatment of disease; or
- voluntary participation in a riot, assault, felony, or insurrection; or
- participation in flying, ballooning, parachuting, parasailing, bungee jumping, or other aeronautic activities, except as a passenger on a commercial aircraft or as a passenger in a Participating Employer-owned or leased aircraft on company business; or
- duty as a member of a military organization; or
- war or act of war; or
- the use of alcohol if, at the time of the injury, your alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the operation by you of a motor vehicle or motor boat if, at the time of the injury, your alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the intentional use of any drug (excluding over the counter drugs), narcotic or hallucinogen not prescribed for you by a licensed Physician; or
- the use of any over the counter drug in a manner not consistent with the labeling.

DESCRIPTION OF BENEFITS

DEPENDENT LIFE INSURANCE

Death Benefit

If one of your Dependents dies while insured for Dependent Life Insurance, We will pay the Scheduled Benefit (or approved amount, if applicable) in force for that Dependent on the date of death, less any unpaid premium.

Unless a Beneficiary has been designated, payment will be to you if you survive the Dependent. If you do not survive the Dependent and a beneficiary for Dependent Life has not been named, We will pay the beneficiary you named for Member Life Insurance. However, if you are suspected or charged with your Dependent's death, the Death Benefits may be withheld until additional information has been received or the trial has been held. If you are found guilty of the Dependent's death, you may be disqualified from receiving any benefit due. Payment may then be made to the executor or administrator of the Dependent's estate.

No payment will be made before We receive Written proof of the Dependent's death.

If your Dependent dies by suicide within 24 months after the initial coverage effective date of his or her Dependent Life Insurance, We will pay the amount of any premium, attributable to that Dependent, paid by you to Us during the period of time the Dependent Life Insurance for your Dependent was in force in lieu of the Scheduled Benefit (or approved amount, if applicable) in force on the date of your Dependent's death. If your Dependent was insured for at least 24 months after the initial coverage effective date and dies by suicide within 24 months after an increase in the Scheduled Benefit amount (or approved amount, if applicable), We will pay the Scheduled Benefit amount in force immediately prior to the increase plus the amount of any premium paid by you to Us on such increase in lieu of the Scheduled Benefit (or approved amount, if applicable), in force on the date of your Dependent's death. Any such payment will discharge Us to the full extent of such payment.

However, the 24 months may be reduced by any time satisfied under the Prior Policy, provided your Dependent was insured under the Prior Policy and coverage was in force for your Dependent on the date the Group Policy became effective.

Beneficiary

You may name or later change the named beneficiary by sending a Written request to the company designated by the Policyholder. A change will not be effective until recorded by the company designated by the Policyholder. Once recorded, the change will apply as of the date the request was Signed. If We properly pay any benefit before a change request is received, that payment may not be contested.

Individual Purchase Rights

Your Dependent will have the right to buy an individual life insurance policy without submitting Proof of Good Health:

- If Dependent Life Insurance for your Dependent, or any portion of it, ceases because your Dependent ceases to qualify as a Dependent; or insurance terminates as described on GH 111, or you are divorced or separated, or terminate a Civil Union partnership or termination of your Domestic Partner relationship, or because you die, end Active Work, or cease to be in a class eligible for insurance. In these instances, the maximum amount your Dependent may buy will be the amount of Dependent Life Insurance in force for the Dependent on the date of termination or the portion of Dependent Life Insurance that has terminated, less any individual amount purchased earlier under these rights.

- If the Group Policy terminates for the Policyholder or is amended to eliminate Dependent Life Insurance or your insurance class after your Dependent has been insured for at least five years. In these instances, the maximum amount your Dependent may buy will be the smaller of: (1) \$10,000; or (2) the amount of Dependent Life Insurance in force for the Dependent on the date of termination, less any amount for which the Dependent becomes eligible under any group policy within 31 days.
- If Dependent Life Insurance for your Dependent ceases because your Accelerated Benefit Premium Waiver Period ceases. In this instance, the maximum amount your Dependent may buy will be the amount of Dependent Life Insurance in force for the Dependent on the date of termination, less any individual amount purchased earlier under these rights.

Your Dependent must apply for individual purchase and pay the first premium to Us within 31 days after the date his or her insurance under the Group Policy ceases. See the Policyholder for the proper forms. Any individual policy issued will be effective on the 32nd day.

The individual policy will be for life insurance only (other than term insurance). No Disability or other benefits will be included. The premium to be paid will be at Our normal rate for your Dependent's age and risk class on the individual policy's date of issue.

If your Dependent dies within the 31-day purchase period, We will pay the life insurance amount, if any, the Dependent had the right to buy. This payment will be made whether or not your Dependent has applied for an individual policy.

DESCRIPTION OF BENEFITS

DEPENDENT SPOUSE OR DOMESTIC PARTNER ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Benefit Qualification

To qualify for benefit payment, all of the following must occur:

- The Dependent spouse or Domestic Partner must be injured while insured for Dependent Spouse or Domestic Partner Accidental Death and Dismemberment Insurance; and
- The injury must be caused by accident; and
- The injury must be the direct and sole cause of a loss listed in Benefits Payable below; and
- The loss must occur within 365 days of the injury; and
- The limitations listed below must not apply; and
- The Dependent spouse or Domestic Partner must satisfy the requirements listed in the CLAIM PROCEDURES Section; and
- All medical evidence must be satisfactory to Us.

Benefit Payable

If all of the above qualifications are met, We will pay the following percentages of the Dependent spouse's or Domestic Partner's Scheduled Benefit (or approved amount, if applicable) in force:

- 50% if one hand is severed at or above the wrist; or
- 50% if one foot is severed at or above the ankle; or
- 50% if the sight of one eye is permanently lost (For this purpose, vision not correctable to better than 20/200 will be considered loss of sight.); or
- 100% if more than one of the above listed losses occur; or
- 25% for loss of thumb and index finger on the same hand; or
- 100% if the Dependent spouse or Domestic Partner loses his or her life.

Total payment for all losses listed under Benefits Payable that result from the same accident will not exceed 100% of your Dependent spouse's or Domestic Partner's Scheduled Benefit (or approved amount, if applicable). Payment for loss of life will be to the beneficiary named for Dependent Life Insurance. Payment for any other loss will be to the Dependent spouse or Domestic Partner.

Disappearance

It will be presumed that your Dependent spouse or Domestic Partner has lost his or her life if:

- your Dependent spouse's or Domestic Partner's body has not been found within 365 days after the disappearance of a conveyance in which your Dependent spouse or Domestic Partner was an occupant at the time of disappearance; and
- the disappearance of the conveyance was due to its accidental wrecking or sinking; and
- the Group Policy would have covered the injury resulting from the accident.

Seat Belt/Airbag Benefit

If your Dependent spouse or Domestic Partner loses his or her life as a result of an accidental injury sustained while driving or riding in an Automobile, an additional benefit of \$10,000 will be paid to the beneficiary named for Dependent Life Insurance, provided all Benefit Qualifications as described above are met and:

- the Automobile is equipped with factory-installed Seat Belts; and
- the Seat Belt was in actual use by your Dependent spouse or Domestic Partner and properly fastened at the time of the accident; and
- the position of the Seat Belt is certified in the official report of the accident or by the investigating officer.

This additional benefit payment will also apply if your Dependent spouse or Domestic Partner was driving an Automobile equipped with a properly functioning driver-side airbag or riding as a passenger in an Automobile equipped with a properly functioning passenger-side airbag, although his or her Seat Belt may not have been fastened at the time of the accident. The properly functioning and/or deployment of the airbag must be certified in the official report of the accident or by the investigating officer.

For the purpose of this benefit "Automobile" means a four-wheel passenger vehicle, station wagon, pick-up truck, or van-type vehicle, but excludes recreational type vehicles such as a "dune-buggy" or an "all-terrain" vehicle.

The term "Seat Belt" means a factory-installed device that forms an occupant restraint and injury avoidance system.

Educational Benefit

If a benefit is to be paid under the Group Policy for loss of your Dependent spouse's or Domestic Partner's life, an extra benefit of \$3,000 will be paid annually for a maximum of four years to each Qualified Student. This annual benefit will be paid consecutively, while the Qualified Student continues his or her education as a Full-Time Student at an accredited post-secondary school.

For the purpose of this benefit, "Qualified Student" means a Dependent Child who is, at the time of your Dependent spouse's or Domestic Partner's death, a Full-Time Student at an accredited post-secondary school. A 12th grade student will become a Qualified Student if he or she enrolls in an accredited post-secondary school within 12 months of your Dependent spouse's or Domestic Partner's death.

Limitations

Payment will not be made for any loss that results from:

- willful self-injury or self-destruction, while sane or insane; or
- disease, medical or surgical treatment of disease, or complications following the surgical treatment of disease; or

- voluntary participation in a riot, assault, felony, or insurrection; or
- participation in flying, ballooning, parachuting, parasailing, bungee jumping, or other aeronautic activities, except as a passenger on a commercial aircraft or as a passenger in a Participating Employer-owned or leased aircraft on company business; or
- duty as a member of a military organization; or
- war or act of war; or
- the use of alcohol if, at the time of the injury, your Dependent spouse's or Domestic Partner's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the operation by your Dependent spouse or Domestic Partner of a motor vehicle or motor boat if, at the time of the injury, your Dependent spouse's or Domestic Partner's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the intentional use of any drug (excluding over the counter drugs), narcotic, or hallucinogen not prescribed for your Dependent spouse or Domestic Partner by a licensed Physician; or
- injury arising from or during employment for wage or profit for which benefits are paid by Workers' Compensation; or
- the use of any over the counter drug in a manner not consistent with the labeling.

DESCRIPTION OF BENEFITS

DEPENDENT SPOUSE OR DOMESTIC PARTNER PERSONAL LOSS INSURANCE

Benefit Qualification

To qualify for benefit payment, all of the following must occur:

- The Dependent spouse or Domestic Partner must be injured while insured for Dependent Spouse or Domestic Partner Personal Loss Insurance.
- The injury must be caused by accident.
- The injury must be the direct and sole cause of a loss listed under Covered Loss below.
- The loss must occur within 365 days of your injury.
- The limitations listed below must not apply.
- The Dependent spouse or Domestic Partner must satisfy the requirements listed in the CLAIM PROCEDURES Section.
- All medical evidence must be satisfactory to Us.

Covered Loss

For the purpose of this section, Covered Loss means:

- loss of one hand (severed at or above the wrist); or
- loss of one foot (severed at or above the ankle); or
- loss of sight of one eye if permanently lost (For this purpose, vision not correctable to better than 20/200 will be considered loss of sight.); or
- loss of thumb and index finger on the same hand; or
- loss if the Dependent spouse or Domestic Partner loses his or her life.

Total payment for all losses listed under Covered Loss that result from the same accident will not exceed 100% of your Dependent spouse's or Domestic Partner's Scheduled Benefit. Payment for loss of life will be to the beneficiary named for Dependent Life Insurance. Payment for any other loss will be to the Dependent spouse or Domestic Partner.

Exposure

Exposure to the elements will be presumed to be an injury if:

- such exposure is due to an accidental bodily injury; and
- within 365 days after the injury, your Dependent spouse or Domestic Partner incurs a loss that is the result of the exposure; and

- the Group Policy would have covered the injury resulting from the accident.

Loss of Use or Paralysis Benefit

If your Dependent spouse or Domestic Partner sustains an injury, and as a result of such injury, one or more of the covered losses listed below are incurred, We will pay the following percentages of your Dependent spouse's or Domestic Partner's Scheduled Benefit (or approved amount, if applicable) in force, provided all Benefit Qualifications as described above are met.

	Covered Loss	% of Scheduled Benefit
Loss of Use or Paralysis	Quadriplegia	100%
	Paraplegia	50%
	Hemiplegia	50%
	Both Hands or Both Feet	50%
	One Hand and One Foot	50%
	One Arm or One Leg	25%
	One Hand or One Foot	25%

We do not pay a Personal Loss benefit for any paralysis caused by a stroke.

Paralysis must be determined by a Physician to be permanent, complete, and irreversible.

Total payment for all losses that result from the same accident will not exceed the Scheduled Benefit (or approved amount, if applicable). Payment for loss will be to your Dependent spouse or Domestic Partner.

For this benefit, the term "Loss of Use" means a total and irrevocable loss of voluntary movement, which has continued for 12 consecutive months. The term "Quadriplegia" means total paralysis of all four limbs. The term "Paraplegia" means total paralysis of both lower limbs. The term "Hemiplegia" means paralysis of one arm and one leg on the same side of the body.

Loss of Speech and/or Hearing Benefit

If your Dependent spouse or Domestic Partner sustains an injury, and as a result of such injury, one or more of the covered losses listed below are incurred, We will pay the following percentages of your Dependent spouse's or Domestic Partner's Scheduled Benefit (or approved amount, if applicable) in force, provided all Benefit Qualifications as described above are met.

Loss of Speech and/or Hearing	Covered Loss	% of Scheduled Benefit
	Speech and Hearing	100%
	Speech or Hearing	50%
	Hearing in One Ear	25%

Loss must be determined by a Physician to be permanent, complete, and irreversible.

Total payment for all losses that result from the same accident will not exceed the Scheduled Benefit (or approved amount, if applicable). Payment for Loss will be to your Dependent spouse or Domestic Partner.

For this benefit, the term "Loss" means a total and irrevocable Loss of speech or hearing, which has continued for 12 consecutive months.

Repatriation Benefit

If a benefit is to be paid under the Group Policy for loss of your Dependent spouse's or Domestic Partner's life and death occurred at least 100 miles away from your Dependent spouse's or Domestic Partner's permanent place of residence, all customary and reasonable expenses incurred for preparation of the body and its transportation to the place of burial or cremation will be paid up to a maximum benefit payment of \$2,000.

Limitations

Payment will not be made for any loss that results from:

- willful self-injury or self-destruction, while sane or insane; or
- disease, medical or surgical treatment of disease, or complications following the surgical treatment of disease; or
- voluntary participation in a riot, assault, felony, or insurrection; or
- participation in flying, ballooning, parachuting, parasailing, bungee jumping, or other aeronautic activities, except as a passenger on a commercial aircraft or as a passenger in a Participating Employer-owned or leased aircraft on company business; or
- duty as a member of a military organization; or
- war or act of war; or
- the use of alcohol if, at the time of the injury, your Dependent spouse's or Domestic Partner's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the operation by your Dependent spouse or Domestic Partner of a motor vehicle or motor boat if, at the time of the injury, your Dependent spouse's or Domestic Partner's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or
- the intentional use of any drug (excluding over the counter drugs), narcotic or hallucinogen not prescribed for your Dependent spouse or Domestic Partner by a licensed Physician; or

- injury arising from or during employment for wage or profit for which benefits are paid by Workers' Compensation; or
- the use of any over the counter drug in a manner not consistent with the labeling.

DESCRIPTION OF BENEFITS

PORTABILITY

When insurance would otherwise end under the Group Policy as described below, you may be eligible to continue insurance under a Group Life Portability Insurance Policy underwritten by Us. The Group Life Portability Insurance Policy will contain provisions that differ from the Group Policy. If you elect to continue insurance under this option, you will receive a certificate outlining the Group Life Portability Insurance Policy provisions.

NOTE: You or your Dependent may elect to purchase an individual policy of life insurance (see Individual Purchase Rights as described on GH 203 and GH 305) in place of this portability option.

Member Life and Member Accidental Death and Dismemberment and Personal Loss Insurance and Dependent Life Insurance and Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance

Eligibility

If Member Life and Member Accidental Death and Dismemberment and Personal Loss or Dependent Life and Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance under the Group Policy ends because you cease to meet the definition of a Member, you may be eligible to continue insurance under the Group Life Portability Insurance Policy without submitting Proof of Good Health.

In order to continue insurance under the Group Life Portability Insurance Policy:

- for Member Life and Member Accidental Death and Dismemberment and Personal Loss Insurance, you must be less than age 70; and
- for Dependent Life and Dependent Spouse or Domestic Partner Accidental Death and Dismemberment and Personal Loss Insurance, your Dependent spouse or Domestic Partner must be less than age 70; and
- for a Dependent Child, Member Life Insurance must be continued.

Insurance may not be continued under the Group Life Portability Insurance Policy if:

- you have received a benefit under Accelerated Benefits provisions described on GH 203; or
- your insurance under the Group Policy ends because the Group Policy terminates, and is replaced by another group voluntary policy; or
- you or your Dependent spouse or Domestic Partner have exercised your or your Dependent spouse's or Domestic Partner's Individual Purchase Rights described on GH 203; or
- your Dependent spouse or Domestic Partner ceased to be a Dependent as defined on GH 114; or
- you die.

Amount of Insurance

The insurance amount that is available for continuation will be the Member Life and Accidental Death and Dismemberment and Personal Loss or Dependent Life and Dependent Spouse or Domestic Partner Accidental Death and Dismemberment

and Personal Loss Scheduled Benefit amount (or approved amount) in force on the date insurance terminates under the Group Policy.

Termination of Ported Insurance

Ported insurance under the Group Life Portability Insurance Policy will terminate on the earliest of:

- the date ending the period for which the last premium is paid; or
- for Member insurance, the May 1 next following your 70th birthday; or
- for Dependent insurance for your Dependent spouse or Domestic Partner, the May 1 next following your Dependent spouse's or Domestic Partner's 70th birthday; or
- for Dependent insurance, the date the insured person no longer qualifies as your Dependent, due to divorce or termination of a Domestic Partner relationship or your death; or
- for Dependent insurance for your Dependent Child, the date the child no longer meets the definition of a Dependent Child as defined; or
- for Dependent insurance for a Dependent Child, the date Member Life Insurance ceases.

Note: When insurance under the Group Life Portability Insurance ends, you or your Dependent may qualify and elect to purchase an individual policy or life insurance.

Application/Effective Date

Notice of the Portability option must be given to you by the Policyholder before insurance under the Group Policy terminates, or as soon as reasonably possible thereafter.

When notice of eligibility to continue insurance under the Group Life Portability Insurance Policy is not provided to Us following the termination of insurance under the Group Policy, you must apply for insurance and pay the first premium within 60 days of your termination date. Any continued insurance under the Portability option will be in force on the day following termination of insurance under the Group Policy.

Payment of premium constitutes your consent to port your insurance.

If you or your Dependent die(s) within the 60-day portability option period, We will pay the named beneficiary the Scheduled Benefit amount (or approved amount, if applicable) in force, if any, you or your Dependent had the right to continue. This payment will be made whether or not you have applied for the portability option.

CLAIM PROCEDURES

Notice of Claim

Written notice of claim must be given to Us within 20 days after the date of loss. Failure to give notice within the time specified will not invalidate or reduce any claim if notice is given as soon as reasonably possible.

Claim Forms

Claim forms and other information needed to prove loss must be filed with Us in order to obtain payment of benefits. The company designated by the Policyholder will provide forms to assist you in filing claims. If the forms are not provided within 15 days after We receive such notice, you will be considered to have complied with the requirements of the Group Policy upon submitting, within the time specified below for filing proof of loss, Written proof covering the occurrence, character and extent of the loss.

Proof of Loss

Completed claim forms and other information needed to prove loss should be filed promptly. Written proof of loss should be sent to Us within 90 days after the date of loss. Proof required includes the date, nature, and extent of the loss. We may request additional information to substantiate your loss or require a Signed unaltered authorization to obtain that information from the provider. Your failure to comply with such request could result in declination of the claim. For purposes of satisfying the claims processing timing requirements, receipt of claim will be considered to be met when the appropriate claim form is received by Us.

Payment, Denial, and Review

Claims will normally be processed within 45 days from receipt of the claim. If a claim cannot be processed due to incomplete information, We will send a Written explanation prior to the expiration of the 45 days. A claimant is then allowed up to 45 days to provide all additional information requested. We are permitted two 30-day extensions for processing an incomplete claim. Written notification will be sent to a claimant regarding the extension.

In actual practice, benefits under the Group Policy will be payable sooner, provided We receive complete and proper proof of loss. Further, if a claim is not payable or cannot be processed, We will submit a detailed explanation of the basis for Our denial.

A claimant may request an appeal of a claim denial by Written request to Us within 180 days of the receipt of notice of the denial. We will make a full and fair review of the claim. We may require additional information to make the review. We will notify the claimant in Writing of the appeal decision within 45 days after receipt of the appeal request. If the appeal cannot be processed within the 45-day period because We did not receive the requested additional information, We are permitted a 45-day extension for the review. Written notification will be sent to the claimant regarding the extension. After exhaustion of the formal appeal process, the claimant may request an additional appeal. However, this appeal is voluntary and does not need to be filed before asserting rights to legal action.

For purposes of this section, "claimant" means you, your Dependent, or Beneficiary.

Medical Examinations

We may have you or your Dependent, whose loss is the basis for claim, examined by a Physician during the course of a claim. We will pay for these examinations and will choose the Physician to perform them.

Autopsy

If payment for loss of life is claimed, We may require an autopsy. We will pay for any such autopsy.

Legal Action

Legal action to recover benefits under the Group Policy may not be started earlier than 90 days after proof of loss is filed and before the appeal procedures have been exhausted. Further, no legal action may be started later than three years after that proof is required to be filed.

Time Limits

All time limits listed in this section will be adjusted as required by law.

DEFINITIONS

Several words and phrases used to describe your insurance are capitalized whenever they are used in this booklet. These words and phrases have special meanings as explained in this section.

Active Work; Actively at Work means you will be considered Actively at Work if you are able and available for active performance of all your regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered Active Work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

Civil Union means the legally recognized union of two eligible individuals of the same or opposite sex established according to law.

Civil Union Partner means for two persons to establish a Civil Union in Illinois, it shall be necessary that they satisfy all of the following criteria:

- not be a party to another Civil Union, Domestic Partnership or marriage in Illinois;
- be at least 18 years of age;
- not be related to the other proposed party to the Civil Union.

NOTE: For the purposes of the Group Policy, the term "spouse" will include a Civil Union Partner, except as otherwise provided in the Group Policy.

Covered Condition means for Accelerated Benefits, a medical condition that would, in the absence of extensive or extraordinary medical treatment, result in a drastically limited life span. Such conditions may include, BUT ARE NOT LIMITED TO, one or more of the following:

- coronary artery disease resulting in an acute infarction or requiring surgery;
- permanent neurological deficit resulting from cerebral vascular accident;
- end stage renal failure; or
- acquired immune deficiency syndrome (AIDS).

Dependent means:

- Your spouse, if your spouse:
 - is legally married to you; and
 - is not insured under the Group Policy as a Member.

A Member's spouse will also include a Civil Union Partner.

- Your Dependent Child (or Children) as defined below.
- Your Domestic Partner, if you and your Domestic Partner complete and submit a Declaration of Domestic Partnership which is approved by Us.

Dependent Child; Dependent Children means:

- Your natural child or stepchild, if that child is less than 26 years of age.
- Your foster child, if that child:
 - meets the requirements above; and
 - has been placed with you or a spouse insured under the Group Policy by an authorized state placement agency or by order of a court; and
 - required documentation has been provided and the child is approved in Writing by Us as a Dependent Child.
- Your adopted child, if that child meets the requirements above and you:
 - are a party in a law suit in which you are seeking the adoption of the child; or
 - have custody of the child under a court order that grants custody of the child to you.

An adopted child will be considered a Dependent Child on the earlier of: the date the petition for adoption is filed; or the date of entry of an order granting the adoptive parent custody of the child for the purpose of adoption.

- Your Civil Union Partner's child who otherwise qualifies above or if you or your Civil Union Partner are the child's guardian by court order.
- Your Domestic Partner's child who otherwise qualifies above or if you or your Domestic Partner are the child's guardian by court order.

Developmental Disability means a Dependent Child's substantial handicap, as determined by Us, which:

- results from mental retardation, cerebral palsy, epilepsy, or other neurological disorder; and
- is diagnosed by a Physician as a permanent or long-term continuing condition.

Domestic Partner means your opposite sex or same sex life partner, provided:

- your partner is not insured under the Group Policy as a Member; and
- your partner is at least 18 years of age; and
- neither your partner nor you are married; and
- neither your partner nor you have had another Domestic Partner in the six-month period preceding the date of the Signed Declaration of Domestic Partnership; and
- your partner is not your blood relative; and
- your partner and you have shared the same residence for at least six consecutive months and continue to do so; and
- your partner and you are each other's sole life partner and intend to remain so indefinitely; and
- your partner and you are jointly responsible for each other's financial welfare; and

- your partner and you are not in the relationship solely for the purpose of obtaining insurance coverage.

Full-Time Student means your Dependent Child attending a school that has a regular teaching staff, curriculum and student body and who:

- attends school on a full-time basis, as determined by the school's criteria; and
- is dependent on you for principal support.

Group Policy means the policy of group insurance issued to the Policyholder by Us which describes benefits and provisions for insured Members and Dependents.

Hospital means an institution that is licensed as a Hospital by the proper authority of the state in which it is located, but not including any institution, or part thereof, that is used primarily as a clinic, Skilled Nursing Facility, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

Insurance Month

Calendar month.

Member means any UNION PERSON who is a full-time employee of a Participating Employer and who:

- is a due paying union member in good standing; and
- is employed by a railway carrier; and
- regularly works at least 20 hours per week.

The employee must be compensated by a Participating Employer and either the employer or employee must be able to show taxable income on federal or state tax forms. Work must be at a Participating Employer's usual place or places of business, at an alternative worksite at the direction of a Participating Employer, or at another place to which the employee must travel to perform his or her regular duties. This excludes any person who is scheduled to work for a Participating Employer on a seasonal, temporary, contracted, or part-time basis.

Member will not include any person who is removed from duty due to a labor dispute, strike, work slowdown, or lockout.

Participating Employer means any individual employer who is signatory to an applicable collective bargaining agreement with a union that requires contributions on behalf of its bargaining unit members to the health and welfare benefit plan established by the Policyholder.

A Participating Employer is not a party to the contract between Us and the Policyholder.

Period of Limited Activity means any period of time during which a person is:

- confined in a Hospital for any cause or confined in a Skilled Nursing Facility; or
- Home Confined. "Home Confined" means that, due to sickness or injury, the person is unable to carry on the regular and usual activities of a healthy person of the same age and sex and unable to leave his or her home except to receive medical treatment.

Physical Handicap means a Dependent Child's substantial physical or mental impairment, as determined by Us, which:

- results from injury, accident, congenital defect or sickness; and
- is diagnosed by a Physician as a permanent or long-term dysfunction or malformation of the body.

Physician means:

- a licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or
- any other licensed health care practitioner that state law requires be recognized as a Physician under the Group Policy.

The term Physician does not include you, one of your employees, your business or professional partner or associate, any person who has a financial affiliation or business interest with you, anyone related to you by blood or marriage, or anyone living in your household.

Policyholder means BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN UP NORTHERN REGION GCA.

Prior Policy means the Group Voluntary Term Life coverage of either:

- the Policyholder; or
- a business entity which has been obtained by a Participating Employer through a merger or acquisition;

for which the Group Policy is a replacement.

Proof of Good Health means Written evidence that a person is insurable under Our underwriting standards. This proof must be provided in a form satisfactory to Us.

Scheduled Benefits Summary means the page, which is issued as part of your certificate that contains benefit and other information pertaining to your insurance under the Group Policy.

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

Skilled Nursing Facility means an institution (including one providing sub-acute care), or distinct part thereof, that is licensed by the proper authority of the state in which it is located to provide skilled nursing care and that:

- is supervised on a full-time basis by a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) or a licensed registered nurse (R.N.); and
- has transfer arrangements with one or more Hospitals, a utilization review plan, and operating policies developed and monitored by a professional group that includes at least one M.D. or D.O.; and
- has an existing contract for the services of an M.D. or D.O., maintains daily records on each patient, and is equipped to dispense and administer drugs; and
- provides 24-hour nursing care and other medical treatment.

Not included are rest homes, homes for the aged, nursing homes, or places for treatment of mental disease, drug addiction, or alcoholism.

Terminally Ill means you have experienced a Covered Condition and in the opinion of a Physician who is licensed to practice medicine in all of its branches, would generally result in your death within twenty-four months of the date you request payment of Accelerated Benefits or any condition which requires continuous confinement in a Skilled Nursing Facility if you are expected to remain there until death.

Total Disability; Totally Disabled means for you, your inability, as determined by Us, due to sickness or injury, to perform the majority of the material duties of any occupation for which you are or may reasonably become qualified based on education, training or experience.

We, Us, and Our means Principal Life Insurance Company, Des Moines, Iowa.

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

ILLINOIS NOTICE

This is to advise you that if you have any complaints about your insurance you may contact the following:

Principal Life Insurance Company
Attention: Government Relations
711 High Street
Des Moines, Iowa 50392-0220
Telephone: 1-800-325-2532

or

Illinois Department of Insurance
Consumer Division or
Public Services Section
320 West Washington Street
Springfield, Illinois 62767

Please identify all correspondence with the group account number and your full name and address. Please be specific as possible about the nature of your complaint. Include all relevant information so that prompt action can be taken to resolve your complaint satisfactorily.

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Plan Arranged By

CORNERSTONE ASSURANCE GROUP, INC.
22333 CLASSIC CT
LAKE BARRINGTON IL
60010



Principal Life Insurance Company
Des Moines, Iowa 50392-0002