YOUR
GROUP INSURANCE
PLAN

DREXEL UNIVERSITY
ACADEMY OF NATURAL SCIENCES
VOLUNTARY LIFE AND VOLUNTARY AD&D
CERTIFICATE OF COVERAGE

The Guardian
7 Hanover Square
New York, New York 10004

We, The Guardian, certify that the employee named below is entitled to the insurance benefits provided by The Guardian described in this certificate, provided the eligibility and effective date requirements of the plan are satisfied.

<table>
<thead>
<tr>
<th>Group Policy No.</th>
<th>Certificate No.</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Issued To

This CERTIFICATE OF COVERAGE replaces any CERTIFICATE OF COVERAGE previously issued under the above Plan or under any other Plan providing similar or identical benefits issued to the Planholder by The Guardian.

The Guardian Life Insurance Company of America

Stuart Shaw
Vice President, Risk Mgt. & Chief Actuary

CGP-3-R-STK-90-3 B110.0023
# TABLE OF CONTENTS

## GENERAL PROVISIONS
- Limitation of Authority .................................................. 1
- Incontestability ................................................................. 1
- Examination and Autopsy .................................................. 2
- Accident and Health Claims Provisions ................................. 2

## ELIGIBILITY FOR LIFE AND DISMEMBERMENT COVERAGES
- Employee Coverage ............................................................. 4
- Your Right To Continue Group Life Insurance ......................... 8
- During A Family Leave Of Absence ....................................... 8
- Dependent Life and Accidental Death and Dismemberment Coverage ...................................................... 9
- Dependent Coverage ............................................................ 10

## GROUP TERM LIFE INSURANCE SCHEDULE
- Employee Optional Contributory Term Life Insurance ................ 13
- Voluntary Accidental Death and Dismemberment Insurance (AD&D) ................................................... 15
- Dependent Optional Term Life Insurance ................................. 17
- Dependent Voluntary Accidental Death and Dismemberment Insurance (AD&D) ....................................... 19

## LIFE INSURANCE
- Your Optional Group Term Life Insurance ................................ 20
- PORTABILITY PRIVILEGE ..................................................... 21
- Information About Conversion and Portability ......................... 24
- Converting This Group Term Life Insurance ............................ 24
- Your Accelerated Life Benefit - Limited Life Expectancy ............ 26
- Employee Voluntary Term Life Insurance and Dependent Volunta Term Life Insurance Waiver Of Premium Benefit If You Are Dis ................................................... 30
- Your Dependent Spouse and Child Optional Term Life Insurance ................................................... 33
- Converting This Dependent Term Life Insurance ......................... 33
- Your Voluntary Accidental Death And Dismemberment With Catastrophic Loss Benefits ................................................... 35
- Your Dependent Voluntary Accidental Death And Dismemberment With Catastrophic Loss Benefits ................................................... 46

## CERTIFICATE AMENDMENT ............................................... 53

## GLOSSARY .................................................................. 56

## SUMMARY PLAN DESCRIPTION SUPPLEMENT TO CERTIFICATE ............................................... 58

## STATEMENT OF ERISA RIGHTS
- Life Insurance Claims Procedure ........................................... 61
- Termination of This Group Plan ............................................. 63
GENERAL PROVISIONS

As used in this booklet:

“Accident and health” means any dental, dismemberment, hospital, long term disability, major medical, out-of-network point-of-service, prescription drug, surgical, vision care or weekly loss-of-time insurance provided by this plan.

“Covered person” means an employee or a dependent insured by this plan.

“Employer” means the employer who purchased this plan.

“Our,” “The Guardian,” “us” and “we” mean The Guardian Life Insurance Company of America.

“Plan” means the Guardian plan of group insurance purchased by your employer.

“You” and “your” mean an employee insured by this plan.

Limitation of Authority

No person, except by a writing signed by the President, a Vice President or a Secretary of The Guardian, has the authority to act for us to: (a) determine whether any contract, plan or certificate of insurance is to be issued; (b) waive or alter any provisions of any insurance contract or plan, or any requirements of The Guardian; (c) bind us by any statement or promise relating to any insurance contract issued or to be issued; or (d) accept any information or representation which is not in a signed application.

Incontestability

This plan is incontestable after two years from its date of issue, except for non-payment of premiums.

No statement in any application, except a fraudulent statement, made by a person insured under this plan shall be used in contesting the validity of his insurance or in denying a claim for a loss incurred, or for a disability which starts, after such insurance has been in force for two years during his lifetime.

If this plan replaces a plan your employer had with another insurer, we may rescind the employer’s plan based on misrepresentations made by the employer or an employee in a signed application for up to two years from the effective date of this plan.
Examination and Autopsy

We have the right to have a doctor of our choice examine the person for whom a claim is being made under this plan as often as we feel necessary. And we have the right to have an autopsy performed in the case of death, where allowed by law. We’ll pay for all such examinations and autopsies.

Accident and Health Claims Provisions

Your right to make a claim for any accident and health benefits provided by this plan, is governed as follows:

Notice
You must send us written notice of an injury or sickness for which a claim is being made within 20 days of the date the injury occurs or the sickness starts. This notice should include your name and plan number.

Proof of Loss
We’ll furnish you with forms for filing proof of loss within 15 days of receipt of notice. But if we don’t furnish the forms on time, we’ll accept a written description and adequate documentation of the injury or sickness that is the basis of the claim as proof of loss. You must detail the nature and extent of the loss for which the claim is being made. You must send us written proof within 90 days of the loss.

If this plan provides weekly loss-of-time insurance, you must send us written proof of loss within 90 days of the end of each period for which we’re liable. If this plan provides long term disability income insurance, you must send us written proof of loss within 90 days of the date we request it. For any other loss, you must send us written proof within 90 days of the loss.

Late Notice of Proof
We won’t void or reduce your claim if you can’t send us notice and proof of loss within the required time. But you must send us notice and proof as soon as reasonably possible.

Payment of Benefits
We’ll pay benefits for loss of income once every 30 days for as long as we’re liable, provided you submit periodic written proof of loss as stated above. We’ll pay all other accident and health benefits to which you’re entitled as soon as we receive written proof of loss.

We pay all accident and health benefits to you, if you’re living. If you’re not living, we have the right to pay all accident and health benefits, except dismemberment benefits, to one of the following: (a) your estate; (b) your spouse; (c) your parents; (d) your children; (e) your brothers and sisters; and (f) any unpaid provider of health care services. See “Your Accidental Death and Dismemberment Benefits” for how dismemberment benefits are paid.

When you file proof of loss, you may direct us, in writing, to pay health care benefits to the recognized provider of health care who provided the covered service for which benefits became payable. We may honor such direction at our option. But we can’t tell you that a particular provider must provide such care. And you may not assign your right to take legal action under this plan to such provider.
<table>
<thead>
<tr>
<th><strong>Limitations of Actions</strong></th>
<th>You can’t bring a legal action against this <em>plan</em> until 60 days from the date you file proof of loss. And you can’t bring legal action against this <em>plan</em> after three years from the date you file proof of loss.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workers' Compensation</strong></td>
<td>The <em>accident and health</em> benefits provided by this <em>plan</em> are not in place of, and do not affect requirements for coverage by Workers’ Compensation.</td>
</tr>
</tbody>
</table>

CGP-3-R-AHC-90
ELIGIBILITY FOR LIFE AND DISMEMBERMENT COVERAGES

Employee Coverage

Eligible Employees
To be eligible for employee coverage, you must be an active full-time employee or an active part-time employee. And you must belong to a class of employees covered by this plan.

Other Conditions
You must:

(a) be legally working in the United States, or working outside of the United States for a United States based employer in a country or region approved by us.

(b) be regularly working at least the number of hours in the normal work week set by your employer (but not less than 20 hours per week and 50% appointment for Faculty), at:

(i) your employer’s place of business;

(ii) some place where your employer’s business requires you to travel; or

(iii) any other place you and your employer have agreed upon for performance of occupational duties.

If you must pay all or part of the cost of employee coverage, we won’t insure you until you enroll and agree to make the required payments. If you do this:

(a) more than 31 days after you first become eligible; or (b) after you previously had coverage which ended because you failed to make a required payment, we also ask for proof that you’re insurable. And you won’t be covered until we approve that proof in writing.

If you’re a part-time employee, we may require you to submit proof that you’re insurable. If we do, you won’t be covered by this plan until we approve that proof in writing.

Part or all of your insurance amounts may be subject to proof that you’re insurable. The Life Schedule explains if and when we require proof. You won’t be covered for any amount that requires such proof until you give the proof to us and we approve it in writing.

If your active service ends before you meet any proof of insurability requirements that apply to you, you’ll still have to meet those requirements if you’re later re-employed.
Family Status Change

You may request an increase in your optional term life insurance amount, a decrease to your optional term life insurance amount, or the addition of voluntary term life for which you were not previously insured, if a change in family status has occurred. You must request the change to your optional term life insurance in writing within 31 days after the date of the family status change as described below.

Family status change will include one or more of the following: (1) marriage or divorce; (2) death of a spouse or child; (3) birth or adoption of a child; (4) your spouse’s termination of employment or a change in your spouse’s employment that results in the loss of group coverage. The term "marriage" may also refer to civil unions and domestic partnerships, as recognized by the jurisdiction in which you reside.

Proof of insurability is not required for the change to optional term life insurance due to family status change as long as the change to your optional term life insurance does not exceed the guarantee issue amount shown in the Schedule of Benefits. Proof of insurability will be required on changes that exceed the guarantee issue amount and if proof was previously submitted and declined.

When Your Coverage Starts

Employee benefits that don’t require proof that you are insurable are scheduled to start on the effective date shown on the sticker attached to the inside front cover of this booklet.

Employee benefits that require such proof won’t start until you send us the proof and we approve it in writing. Once we have approved it, the benefits are scheduled to start on the effective date shown in the endorsement section of your application. A copy of the approved application is furnished to you.

But you must be fully capable of performing the major duties of your regular occupation for your employer on a full-time basis at 12:01AM Standard Time for your place of residence on the scheduled effective date or dates. And you must have met all of the applicable conditions explained above, and any applicable waiting period. If you are not fully capable of performing the major duties of your occupation on any date part of your insurance is scheduled to start, we will postpone that part of your coverage until the date you are so capable and are working your regular number of hours.

Sometimes, the effective date shown on the sticker or in the endorsement is not a regularly scheduled work day. If the scheduled effective date falls: on a holiday; on a vacation day; on a non-scheduled work day; or during an approved leave of absence, not due to sickness or injury, of 90 days or less; and if you were performing the major duties of your regular occupation and working your regular number of hours on your last regularly scheduled work day, your coverage will start on the scheduled effective date. However, any coverage or part of coverage for which you must elect and pay all or part of the cost, will not start if you are on an approved leave and such coverage or part of coverage was not previously in force for you under a prior plan which this plan replaced.
Exception to When Your Coverage Starts

If you are not capable of performing the major duties of your regular occupation for the employer on a full-time basis on the date your coverage is scheduled to start, you will be insured for Life insurance if:

1. you were insured under the prior insurer’s group Life policy at the time of the transfer;
2. you were a member of an eligible class under the prior carrier’s group life policy and are eligible under this plan;
3. your premiums for the employee were paid up to date;
4. your premiums are not currently being waived under the Extended Life Benefit provision, or you were not eligible, under the terms of the prior insurer’s group Life policy, to have premiums waived under the Extended Life Benefit provisions; and
5. you are not receiving or eligible to receive benefits under the prior carriers group Life policy.

Any Life benefit payable will be the lesser of:

1. the Life benefit payable under the Group Policy; or
2. the Life benefit payable under the prior insurer’s group Life policy had it remained in force.

The Life benefit payable will be reduced by any amount paid by the prior insurer’s group life policy.

An employee covered under the Exception to When Your Coverage Starts will not be eligible for (1) Extended Life Benefit provision under this Policy; or (2) Accidental Death and Dismemberment coverage, if any, until such a time that you are Actively At Work as defined by this policy.

All other provisions under this Policy, including Accelerated Life Benefit, Conversion and Dependent coverage, if any, will apply under the Exception to Your Coverage Starts.

You will remain insured under this provision until the first to occur of: 1) the date you are fully capable of performing the major duties of your occupation for the employer on a Full-Time basis; 2) the date insurance terminates for one of the reasons stated in When Your Coverage Ends; 3) the last day of a period of 12 consecutive months which begins on the Policy effective date; 4) the date you become eligible for the Extended Life Benefit provision under the prior insurer’s group Life policy; or 5) the last day the you would have been covered under the prior insurer’s group Life policy, had the prior plan not been terminated.

Delayed Effective Date For Employee Optional Life Coverage

With respect to this plan’s employee optional group term life insurance, if an employee is not actively at work on a full-time basis on the date his or her coverage is scheduled to start, due to sickness or injury, we’ll postpone coverage for an otherwise covered loss due to that condition. We’ll postpone such coverage until he or she completes 10 consecutive days of active full-time service without missing a work day due to the same condition.

Coverage for an otherwise covered loss due to all other conditions will start on the date the employee returns to active full-time service.
When Your Coverage Ends

Your coverage ends on the last day of the month in which your active service ends for any reason, except as noted below under "Coverage During Temporary Layoff or Leave of Absence". Such reasons include disability, death, retirement and the end of employment.

It also ends on the date you stop being a member of a class of employees eligible for insurance under this plan, or when this plan ends for all employees. And it ends when this plan is changed so that benefits for the class of employees to which you belong ends.

It ends on the date you are no longer working in the United States, unless you are on a temporary assignment: (1) not exceeding one year in a country or region that is not under a travel warning issued by the US Department of State; or (2) for which we have agreed, in writing, to provide coverage.

If you are required to pay all or part of the cost of this coverage and you fail to do so, your coverage ends. It ends on the last day of the period for which you made the required payments, unless coverage ends earlier for other reasons.

Coverage During Temporary Layoff or Leave of Absence

If Your Active Work ends because You are temporarily laid off, You and Your Employer may agree to continue Your insurance, subject to continued payment of all required premium, until the earlier of:

The end of the temporary layoff; or

60 Days following the date the temporary layoff begins

If You die or become Disabled under this Certificate while Your coverage is being continued during a temporary layoff, Your eligibility for benefits will be governed by all the terms of this Certificate.

Coverage During Temporary Leave of Absence

If Your Active Work ends because You go on a leave of absence that has been approved by Your Employer, You and Your Employer may agree to continue Your insurance, subject to continued payment of all required premium, until the earlier of:

The end of the Employer approved leave of absence; or

36 Months following the date the approved leave of absence begins

If You die or become Disabled under this Certificate while Your coverage is being continued during a leave of absence, Your eligibility for benefits will be governed by all the terms of this Certificate.

Coverage During Sabbatical Leave of Absence

If Your Active Work ends because You go on a sabbatical leave of absence that your Employer has approved, You and Your Employer may agree to continue Your insurance, subject to continued payment of all required premium, until the earlier of:

The end of the Employer approved sabbatical leave of absence; or

36 Months following the date the approved sabbatical leave of absence begins.
If You die or become Disabled under this Certificate while Your coverage is being continued during a Sabbatical Leave Of Absence, Your eligibility for benefits will be governed by all the terms of this Certificate.

A sabbatical leave of absence means a period of time during which an Employee does not report to his or her regular job, but engages in other occupational duties or study in order to acquire new skills and/or training, but remains an Employee as determined by the Employer.

Read this booklet carefully if your coverage ends. You may have the right to continue certain group benefits for a limited time. And you may have the right to replace certain group benefits with converted policies.

Your Right To Continue Group Life Insurance During A Family Leave Of Absence

Important Notice

This section may not apply. You must contact your employer to find out if your employer must allow for a leave of absence under federal law. In that case the section applies.

Continuation of Coverage

Life and Accidental Death and Dismemberment insurance may be continued at your employer’s option. You must contact your employer to find out if you may continue this insurance.

If Your Group Coverage Would End

Group insurance may normally end for an employee because he or she ceases work due to an approved leave of absence. But, the employee may continue his or her group insurance if the leave of absence has been granted: (a) to allow the employee to care for a seriously injured or ill spouse, child, or parent; (b) after the birth or adoption of a child; (c) due to the employee’s own serious health condition; or (d) because of any serious injury or illness arising out of the fact that a spouse, child, parent, or next of kin, who is a covered servicemember, of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation. The employee will be required to pay the same share of the premium as he or she paid before the leave of absence.

When Continuation Ends

Insurance may continue until the earliest of the following:

- The date you return to active work.
- In the case of a leave granted to you to care for a covered servicemember: The end of a total leave period of 26 weeks in one 12 month period. This 26 week total leave period applies to all leaves granted to you under this section for all reasons. If you take an additional leave of absence in a subsequent 12 month period, continued coverage will cease at the end of a total leave period of 12 weeks.
- In any other case: The end of a total leave period of 12 weeks in any 12 month period.
Employee Coverage (Cont.)

- The date on which your *Employer's Plan* is terminated or you are no longer eligible for coverage under this *Plan*.
- The end of the period for which the premium has been paid.

Definitions

As used in this section, the terms listed below have the meanings shown below:

- **Active Duty**: This term means duty under a call or order to active duty in the Armed Forces of the United States.

- **Contingency Operation**: This term means a military operation that: (a) is designated by the Secretary of Defense as an operation in which members of the armed forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force; or (b) results in the call or order to, or retention on, active duty of members of the uniformed services under any provision of law during a war or during a national emergency declared by the President or Congress.

- **Covered Servicemember**: This term means a member of the Armed Forces, including a member of the National Guard or Reserves, who for a serious injury or illness: (a), is undergoing medical treatment, recuperation, or therapy; (b) is otherwise in outpatient status; or (c) is otherwise on the temporary disability retired list.

- **Next Of Kin**: This term means the nearest blood relative of the employee.

- **Outpatient Status**: This term means, with respect to a covered servicemember, that he or she is assigned to: (a) a military medical treatment facility as an outpatient; or (b) a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

- **Serious Injury Or Illness**: This term means, in the case of a covered servicemember, an injury or illness incurred by him or her in line of duty on active duty in the Armed Forces that may render him or her medically unfit to perform the duties of his or her office, grade, rank, or rating.

Dependent Life and Accidental Death and Dismemberment Coverage
Dependent Coverage

Eligible Dependents
For Optional Dependent Life Benefits

Your eligible dependents are: your legal spouse; and your unmarried dependent children who are 14 or more days old, until they reach age 26 and your unmarried dependent children, from age 26 until they reach age 26, who are enrolled as full-time students at accredited schools.

CGP-3-DEP-90-3.0 B264.2924

Adopted Children
And Step-Children

Your "unmarried dependent children" include your legally adopted children and, if they depend on you for most of their support and maintenance, your step-children. We treat a child as legally adopted from: (a) the time the child is placed in your home for the purpose of adoption; or (b) from birth, in the event that you have made an adoption agreement before the child's birth. We treat such a child this way whether or not a final adoption order is ever issued.

Dependents Not Eligible

We exclude any dependent who is on active duty in any armed force.

CGP-3-DEP-90-3.0-PA B264.0591

Proof Of Insurability

We require proof that a dependent is insurable, if you: (a) enroll a dependent and agree to make the required payments after the end of the enrollment period; (b) in the case of a newly acquired dependent, other than the first newborn child, have other eligible dependents who you have not elected to enroll; or (c) in the case of a newly acquired dependent, have other eligible dependents whose coverage previously ended because you failed to make the required contributions, or otherwise chose to end such coverage.

A dependent is not insured by any part of this plan that requires such proof until you give us this proof, and we approve it in writing.

If the dependent coverage ends for any reason, including failure to make the required payments, your dependents won't be covered by this plan again until you give us new proof that they're insurable and we approve that proof in writing.

CGP-3-DEP-90-5.0 B200.0288
When Dependent Coverage Starts

In order for your dependent coverage to begin you must already be insured for employee coverage, or enroll for employee and dependent coverage at the same time. Subject to the "Exception" stated below and to all of the terms of this plan, the date your dependent coverage starts depends on when you elect to enroll your initial dependents and agree to make any required payments.

If you do this on or before your eligibility date, the dependent’s coverage is scheduled to start on the later of the first of the month which coincides with or next follows your eligibility date and the date you become insured for employee coverage.

If you do this within the enrollment period, the coverage is scheduled to start on the date you become insured for employee coverage.

If you do this after the enrollment period ends, your dependent coverage is subject to proof of insurability and won’t start until we approve that proof in writing.

Once you have dependent coverage for your initial dependents, you must notify us when you acquire any new dependents and agree to make any additional payments required for their coverage.

A newly acquired dependent will be covered for those dependent benefits not subject to proof of insurability from the date the newly acquired dependent is first eligible, if you notify us and agree to make any additional payments within 31 days after the date the dependent becomes eligible. If you do this more than 31 days after the date the dependent becomes eligible, a newly acquired dependent will be covered from the date you notify us and agree to make any additional payments.

If proof of insurability is required for dependent benefits as explained above, those benefits are scheduled to start, subject to the "Exception" stated below, on the effective date shown in the “Endorsement” section of your application, provided that you send us the proof we require and we approve that proof in writing. A copy of the approved application is furnished to you.

CGP-3-DEP-90-6.0 B264.1129

Exception

If a dependent, other than a newborn child, is confined to a hospital or other health care facility; or is home-confined; or is unable to carry out the normal activities of someone of like age and sex on the date his dependent benefits would otherwise start, we will postpone the effective date of such benefits until the day after his discharge from such facility; until home confinement ends; or until he resumes the normal activities of someone of like age and sex.

CGP-3-DEP-90-7.0 B200.0692

When Dependent Coverage Ends

Dependent coverage ends for all of your dependents when your employee coverage ends. Dependent coverage also ends for all of your dependents when you stop being a member of a class of employees eligible for such coverage. And it ends when this plan ends, or when dependent coverage is dropped from this plan for all employees or for an employee’s class.

If you are required to pay part of the cost of dependent coverage, and you fail to do so, your dependent coverage ends. It ends on the last day of the period for which you made the required payments, unless coverage ends earlier for other reasons.
An individual dependent’s coverage ends when he stops being an eligible dependent. This happens to a child at 12:01 a.m. on the date the child attains this plan’s age limit, when he marries, or when a step-child is no longer dependent on the employee for support and maintenance. It happens to a spouse when a marriage ends in legal divorce or annulment.

Read this plan carefully if dependent coverage ends for any reason. Dependents may have the right to continue certain group benefits for a limited time. And they may have the right to replace certain group benefits with converted policies.
Employee Optional Contributory Term Life Insurance

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>Amount Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A</td>
<td>An amount equal to 100% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $2,500,000.00, but not less than $10,000.00.</td>
<td>CGP-3-R-SCH-90 B265.0897</td>
</tr>
<tr>
<td>Plan B</td>
<td>An amount equal to 200% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $2,500,000.00, but not less than $10,000.00.</td>
<td>CGP-3-R-SCH-90 B265.0930</td>
</tr>
<tr>
<td>Plan C</td>
<td>An amount equal to 300% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $2,500,000.00, but not less than $10,000.00.</td>
<td>CGP-3-R-SCH-90 B265.0936</td>
</tr>
<tr>
<td>Plan D</td>
<td>An amount equal to 400% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $2,500,000.00, but not less than $10,000.00.</td>
<td>CGP-3-R-SCH-90 B265.0942</td>
</tr>
</tbody>
</table>
Redetermination
Subject to any of the plan's proof of insurability requirements, your optional life insurance amount will be redetermined as of each change in your earnings, to an amount in accordance with the parameters enumerated above, on the basis of your then current annual earnings. If you are not actively at work on a full-time basis on that date, your insurance amount will be redetermined on the date you return to active full-time service. However, if your benefits were previously reduced because of an age or retirement reduction, your benefit will not be redetermined due to your change in earnings.

Earnings Definition
Annual earnings means your annual rate of earnings excluding bonuses, commissions, expense accounts, overtime pay and any other extra compensation. We do not include pay for hours worked or billed over 40 per week.

Any compensation based on your annual earnings which is deposited into a cash or deferred compensation plan, or salary reduction plan, qualified under IRC Section 401(k), 403(b) or 457 is included. Earnings based on excluded income and employer contributions deposited into such 401(k), 403(b) or 457 plan are excluded.

Annual earnings is calculated using the earnings components described above applicable as of the most current redetermination date on which your employer has provided earnings data to us. Proof of earnings will be required. Proof may consist of: (1) copies of your U.S. Individual Income Tax Returns; (2) a statement from a certified public accountant; or (3) any other records we agree to accept.

Proof of Insurability Requirements
Proof of insurability requirements apply to your optional term life insurance. Such requirements may apply to your full benefit amount or just part of it. When proof of insurability requirements apply, it means you must submit to us proof that you’re insurable, and we must approve your proof in writing before your insurance, or the specified part becomes effective.

We require proof as follows:

For Employees Under Age 65
We require proof for all amounts of employee optional term life insurance which exceed the lesser of: (a) two times an employee’s annual earnings; or (b) $500,000.00.
For Employees Under Age 65

After we have approved the initial excess amount, we require proof for additional amounts on the earlier of: (a) the date further salary increases, when combined, would increase an employee’s optional life benefit by more than $50,000.00 since we last approved proof for the employee; or (b) on the date it has been three years or more since we last approved the employee.

If this plan’s maximum optional life benefit exceeds $1,000,000.00, we require proof for all amounts in excess of $1,000,000.00.

For Employees Age 65 And Over But Less Than 70

We require proof for all amounts of employee optional term life insurance in excess of $10,000.

For Employees Age 70 And Over

We require proof for all amounts of optional term life insurance.

Annual Election

After you initially enroll for Employee Optional Term Life Insurance benefits you may elect to increase the elected insurance amount by selecting a higher plan from the amounts shown above, up to a maximum increase of $50,000. This option is available during the Optional Life Enrollment Period, as determined by your employer. Proof of insurability will not be required for increases provided the insurance amount does not exceed the amount of Employee Optional Term Life Insurance for which proof of insurability is required.

In the event proof of insurability is required and has been submitted and approved by us, proof for additional increases will be required on the second anniversary of the approval date.

If proof of insurability was required and you were declined, you will no longer be eligible for additional increases without submitting subsequent proofs of insurability.

Dependent Optional Term Life Insurance will not automatically increase and will require proof of insurability.

Voluntary Accidental Death and Dismemberment Insurance (AD&D)

Voluntary AD&D Enrollment Period

You may choose to be insured under the plan of voluntary AD&D insurance as show below. You must notify the employer of your election and pay the required premium.

Your Voluntary AD&D Insurance Amount

Plan A

An amount equal to 100% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $1,000,000.00, but not less than $10,000.00.
Voluntary Accidental Death and Dismemberment Insurance (AD&D) (Cont.)

Your Voluntary AD&D Insurance Amount

**Plan B**
An amount equal to 200% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $1,000,000.00, but not less than $10,000.00.

CGP-3-R-SCH-90 B265.1309

**Plan C**
An amount equal to 300% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $1,000,000.00, but not less than $10,000.00.

CGP-3-R-SCH-90 B265.1309

**Plan D**
An amount equal to 400% of your annual earnings, rounded to the next higher $1,000.00, if not already a multiple thereof, to a maximum of $1,000,000.00, but not less than $10,000.00.

CGP-3-R-SCH-90 B265.1309

Redetermination
Subject to any of the plan’s proof of insurability requirements, your voluntary AD&D insurance amount will be redetermined as of each change in your earnings, to an amount in accordance with the parameters enumerated above, on the basis of your then current annual earnings. If you are not actively at work on a full-time basis on that date, your insurance amount will be redetermined on the date you return to active full-time service. However, if your benefits were previously reduced because of an age or retirement reduction, your benefit will not be redetermined due to your change in earnings.

CGP-3-R-SCH-90 B265.1366

Spousal Education and Retraining Benefit

<table>
<thead>
<tr>
<th>Lifetime Maximum Benefit</th>
<th>$20,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Number Of Benefit Payments</td>
<td></td>
</tr>
<tr>
<td>Full-Time Post Secondary Education</td>
<td>8</td>
</tr>
<tr>
<td>Part-Time Post Secondary Education</td>
<td>4</td>
</tr>
</tbody>
</table>

CGP-3-R-SCH-90 B265.0849

Dependent Child Education Benefit

<table>
<thead>
<tr>
<th>Lifetime Maximum Benefit</th>
<th>$20,000.00 per eligible dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Number Of Benefit Payments</td>
<td>8 per lifetime per eligible dependent</td>
</tr>
</tbody>
</table>
### Voluntary Accidental Death and Dismemberment Insurance (AD&D) (Cont.)

<table>
<thead>
<tr>
<th><strong>Maximum Benefit Period</strong></th>
<th>6 years from the date the first education benefit is made; per eligible dependent.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Earnings Definition</strong></td>
<td>Annual earnings means your annual rate of earnings excluding bonuses, commissions, expense accounts, overtime pay and any other extra compensation. We do not include pay for hours worked or billed over 40 per week.</td>
</tr>
<tr>
<td></td>
<td>Any compensation based on your annual earnings which is deposited into a cash or deferred compensation plan, or salary reduction plan, qualified under IRC Section 401(k), 403(b) or 457 is included. Earnings based on excluded income and employer contributions deposited into such 401(k), 403(b) or 457 plan are excluded.</td>
</tr>
<tr>
<td></td>
<td>Annual earnings is calculated using the earnings components described above applicable as of the most current redetermination date on which your employer has provided earnings data to us. Proof of earnings will be required. Proof may consist of: (1) copies of your U.S. Individual Income Tax Returns; (2) a statement from a certified public accountant; or (3) any other records we agree to accept.</td>
</tr>
</tbody>
</table>

### Dependent Optional Term Life Insurance

<table>
<thead>
<tr>
<th><strong>Dependent Optional Life Enrollment Period</strong></th>
<th>You may choose one of the plans of dependent spouse optional term life insurance, and one of the plans of dependent child optional term life insurance shown below. You may only be insured under one spouse plan and one child plan at a time. You must notify the employer of your elections and pay the required premium.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You may switch to other plans during the dependent optional life enrollment period. Each year, the dependent optional life enrollment period starts on November 1st and ends on November 30th. We may require proof of insurability before you become insured under a new plan of benefits. See below for details. If we do not require proof, the employee will become insured under a new plan of benefits as of the January 1st which coincides with or next follows the end of the dependent optional life enrollment period.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Your Optional Dependent Spouse Term Life Insurance Amount</strong></th>
<th><strong>Plan A</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You may elect amounts of optional dependent spouse term life insurance, in increments of $10,000.00, but the amount may not be less than $10,000.00 and may not exceed $150,000.00.</td>
</tr>
</tbody>
</table>

CGP-3-R-SCH-90  B265.0503

CGP-3-R-SCH-90  B265.1217

CGP-3-R-SCH-90  B265.0850

CGP-3-R-SCH-90  B265.4299-R
## Dependent Optional Term Life Insurance (Cont.)

<table>
<thead>
<tr>
<th>Child's Age At Death</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 14 days but less than 6 months</td>
<td>$500.00</td>
</tr>
<tr>
<td>At least 6 months but less than 26 years</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>At least 26 years but less than 26 years if a full-time student</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

**Plan B**

<table>
<thead>
<tr>
<th>Child's Age At Death</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 14 days but less than 6 months</td>
<td>$500.00</td>
</tr>
<tr>
<td>At least 6 months but less than 26 years</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>At least 26 years but less than 26 years if a full-time student</td>
<td>$10,000.00</td>
</tr>
</tbody>
</table>

In no event may the insurance amount of a dependent child exceed 100% of the insurance amount of an employee.

### Proof of Insurability Requirements

Proof of insurability requirements apply to your dependent optional term life insurance. Such requirements may apply to the full benefits amount or just part of them. When proof of insurability requirements apply, it means you must submit to us proof that a dependent is insurable, and we must approve the proof in writing before the insurance, or the specified part becomes effective.

We require proof as follows:

- **Plan A**
  - Before you switch from your current increment of dependent optional term life insurance to an increment which provides a greater amount of insurance.
  - Before we will insure any spouse who is enrolled for dependent optional term life insurance after the time allowed for enrolling as specified in this plan.
  - For any amount of dependent optional term life insurance in excess of $30,000.00 with respect to your dependent spouse.

- **Plan B**
  - Before you switch from your current increment of dependent optional term life insurance to an increment which provides a greater amount of insurance.
  - Before we will insure any spouse who is enrolled for dependent optional term life insurance after the time allowed for enrolling as specified in this plan.
  - For any amount of dependent optional term life insurance in excess of $30,000.00 with respect to your dependent spouse.
Dependent Optional Term Life Insurance (Cont.)

We require proof before we will insure any child who is enrolled for dependent optional term life insurance after the time allowed for enrolling as specified in this plan.

CGP-3-R-SCH-90

We require proof for any increase in the amount of dependent optional term life insurance, including increases due to an employee’s annual election, with respect to a dependent child.

CGP-3-R-SCH-90

### Dependent Voluntary Accidental Death and Dismemberment Insurance (AD&D)

**Dependent Voluntary AD&D Election**

You choose the plan of dependent spouse voluntary AD&D insurance and the dependent child voluntary AD&D insurance as shown below. You must notify the employer of his or her election and pay the required premium.

CGP-3-SI

**Plan A**

An amount of voluntary dependent spouse term AD&D Insurance, as elected by you, in increments of $25,000.00, but the amount may not be less than $25,000.00 and may not exceed $100,000.00.

CGP-3-R-SCH-90

**Dependent Child Voluntary AD&D Insurance Amount**

**Plan A**

<table>
<thead>
<tr>
<th>Child’s Age At Death</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 14 days but less than 6 months</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>At least 6 months but less than 26 years</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>At least 26 years but less than 26 years if a full-time student</td>
<td>$10,000.00</td>
</tr>
</tbody>
</table>

CGP-3-SI
Your Optional Group Term Life Insurance

Your Choices  You may elect to be insured for any of the plans of employee optional term life insurance offered to you by your employer. These plans are shown in the schedule. However, you can only be insured under one plan at a time. You must notify your employer of your election and pay the required premium.

You may switch to another plan of benefits during the optional life enrollment period shown in the schedule. Subject to any of this plan’s proof of insurability requirements, you will be insured under the new plan of benefits as of the transfer date shown in the schedule. You must notify your employer of any desired switch.

Life Benefit  Subject to the limitations and exclusions below, if you die while insured for this benefit, we’ll pay your beneficiary the amount shown in the schedule for the plan of benefits you have elected. Your life benefit may be subject to reductions based on your age. These reductions are also shown in the schedule. Your benefit amount, a portion thereof, or increases in such amount may not become effective until you submit proof of insurability to us, and we approve it in writing. These requirements are also shown in the schedule.

Proof of Death  Subject to all of the terms of this plan, we’ll pay this insurance as soon as we receive written proof of death which is acceptable to us. This should be sent to us as soon as possible.

Suicide Exclusion  We pay no benefits if your death is due to suicide, if such death occurs within two years from your employee optional group term life insurance effective date under this plan. Also, we pay no increased benefit amount if your death is due to suicide, if such death occurs within two years from the effective date of the increase.

Seatbelt and Airbag Benefits  If you die as a direct result of an automobile accident while properly wearing a seatbelt, we will increase your benefit amount by $10,000.00. And if you die as a direct result of an automobile accident while both properly wearing a seatbelt, and sitting in a seat equipped with an airbag, we’ll increase your benefit amount by an additional $5,000.00, for a total increase of $15,000.00.

Your Beneficiary  You decide who gets this insurance if you die. You should have named your beneficiary on your enrollment form. You can change your beneficiary at any time by giving your employer written notice, unless you’ve assigned this insurance. But the change won’t take effect until your employer gives you written confirmation of the change.

If you named more than one person, but didn’t tell us what their shares should be, they’ll share equally. If someone you named dies before you do, his or her share will be divided equally by the beneficiaries still alive, unless you’ve told us otherwise.

If there is no beneficiary when you die, we’ll pay the insurance to one of the following: (a) your estate; (b) your spouse; (c) your parents; (d) your children; or (e) your brothers and sisters.
Assigning Your Life Insurance

If you assign this insurance, you permanently transfer all your rights under this insurance to the assignee. Only one of the following can be an assignee: (a) your spouse; (b) one of your parents or grandparents; (c) one of your children or grandchildren; (d) one of your brothers or sisters; or (e) the trustee(s) of a trust set up for the benefit of one or more of these relatives.

We will recognize an assignee as the owner of the rights assigned only if: (a) the assignment is in writing and signed by you; and (b) a signed or certified copy of the written assignment has been received and approved by us.

We will not be responsible for legal, tax or other effects of any assignment, or for any benefits we pay under this plan before we receive and approve any assignment.

We suggest you speak to a lawyer before you make any assignment. If you decide you want to assign this insurance, write to us for details.

Payment to a Minor or Incompetent

If your beneficiary is a minor or incompetent, we have the option of paying this insurance in monthly installments. We would pay them to the person who cares for and supports your beneficiary.

Payment of Funeral or Last Illness Expense

We have the option of paying up to $250.00 of this insurance to any person who incurs expenses for your funeral or last illness.

Settlement Option

If you or your beneficiary asks us, we'll pay all or part of this insurance in installments. Any request must be made to us in writing. The amounts of the installments and how they would be paid depend on what we offer at the time the request is made.

PORTABILITY PRIVILEGE

Applicability

This provision applies only to this plan’s employee and dependent Voluntary group term life insurance.

Portability Conditions:

Portability is subject to all of the conditions described below.

You may port if Your coverage under this Certificate ends because:

You become retired from active service with the Employer;

You are no longer employed by the Employer;

You are no longer a member of an eligible class of Employees;

Your Waiver of Premium Benefit ends, and You do not return to Active Work with the Employer;

The Certificate has ended, unless term life Insurance is replaced by another group term life insurance policy issued to the Employer; or

The Certificate is amended to remove the group term life Insurance, unless group term life is replaced by another group term life insurance policy issued to the Employer.
You may **not** port if

You are eligible for this Certificate’s Waiver of Premium Benefit; Or

Coverage under this Certificate ends due to failure to pay any required premium.

You may also Port the reduced amount of insurance if your group term life Insurance is reduced due to an amendment to the Certificate which affects the amount of insurance for Your class.

**Portability Options:**

You may port the lesser of:

the total amount of Your Voluntary group term life Insurance in force as of the date Your coverage under this Certificate ends; or

$500,000.

If You do not wish to port the full amount, You may choose to port a lesser amount, if such amount under this Certificate is at least $10,000.

You may port the lesser of the total amount of:

Your dependent’s Voluntary group term life Insurance in force as of the date Your coverage under this Certificate ends; or

$250,000.

If You do not wish to port the full amount, You may choose to port a lesser amount if: (1) Your dependent Spouse amount under this Certificate is at least $2,500 (or $10,000 if Porting dependent Spouse only); and (2) Your dependent child amount under this Certificate is at least $1,000.

You may port:

Your insurance only;

Your insurance and insurance of Your covered Spouse; or

Your insurance and the insurance of all of Your covered dependents.

A dependent must be insured as of the date Your coverage under this Certificate ends in order to be eligible for Portability.

If You are Porting Your and/or Your dependents’ group term life Insurance due to the end of the Certificate or the amendment of the Certificate to remove group term life Insurance, the maximum amount of the Portability is limited to the lesser of:

the amount of Your and/or Your dependents’ total Voluntary group term life insurance under this Certificate less any group term life insurance for which You and/or Your dependents become eligible in the 31 days after Your and/or Your dependents’ group term life Insurance under this Certificate ends, or

$10,000.

If You die or your marriage ends in divorce or annulment, or your domestic partnership or civil union relationship ends while insured for Dependent Voluntary group term life Insurance, Your Spouse may port Dependent Voluntary group term life Insurance as described above. Your Spouse and dependent children must be insured under this Certificate on the date of Your death. But, this option is not available if:
there is no surviving Spouse; or
the Group Certificate is not in effect.

If Your dependent child stops being an eligible dependent under the Certificate, he or she may Port Dependent Voluntary group term life Insurance as described above. Your child must be insured under this Certificate on the date eligibility ends, and the Certificate must remain in effect.

When Porting Your group term life Insurance, You may increase the total amount of your Voluntary group term life Insurance in increments of $25,000, up to a maximum of $500,000. In order to increase the amount of the group term life insurance You Port, You must provide Proof Of Insurability.

When Porting Dependent group term life Insurance, Your dependent may increase the total amount of Dependent Voluntary group term life Insurance in increments of $25,000, up to a maximum of $250,000. In order to increase the amount of the group term life insurance, Your dependent must provide Proof Of Insurability.

Any increase will take effect on the date:
You and/or Your dependent elect the amount;
You and/or Your dependent agree to make any required payments; and
Proof of Insurability is approved by Us in writing.

The Portable Certificate Of Coverage:
The Portable Certificate of Coverage provides group term life Insurance. It does not provide any:

- income replacement benefits; or
- waiver of premium benefits.

The benefits provided by the Portable Certificate of Coverage may not be the same as the benefits provided by the Certificate.

The premium for the Portable Certificate of Coverage will be based on:
Your rate class under this Certificate ; and
Your or Your surviving Spouse’s age bracket as shown in the Life Portability Coverage Premium Notice.

For the dependent Spouse, the Portable Certificate of Coverage ends at age 70.

How to Port: You or Your surviving Spouse must:

- Apply to Us in writing; and
- Pay the required premium.

You or Your surviving Spouse must do this:

within 31 days after the date written notice of the option to Port is given, if notice is provided within 15 days before or after Your coverage under this Certificate ends; or
within 45 days after the date written notice of the option to Port is given, if
notice is provided more than 15 days, but within 91 days after Your coverage
under this Certificate ends; or

within 91 days after Your coverage under this Certificate ends if written
notice of the option to Port is not given within 91 days after Your coverage
under this Certificate ends.

In order to Port Your Voluntary group term life Insurance, We will not ask for
proof that You or Your surviving Spouse is insurable.

However, in order to qualify for a lower rate class under the Portability
Certificate of Coverage, You or Your surviving Spouse may supply Proof of
Insurability, acceptable to Us, at Your or Your surviving Spouse’s expense.

Definitions

This section defines certain terms. Additional terms, not listed here, are
defined in the Certificate.

Port or "To Port": these terms mean to choose a Portable Certificate of Coverage which
provides group term life Insurance.

Information About Conversion and Portability

No covered person is allowed to convert his or her coverage, and elect a
portable certificate of coverage at the same time. If a situation arises in
which a covered person would be eligible to both convert and port, he or she
may only exercise one of these privileges. A covered person may never be
insured under both a converted policy and a portable certificate of coverage
at the same time. The covered person should read his or her plan, as well as
any related materials carefully before making an election.

THE FOLLOWING PROVISION APPLIES TO YOUR OPTIONAL GROUP
TERM LIFE INSURANCE:

Converting This Group Term Life Insurance

If Employment Or Eligibility Ends

Your group life insurance ends if: (a) your employment ends; or (b) you stop
being a member of an eligible class of employees. If either happens, you can
convert your group life insurance to an individual life insurance policy.
Conversion choices are based on your disability status.

If you are not disabled, as defined in the section labeled "Extended Life
Benefit With Waiver of Premium", you can convert to a permanent life
insurance policy. You can convert the amount for which you were covered
under this plan, less any group life benefits you become eligible for in the 31
days after this insurance ends.
Converting This Group Term Life Insurance (Cont.)

If you: (a) are disabled, as defined in the section labeled "Extended Life Benefit With Waiver of Premium"; and (b) have not yet been approved for the Extended Life Benefit, you can convert to: (a) a permanent life insurance policy; or (b) an interim term insurance policy, as explained in the section labeled "Interim Term Insurance". You can convert the full amount for which you were covered under this plan.

If you are later approved for the Extended Life Benefit, then the converted policy, if any, is cancelled as of our approval date.

If The Group Plan Ends Or Group Life Insurance Is Dropped

Your group life insurance also ends if: (a) this group plan ends; or (b) life insurance is dropped from the group plan for all employees or for your class. If either happens, you may be eligible to convert as explained below. Conversion choices are based on your disability status.

If you: (a) are not disabled, as defined in the section labeled "Extended Life Benefit With Waiver of Premium", when this coverage ends; and (b) you have been insured by a Guardian group life plan for at least five years, you can convert to a permanent life insurance policy. But, the amount you can convert is limited to the lesser of: (a) $2,000.00; or (b) the amount of your insurance under this plan, less any group life benefits you become eligible for in the 31 days after this insurance ends.

If you: (a) are disabled, as defined in the section labeled "Extended Life Benefit With Waiver of Premium"; and (b) have not yet been approved for the Extended Life Benefit, you can convert to: (a) a permanent life insurance policy; or (b) an interim term insurance policy. You can convert the full amount for which you were covered under this plan.

If you are later approved for the Extended Life Benefit, then the converted policy, if any, is cancelled as of our approval date.

The Converted Policy

The premium for the converted policy will be based on your age on the converted policy's effective date. The converted policy will start at the end of the period allowed for conversion. The converted policy does not include disability or dismemberment benefits.

Interim Term Insurance

If you: (a) are disabled, as defined in the section labeled "Extended Life Benefit With Waiver of Premium" and (b) have not yet been approved for the Extended Life Benefit, you have the option to convert your coverage to an individual term life insurance policy. The individual term policy requires lower premiums than an individual permanent insurance policy.

This Interim term policy is available for only one year from the date you become disabled. During this year, if you are approved for the Extended Life Benefit, the interim term insurance is cancelled, as of our approval date. If, after one year, you have not been approved for the Extended Life Benefit, you must convert to an individual permanent life insurance policy, or coverage will end. Premiums for the individual permanent life insurance policy will be based on your age as of the date you convert from the interim term insurance policy.
How And When To Convert

To get a converted policy, you must apply to us in writing and pay the required premium. You have 31 days after your group life insurance ends to do this. We won't ask for proof that you are insurable.

Death During The Conversion Period

If you die in the 31 days allowed for conversion, we'll pay your beneficiary the amount you could have converted. We'll pay whether or not you applied for conversion.

Your Accelerated Life Benefit - Limited Life Expectancy

IMPORTANT NOTICE

USE OF THE BENEFIT PROVIDED BY THIS SECTION MAY HAVE TAX IMPLICATIONS AND MAY AFFECT GOVERNMENT BENEFITS OR CREDITORS. YOU SHOULD CONSULT WITH YOUR TAX OR FINANCIAL ADVISOR BEFORE APPLYING FOR THIS BENEFIT.

PLEASE NOTE: THE AMOUNT OF GROUP TERM LIFE INSURANCE IS PERMANENTLY REDUCED BY THE GROSS AMOUNT OF THE ACCELERATED LIFE BENEFIT PAID TO YOU.

If you have a medical condition that is expected to result in your death within 12 months you may apply for an Accelerated Life Benefit. An Accelerated Life Benefit is a payment of part of your group term life insurance made to you before you die.

We subtract the gross amount paid to you as an Accelerated Life Benefit from the amount of your group term life insurance under this plan. The remaining amount of your group term life insurance is permanently reduced by the gross amount paid to you.

By "group term life insurance" we mean any Employee Optional Group Term Life Insurance for which you are insured under this plan. "Group term life insurance" does not mean Accidental Death and Dismemberment Benefits, any insurance provided under this plan for covered persons other than you or any scheduled increase in the amount of any Employee Group Term Life Insurance that is due within the 12 month period after the date you apply for the Accelerated Life Benefit.

By "gross amount" we mean the amount of an Accelerated Life Benefit elected by you, before the discount and the processing fee are subtracted.

For the purposes of this provision, "terminal condition" means a medical condition that is expected to result in your death within 12 months.

You may use the Accelerated Life Benefit in any way you choose. But you may receive only one Accelerated Life Benefit during your lifetime. If you live longer than 12 months, or if you recover from the condition, the benefit does not have to be repaid. But the amount of this benefit is not restored to your remaining group term life insurance. And you may not receive another Accelerated Life Benefit if you have a relapse or develop another terminal condition.
Maximum Benefit Amount

The amount of the Accelerated Life Benefit for which you may apply is based on the amount of group term life insurance for which you are insured on the date before you apply for the benefit. The minimum benefit amount is the lesser of: (a) $10,000.00; or (b) 80% of the inforce amount. The maximum benefit amount is the lesser of: (a) $500,000.00; or (b) 80% of the inforce amount.

Discount

The amount for which you apply is discounted to the present value in 12 months from the date the benefit is paid, based on the maximum adjustable policy loan interest rate permitted in the state in which your employer is located.

A detailed statement of the method of computing the amount of Accelerated Life Benefit is filed with each state insurance department. This statement is available from Guardian upon request.

Processing Fee

A fee of up to $150.00 may also be required for the administrative cost of evaluating and processing your Accelerated Life Benefit. This fee is deducted from the amount of the Accelerated Life Benefit paid to you.

Payment of An Accelerated Life Benefit

If we approve your application for an Accelerated Life Benefit, we pay the amount you have elected, less the discount and the processing fee. We pay the benefit to you in one lump sum. And what we pay is subject to all of the other terms of this plan.

How and When to Apply

To receive the Accelerated Life Benefit, you must send us written proof from a licensed doctor who is operating within the scope of his or her license that your medical condition is expected to result in your death within 12 months of the date of the written medical proof. We must approve such proof in writing before the Accelerated Life Benefit will be paid.

We can have you examined by a doctor of our choice to verify the terminal condition. We’ll pay the cost of such examination. We will not pay the Accelerated Life Benefit if our doctor does not verify the terminal condition.

If we approve you to receive an Accelerated Life Benefit, we give you a statement which shows: (a) the amount of the maximum Accelerated Life Benefit for which you are eligible; and (b) the amount by which your group term life insurance will be reduced if you elect to receive the maximum Accelerated Life Benefit; and (c) the amount of the processing fee.

Even if you are receiving an Extended Life Benefit under this plan, you can still apply for an Accelerated Life Benefit. However, once you convert your group term life insurance, the terms of the converted life policy will apply. Any amount to which you could otherwise convert is permanently reduced by the gross amount of the Accelerated Life Benefit paid to you.

Please read "Your Remaining Group Term Life Insurance", provision for restrictions that may apply.
If You Have Assigned Your Group Term Life Insurance

If you have already assigned your group term life insurance, according to the terms of this plan, you can’t apply for an Accelerated Life Benefit.

If You Are Incompetent

If you are determined to be legally incompetent, the person the court appoints to handle your legal affairs may apply for the Accelerated Life Benefit for you.

Your Remaining Group Term Life Insurance

The remaining amount of group term insurance for which you are covered after receiving an Accelerated Life Benefit payment is subject to any increases or cutbacks that would otherwise apply to your insurance. Applicable cutbacks are applied to the amount of group term life insurance for which you are insured on the day before you apply for the Accelerated Life Benefit.

The premium cost of your remaining coverage is based on the amount of your group term life insurance for which you are insured on the day before you apply for the Accelerated Life Benefit.

You may be required to provide proof of insurability for increased amounts. If you are, we must approve that proof in writing before you are covered for the new amount.

The total amount of group term life insurance the beneficiary would otherwise receive upon your death is reduced by the gross amount of the Accelerated Life Benefit paid to you.

If you die after electing the Accelerated Life Benefit, but before we send the benefit to you, the beneficiary will receive the amount of your group term life insurance for which you are insured on the day before you apply for the Accelerated Life Benefit.

Restrictions

We will not pay an Accelerated Life Benefit to you if you:

- are required by law to use the payment to meet the claims of creditors, whether or not you are in bankruptcy; or
- are required by court order to pay all or part of the benefit to another person; or
- are required by a government agency to use the payment to apply for, receive or maintain a governmental benefit or entitlement; or
- lose your coverage under the group plan for any reason after you elect the Accelerated Life Benefit but before we pay such benefit to you.

Dependent Accelerated Voluntary Life Benefit:

In the event your eligible dependent has a Terminal Condition, You may receive a dependent Accelerated Life Benefit. The benefit paid shall be 50% of the Dependent Group Term Life Insurance Your eligible dependent is covered for on the date proof is received from a licensed Doctor. All application requirements, processing fees, reductions and discounts shall apply to this benefit as stated above for an Employee Accelerated Life Benefit.
Restrictions: We will not pay an Accelerated Life Benefit if:

- Your coverage under the Certificate ends for any reason after You apply for the Accelerated Life Benefit, but before We pay such benefit;
- You are required by law to use the proceeds of the Group Term Life Insurance from the Certificate to meet the claims of creditors, whether or not You are in bankruptcy;
- You are required by court order to pay all or part of the proceeds of the Group Term Life Insurance from the Certificate to another person; or
- You are required by a government agency to use the payment to apply for, receive or maintain a governmental benefit or entitlement.

Definitions

This section defines certain terms appearing in this Rider. Additional terms, not listed here, are defined in the Certificate.

**Dependent Group Term Life Insurance**: This term means the amount of dependent Voluntary group term life insurance for which Your eligible dependent is insured for under the Certificate.

**Doctor**: Any medical practitioner We are required by law to recognize. He or she must:

- Be properly licensed or certified by the laws of the state where he or she practices; and
- Provide services that are within the lawful scope of his or her practice.

**Gross Amount**: This term means the amount of the Accelerated Life Benefit elected by You before subtraction of the: (1) discount; and (2) processing fee.

**Group Term Life Insurance**: This term means the amount of Employee Voluntary Group Term Life Insurance for which You are insured under the Certificate. The term does not include any:

- Accidental death benefits;
- Insurance provided under the Certificate for dependents; or
- Scheduled increase in the amount of Employee Voluntary group term life insurance that is due within the 12 month period after the date You apply for the Accelerated Life Benefit.

**Terminal Condition**: This term means a medical condition that is expected to result in death within 12 months from the date You apply for the Accelerated Life Benefit.
Employee Voluntary Term Life Insurance and Dependent Voluntary Term Life Insurance Waiver Of Premium Benefit If You Are Disabled:

If You are Totally Disabled, and meet the requirements in "How And When To Apply," We will extend Your Voluntary life insurance and dependent Voluntary life insurance without payment of premiums from You or the Employer for which You are insured on the date You apply for this Waiver of Premium benefit.

**How And When To Apply:**

To apply for this benefit, You must submit, while living, written medical proof of Your Total Disability satisfactory to Us within one year of the start of that disability. Any claim filed after one year from the start of Total Disability will be denied, unless We receive written proof that:

- You lacked the legal capacity to file the claim; or
- It was not reasonably possible for You to file the claim within the required period of time.

To be approved for this benefit, You must:

- Become Totally Disabled before You reach age 60 and while insured by the Certificate; and
- Remain Totally Disabled for at least 6 months in a row.

You should apply for this benefit immediately at the start of Your Total Disability.

**Continued Proof For Waiver of Premium Benefit:**

We may require written proof that You remain Totally Disabled and receive regular Doctor's care to maintain this benefit. This proof must be given to Us within 30 days of the date We request it.

We can also require that You take part in a medical assessment by a medical professional of Our choice as often as We feel is reasonably necessary during the first two years We have waived Your life insurance premiums pursuant to the Rider. After two years, We cannot have You examined more than once a year.

**Until You Have Been Approved For This Benefit:**

If Your life insurance and dependent life insurance under the Certificate ends after You have become Totally Disabled and applied for Waiver of Premium Benefits, but before We have approved You for this benefit, You may:

- Continue to pay your group premium payments, including any part which would have been paid by the Employer, until You are approved or declined for this benefit; or
- Apply to convert to an individual permanent or term life insurance policy.

Please read "Converting This Employee Voluntary Term Life Insurance" and "Converting This Dependent Term Life Insurance" for details on how to convert.
Converting Your life insurance does not stop You from claiming Your rights under this section. But, if You apply to convert and obtain a policy, and We later approve You for this benefit, We will cancel the converted policy on the date We approve You for this Benefit. See "Converting This Employee Voluntary Term Life Insurance" for details on how We do this. Once You are approved for this benefit, Your insurance under the Certificate will be reinstated at no further cost to You or the Employer.

We will continue Your Voluntary life insurance coverage at no cost to you or the Policyholder until You are approved or declined for this benefit.

If You are declined for the Waiver of Premium benefit, You will have the option to apply to convert to an individual permanent or term life insurance policy. If You do not convert within 31 days of the date You are declined for the Waiver of Premium benefit and You have not returned to Active Work, Your coverage will end.

If the Certificate terminates before You are approved:

If You die and the Certificate terminates prior to Our approval of Your application for this benefit and within 12 months of the onset date of Total Disability, We will pay Your beneficiary the amount for which You were covered as of Your last day of active full-time work, subject to all reductions which would have applied had You stayed an active Employee and provided We receive documentation that supports You:

Were Totally Disabled, as defined by this Rider, through the date of death;

Became Totally Disabled prior to age 60;

Became Totally Disabled while insured;

You are not eligible for waiver under the Waiver of Premium provision under any insurer’s group life policy that begins when this Rider terminates; and

We received the required premiums for this coverage through the termination date of the Group Policy.

When This Waiver Begins:

Once approved by Us, Your Waiver of Premium benefit will be effective on the date following the day You have been Totally Disabled for 6 months in a row.

When This Waiver Ends:

Your Waiver of Premium benefit will end on the earliest of:

The date You are no longer Totally Disabled;

The date We ask You to be examined by Our Doctor, and You refuse;

The date You do not give Us the proof of Total Disability We require;

the date you have been out of the United States or a country or region approved by Us for more than 2 months in a 12 month period

The date You are no longer receiving regular Doctor’s care appropriate to the cause of Your claimed Total Disability;

the date the Rider ends;

The day before the date You reach age 65;
Regarding Your dependent Voluntary life insurance, the day Your eligible dependent is no longer covered under the Certificate/

If Your dependent’s Waiver of Premium Benefit ends and You do not return to Active Work, You will have the option to convert the Employee and dependent Voluntary life insurance that was in effect on the date the Waiver of Premium Benefit ends.

Please read “Converting This Employee Voluntary Term Life Insurance” and “Converting This Dependent Term Life Insurance for details on how to convert.

If You Die While Covered By This Waiver of Premium Benefit:

If You die while covered for this benefit, We will pay Your beneficiary the amount of Voluntary life insurance for which You were insured as of Your last day of Active Full-Time Work upon approval of the Waiver of Premium Benefit. This payment is subject to all the terms of the Certificate and all reductions which would have applied had You remained an Active at Work Employee. The amount is also subject to reduction which applies at retirement. We will use Your Social Security Normal Retirement Age, as defined in the most current amendment to the Social Security Act, to determine when to apply the retirement reduction to Your Waiver of Premium Benefit.

If Your Eligible Dependent Dies While You Are Covered By This Waiver of Premium Benefit:

If Your eligible dependent dies while You are covered for this benefit, We will pay You the amount of the dependent Voluntary life insurance for which he or she was insured, subject to all the terms of the Certificate.

If You Die Prior to Approval for This Waiver of Premium Benefit:

If You die prior to being approved for the Waiver of Premium Benefit and within 12 months of the onset date of Total Disability We’ll pay Your beneficiary the amount for which You were covered as of Your last day of Active Full-Time Work, subject to all reductions which would have applied had You stayed an active Employee provided You:

Were Totally Disabled, as defined by this Rider, through the date of death,

Became Totally Disabled prior to age 60; and

Became Totally Disabled while insured; and

We received the required premiums for this coverage.

Proof Of Death: We will pay the term life insurance benefit as soon as We receive:

Written proof of Your death; and

Medical proof that You were continuously Totally Disabled until Your death.

This proof must be sent to Us within one year of Your date of death.
Your Dependent Spouse and Child Optional Term Life Insurance

Your Choices
You may choose one of the plans of dependent spouse optional term life insurance, and one of the plans of dependent child optional term life insurance offered to you by your employer. These plans are shown in the schedule. However, you can only be insured under one spouse plan and one child plan at a time. You must notify your employer of your elections, and pay the required premium.

You may switch to other plans of benefits during the dependent optional life enrollment period. The enrollment period is shown in the schedule. Subject to any of this plan’s proof of insurability requirements, you will be insured under the new plan of benefits as of the transfer date shown in the schedule. You must notify your employer of any desired switch.

The Benefit
Subject to the limitations and exclusions shown below, if one of your dependents dies while insured for this benefit, we pay the amount shown in the schedule for the plan you have elected. We pay this in a lump sum when we receive written proof of death which is acceptable to us. Send the proof to us as soon as possible.

We pay you, if you’re living. If you’re not, and the dependent was your child, we pay your spouse. If your spouse is not living, we pay the child’s living brothers and sisters in equal shares. If there are none, we pay the child’s estate. If the dependent was your spouse, we pay your spouse’s estate.

Suicide Exclusion
We pay no benefits if the dependent’s death is due to suicide, if such death occurs within two years from the effective date of the dependent’s optional term life insurance under this plan. Also, we pay no increased benefit amount if the dependent’s death is due to suicide, if such death occurs within two years from the effective date of the increase.

Seatbelt and Airbag Benefits
If a dependent dies as a direct result of an automobile accident while properly wearing a seatbelt, we will increase the benefit amount by $5,000.00. And if a dependent dies as a direct result of an automobile accident while both properly wearing a seatbelt, and sitting in a seat equipped with an airbag, we’ll increase the benefit amount by an additional $2,500.00, for a total increase of $7,500.00.

Payment to a Minor or Incompetent
If the beneficiary is a minor or not competent, we have the right to pay in monthly installments. We would pay the person who cares for and supports the beneficiary. We completely discharge our liability for any amounts paid this way.

Converting This Dependent Term Life Insurance

If Your Group Life Insurance Ends or You Stop Being Eligible
Dependent term life insurance ends for all of your dependents when your group life insurance ends. Your insurance ends when: (a) your active employment ends; (b) you stop being a member of a class of employees eligible for employee group life insurance; (c) your group life insurance is extended under the Extended Life Benefit provision; or (d) you die.

Dependent term life insurance also ends when you stop being a member of a class of employees eligible for dependent term life insurance.
If one of the above happens, each dependent who was insured may convert all or part of his or her insurance.

**If This Plan Ends or Life Insurance is Dropped**  
Dependent term life insurance also ends for all of your dependents when this plan ends. And it ends if either employee or dependent term life insurance is dropped from this plan for all employees or for your class.

If one of the above happens, and your dependents have been insured by a Guardian group plan for at least five years, they can convert. But we limit the amount each dependent can convert to the lesser of: (a) $2,000.00; and (b) the amount of his or her insurance under this plan less any group life benefits for which he or she becomes eligible in the 31 days after this insurance ends.

**If a Dependent Stops Being Eligible**  
A dependent’s term life insurance ends when he or she stops being an eligible dependent as defined by this plan. If a dependent stops being eligible, that dependent can convert all or part of his or her insurance.

**The Converted Policy**  
The dependent can convert to one of the individual life insurance policies we normally issue. That policy can’t include disability benefits. And it can’t be a term policy.

The premium for the converted policy will be based on: (a) the dependent’s risk and rate class under this plan; and (b) the dependent’s age when the converted policy takes effect. The converted policy takes effect at the end of the period allowed for conversion.

Write to us for details.

**How and When to Convert**  
To get a converted policy, the dependent must apply to us in writing and pay the required premium. He or she has 31 days after his or her group insurance ends to do this. We won’t ask for proof that he or she is insurable.

If the dependent is a minor or not competent, the person who cares for and supports the dependent may apply for him or her.

**Death During the Conversion Period**  
If a dependent dies in the 31 days allowed for conversion, we pay the amount he or she could have converted, as stated above. We do this whether or not he or she applied for conversion.

**Notice of Conversion Right:**  
If your dependent is entitled to obtain a converted policy under this section, full compliance with this provision for Notice of Conversion Right will be satisfied by written notice: (a) given to you by the employer; (b) mailed to you by the employer at your last known address; or (c) mailed to you by us at your last known address that is supplied to us by the employer.

The notice should be given at least 15 days before the end of the 31 day period allowed for conversion as described in “How and When to Convert.” If the notice is not given at least 15 days before the end of such period, the dependent will have an additional period of 15 days from the date notice is given to apply for the converted policy and pay the required premium. But, in no event shall the additional period extend more than 60 days beyond the 31 day period allowed for conversion as described above.
Your Voluntary Accidental Death And Dismemberment
With Catastrophic Loss Benefits

The Choices
You may elect to be insured for any of the plans of employee voluntary accidental death and dismemberment with catastrophic loss (ADDCL) insurance offered by the employer. These plans are shown in the schedule. However, you can only be insured under one plan at a time. You must notify the employer of your election and pay the required premium.

You may switch to another plan of benefits at any time, subject to any of this plan's proof of insurability requirements. You must notify the employer of any desired switch.

The Benefit
We’ll pay the benefits described below if you suffer an irreversible covered loss due to an accident that occurs while you are insured. The loss must be a direct result of the accident, independent of all other causes. And, it must occur within 365 days of the date of the accident.

Covered Losses
Benefits will be paid according to the plan you have elected, only for losses identified in the following table. The Insurance Amount is shown in the Schedule.

ACCIDENTAL DEATH AND DISMEMBERMENT

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>100% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of a hand</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of a foot</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of sight in one eye</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of thumb and index finger of same hand</td>
<td>25% of Insurance Amount</td>
</tr>
</tbody>
</table>

CATASTROPIC LOSS BENEFITS
Covered Loss | Benefit
---|---
Quadriplegia (total paralysis of upper and lower limbs, bilaterally) | 100% of Insurance Amount
Loss of speech and hearing (both ears) | 100% of Insurance Amount
Loss of cognitive function | 100% of Insurance Amount
Comatose state, in excess of one month | 100% of Insurance Amount
Hemiplegia (total paralysis of upper and lower limbs, unilaterally) | 50% of Insurance Amount
Paraplegia (total paralysis of both lower limbs) | 50% of Insurance Amount
Loss of speech or hearing (both ears) | 50% of Insurance Amount

For covered multiple losses due to the same accident, we will pay 100% of the Insurance Amount. We won’t pay more than 100% of the Insurance Amount for all losses due to the same accident, except under the Common Carrier, Seatbelt and Airbag Benefit, and Repatriation Benefit provisions.

Loss of:

(a) cognitive function means a significant decline or loss in intellectual aptitude. Such loss must result from an accidental injury. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.

(b) a hand or foot means it is completely cut off at or above the wrist or ankle.

(c) sight means the total and permanent loss of sight.

(d) speech or hearing means that speech or hearing is lost entirely.

Payment Of Benefits

For covered loss of life, we pay the beneficiary described below.

For all other covered losses, we pay you, if you are living. If not, we pay the beneficiary described below.

We pay all benefits in a lump sum, as soon as we receive proof of loss which is acceptable to us. This should be sent to us as soon as possible.

The Beneficiary

You decide who gets this insurance if you die. You should have named a beneficiary on your enrollment form. You can change your beneficiary at any time by giving us notice, unless you have assigned insurance. But the change won’t take effect until we give you confirmation of the change.

If you named more than one person, but didn’t tell us what their shares should be, your insurance will be divided equally by the beneficiaries still alive, unless you tell us otherwise.
If there is no beneficiary when you die, we’ll pay the insurance to one of the following: (a) your estate; (b) your spouse; (c) your parents; (d) your children; or (e) your brothers and sisters.

Seatbelt And Airbag Benefits
If you die as a direct result of a motor vehicle accident while properly wearing a seatbelt, we will increase your benefit by $10,000.00. And if you die as a direct result of a motor vehicle accident while both: (a) properly wearing a seatbelt; and (b) sitting in a seat equipped with an airbag; we’ll increase your benefit by another $5,000.00, for a total increase of $15,000.00. This benefit will be applied after the Common Carrier provision.

Common Carrier
If your loss is due to an accident which occurs while you are riding in a public conveyance, we increase the benefit payable. We pay two times the amount which otherwise applies to such loss. But, you must have been a fare-paying passenger.

Repatriation Benefit
For covered loss of life due to an accident which occurs at least 75 miles from your home, we pay an extra sum. We pay up to $5,000.00 for costs to prepare and transport your body to a mortuary chosen by you or an authorized agent.

Exclusions
We won’t pay for any loss caused directly or indirectly:

- by willful self-injury, suicide, or attempted suicide;
- by sickness, disease, mental infirmity, medical or surgical treatment;
- by your taking part in a riot or other civil disorder; or in the commission of or attempt to commit a felony;
- by travel on any type of aircraft if you are an instructor or crew member; or have any duties at all on that aircraft;
- by declared or undeclared war or act of war or armed aggression;
- while you are a member of any armed force;
- while you are a driver in a motor vehicle accident, if you do not hold a current and valid driver’s license;
- by your legal intoxication; this includes, but is not limited to, your operation of a motor vehicle; or
- by your voluntary use of a controlled substance, unless: (1) it was prescribed for you by a doctor; and (2) it was used as prescribed. A controlled substance is anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

SPOUSAL EDUCATION AND RETRAINING BENEFIT
If you suffer a specified loss due to an accidental bodily injury, we will pay a spousal education and retraining benefit subject to all the terms below.
When And How The Spousal Education And Retraining Benefit Begins

We will pay a spousal education and retraining benefit when all of the following conditions are met:

(a) a benefit is payable under this plan’s Employee Voluntary Accidental Death and Dismemberment with Catastrophic Loss (ADDCL) Benefit, due to a specified loss; and

(b) on the date of the accidental injury which results in the specified loss, you and your spouse share the same place of residence;

(c) we receive proof of the spouse’s enrollment in an institute of higher learning. The spouse must: (i) be enrolled on the date of the accidental injury which results in the specified loss; or (ii) enroll within 12 months of this date.

Specified Loss means: (1) death; (2) a comatose state which lasts for a period in excess of one month; (3) spinal cord injury, resulting in: (a) quadriplegia; (b) paraplegia; or (c) hemiplegia; or (4) severe head injury resulting in loss of cognitive function. Loss of cognitive function means a significant decline or loss in intellectual aptitude. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.

Institute of Higher Learning includes, but is not limited to: (a) universities; (b) colleges; (c) trade schools; and (d) professional schools. It does not include graduate level programs.

What We Pay

Subject to all the terms of this plan, the Spousal Education and Retraining Benefit per academic term is equal to the lesser of: (i) the spouse’s net tuition expense for the term; (ii) 5% of the Employee Voluntary ADDCL Benefit paid as a result of the specified loss; and (iii) $2,500.00.

Tuition Expense means charges incurred for courses or lab fees. It does not include: (a) cost of books; (b) other related course materials; (c) student activity fees; or (d) room and board.

Net Tuition Expense means tuition expense less any scholarships or grants to which the spouse is entitled.

We pay this benefit to the person who has primary responsibility for these expenses.

This benefit is paid per academic term. Benefit duration is based on whether the spouse is enrolled in a part-time or full-time course of study. See the Employee Voluntary Accidental Death and Dismemberment Insurance Schedule.

Continued Eligibility For The Spousal Education And Retraining Benefit

We require periodic proof of the spouse’s continued enrollment in an institute of higher learning. The spouse must maintain a grade point average of at least 2.0 on a 4.0 scale, or the equivalent. We also require proof, per academic term, of: (a) the spouse’s tuition expenses; and (b) any scholarships and grants the spouse is entitled to.
When The Spousal Education And Retraining Benefit Ends

The spousal education and retraining benefit ends on the earliest of the following dates:

(a) the date the spouse is no longer enrolled in an institute of higher learning;

(b) the date the spouse fails to maintain a minimum grade point average as required above;

(c) the date the spouse fails to furnish proof as required above;

(d) the date the lifetime maximum benefit amount, shown in the schedule, is reached; and

(e) the date the maximum number of benefit payments, shown in the schedule, is reached.

Eligibility For The Day Care Expense Benefit

This plan provides a day care expense benefit when all of the following conditions are met:

(a) a benefit is payable under this plan’s Employee Voluntary Accidental Death and Dismemberment with Catastrophic Loss Benefit (ADDCL), due to a specified loss; and

(b) we receive proof of a qualified dependent’s enrollment in a qualified day care program. Such enrollment must commence within 12 months of the date of the specified loss.

Specified Loss means: (1) death; (2) a comatose state which lasts for a period in excess of one month; (3) spinal cord injury, resulting in: (a) quadriplegia; (b) paraplegia; or (c) hemiplegia; or (4) severe head injury resulting in loss of cognitive function. Loss of cognitive function means a significant decline or loss in intellectual aptitude. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.

Qualified Dependent: For purposes of the Day Care Expense Benefit a qualified dependent is: (a) your: (i) biological child; (ii) lawfully adopted child; (iii) stepchild; or (iv) any other child who is living with you in a regular parent-child relationship; (b) dependent upon you for main support and maintenance; and (c) under the age of seven on the date of the accidental injury which results in the specified loss.

Qualified Day Care Program: means a program of child care which: (i) is provided in a facility that is licensed as a day care center; or (ii) is operated by a licensed day care provider; and (iii) charges a fee for the care of children. A qualified day care program does not include child care provided by a parent, step-parent, grandparent, sibling, aunt or uncle.
What We Pay

Subject to all the terms of this plan, the Day Care Expense Benefit is equal to the lesser of: (i) $10,000 annually; or (ii) the actual annual day care expenses for all of your qualified dependents.

If this benefit is payable under both an Employee ADDCL plan and a Dependent ADDCL plan, the total day care expense benefit paid will not exceed the actual annual day care expenses for all of your qualified dependents.

We pay this benefit quarterly, in arrears, upon receipt of proof of qualified day care expenses. Proof should be submitted within 30 days following the end of each calendar year quarter.

Payment will be made to the person who has primary responsibility for these expenses.

Continued Eligibility For The Day Care Expense Benefit

We require periodic proof that a qualified dependent remains enrolled in a qualified day care program. We require periodic proof of the qualified dependent’s day care expenses.

When The Day Care Expense Benefit Ends

This plan’s Day Care Expense Benefits end on the earliest of the following dates:

(a) the date the dependent is no longer qualified, as defined above;

(b) the date the dependent is no longer enrolled in a qualified day care program;

(c) the date we do not receive proof of qualified day care expenses, as required by this plan; and

(d) four years from the date the first day care expense benefit is paid.

DEPENDENT CHILD EDUCATION BENEFIT

If you suffer a specified loss due to an accidental bodily injury, we will pay an education benefit on behalf of a qualified dependent, subject to all the terms below.

When And How The Dependent Child Education Benefit Begins

We will pay a Dependent Child Education Benefit when all of the following conditions are met:

(a) A benefit is payable under this plan’s Employee Voluntary Accidental Death and Dismemberment with Catastrophic Loss Benefit (ADDCL), due to a specified loss;

(b) We receive proof of a qualified dependent’s enrollment in an institute of higher learning. The dependent must be a full-time student, as defined by the institute.
Specified Loss means: (1) death; (2) a comatose state which lasts for a period in excess of one month; (3) spinal cord injury which results in: (a) quadriplegia; (b) paraplegia; or (c) hemiplegia; or (4) severe head injury which results in loss of cognitive function. Loss of cognitive function means a significant decline or loss in intellectual aptitude. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.

Qualified Dependent: To be qualified for the Dependent Child Education Benefit, a dependent must meet the following conditions. The dependent must be: (a) your: (i) biological child; (ii) lawfully adopted child; (iii) stepchild; or (iv) any other child who is living with you in a regular parent-child relationship; (b) unmarried; and (c) dependent upon you for main support and maintenance. On the date of the accidental injury which results in the specified loss, the dependent must be: (a) 22 years of age or younger; and (b) enrolled as a full-time student in an institute of higher learning; or (c) in the 12th grade, and enroll as a full-time student in an institute of higher learning within 12 months of this date. The dependent must maintain a grade point average of at least 2.0 on a 4.0 scale, or the equivalent.

Institute of Higher Learning includes, but is not limited to: (a) universities; (b) colleges; (c) trade schools; and (d) professional schools. It does not include graduate level programs.

What We Pay Subject to all the terms of this plan, the Dependent Child Education Benefit per academic term is equal to the lesser of: (i) the qualified dependent’s net tuition expense for the term; (ii) 5% of the Voluntary ADDCL Benefit paid as a result of the specified loss; or (iii) $2,500.00.

Tuition Expense means charges incurred for credit courses or lab fees. It does not include: (a) cost of books; (b) other related course materials; (c) student activity fees; or (d) room and board.

Net Tuition Expense means tuition expense less any scholarships or grants to which the dependent is entitled.

If this benefit is payable under both an Employee ADDCL plan and a Dependent ADDCL plan, the total education benefit paid will not exceed the qualified dependent’s net tuition expense for the term.

We pay this benefit per academic term for each qualified dependent.

We pay this benefit to the person who has primary responsibility for these expenses.

Continued Eligibility For Dependent Education Benefit We require periodic proof that a dependent remains a qualified dependent, as defined above. We also require proof, per academic term, of: (a) the qualified dependent’s tuition expenses; and (b) any scholarships and grants the dependent is entitled to.
A qualified dependent’s Dependent Child Education Benefit ends on the earliest of the following dates:

(a) the date the dependent child is no longer a qualified dependent, as defined above;

(b) the date the dependent fails to furnish proof as required above;

(c) the date the lifetime maximum benefit amount, shown in the schedule, is reached;

(d) the date the maximum number of benefit payments, shown in the schedule, is reached; and

(e) the date the maximum benefit period, shown in the schedule, is reached.
Your Voluntary Accidental Death And Dismemberment With Catastrophic Loss Benefits (Cont.)

Applicability

This provision applies only to this plan’s employee and dependent Voluntary Accidental Death and Dismemberment Insurance. Portability Conditions:

Portability is subject to all of the conditions described below.

You may port if Your coverage under this Certificate ends because:

You become retired from active service with the Employer;

You are no longer employed by the Employer;

You are no longer a member of an eligible class of Employees;

Your Waiver of Premium Benefit ends, and You do not return to Active Work with the Employer;

The Certificate has ended, unless Accidental Death and Dismemberment Insurance is replaced by another group accidental death and dismemberment insurance policy issued to the Employer; or

The Certificate is amended to remove the Accidental Death and Dismemberment Insurance, unless Accidental Death and Dismemberment Insurance is replaced by another group accidental death and dismemberment insurance policy issued to the Employer.

You may not port if

You are eligible for this Certificate’s Waiver of Premium Benefit; or

Coverage under this Certificate ends due to failure to pay any required premium.

You may also Port the reduced amount of insurance if your Accidental Death and Dismemberment Insurance is reduced due to an amendment to the Certificate which affects the amount of insurance for Your class.

Portability Options:

You may port the lesser of:

the total amount of Your Voluntary Accidental Death and Dismemberment Insurance in force as of the date Your coverage under this Certificate ends; or

$500,000

If You do not wish to port the full amount, You may choose to port a lesser amount, if such amount under this Certificate is at least $10,000.

You may port the lesser of the total amount of:

Your dependent’s Voluntary Accidental Death and Dismemberment Insurance in force as of the date Your coverage under this Certificate ends; or

$250,000.

If You do not wish to port the full amount, You may choose to port a lesser amount if: (1) Your dependent Spouse amount under this Certificate is at least $2,500(or $10,000 if Porting dependent Spouse only); and (2) Your dependent child amount under this Certificate is at least $1,000.
You may port:

Your insurance only;

Your insurance and insurance of Your covered Spouse; or

Your insurance and the insurance of all of Your covered dependents.

A dependent must be insured as of the date Your coverage under this Certificate ends in order to be eligible for portability.

If You are Porting Your and/or Your dependents’ Accidental Death and Dismemberment Insurance due to the end of the Certificate or the amendment of the Certificate to remove Accidental Death and Dismemberment Insurance, the maximum amount of the Portability is limited to the lesser of:

the amount of Your and/or Your dependents’ total Voluntary Accidental Death and Dismemberment insurance under this Certificate less any group accidental death and dismemberment insurance for which You and/or Your dependents become eligible in the 31 days after Your and/or Your dependents’ Accidental Death and Dismemberment Insurance under this Certificate ends, or

$10,000.

If You die or your marriage ends in divorce or annulment, or your domestic partnership or civil union relationship ends while insured for Dependent Voluntary Accidental Death and Dismemberment Insurance, Your Spouse may port Dependent Voluntary Accidental Death and Dismemberment Insurance as described above. Your Spouse and dependent children must be insured under this Certificate on the date of Your death. But, this option is not available if:

there is no surviving Spouse; or

the Group Certificate is not in effect.

If Your dependent child stops being an eligible dependent under the Certificate, he or she may Port Dependent Voluntary Accidental Death and Dismemberment Insurance as described above. Your child must be insured under this Certificate on the date eligibility ends, and the Certificate must remain in effect.

When Porting Your Accidental Death and Dismemberment Insurance, You may increase the total amount of your Voluntary Accidental Death and Dismemberment Insurance in increments of $25,000, up to a maximum of $500,000. This increase will take effect on the date You elect the amount and agree to make any required payments.

When Porting Dependent Accidental Death and Dismemberment Insurance, Your dependent may increase the total amount of Dependent Voluntary Accidental Death and Dismemberment Insurance in increments of $25,000, up to a maximum of $250,000. This increase will take effect on the date You and/or Your dependent elect the amount and agree to make any required payments.
The Portable Certificate Of Coverage:
The Portable Certificate of Coverage provides Accidental Death and Dismemberment Insurance. It does not provide any:

- income replacement benefits; or
- waiver of premium benefits.

The benefits provided by the Portable Certificate of Coverage may not be the same as the benefits provided by the Certificate.

The premium for the Portable Certificate of Coverage will be based on:

- Your rate class under this Certificate; and
- Your or Your surviving Spouse’s age bracket as shown in the Accidental Death and Dismemberment Portability Coverage Premium Notice.

For the dependent Spouse, the Portable Certificate of Coverage ends at age 70.

How to Port:

You or Your surviving Spouse must:

- Apply to Us in writing; and
- Pay the required premium.

You or Your surviving Spouse must do this:

- within 31 days after the date written notice of the option to Port is given, if notice is provided within 15 days before or after Your coverage under this Certificate ends; or
- within 45 days after the date written notice of the option to Port is given, if notice is provided more than 15 days, but within 91 days after Your coverage under this Certificate ends; or
- within 91 days after Your coverage under this Certificate ends if written notice of the option to Port is not given within 91 days after Your coverage under this Certificate ends.

In order to Port Your Voluntary Accidental Death and Dismemberment Insurance, We will not ask for proof that Your or Your surviving Spouse is insurable.

Definitions

This section defines certain terms appearing in this Certificate. Additional terms, not listed here, are defined in the Group Accidental Death & Dismemberment Certificate.

Port or "To Port": these terms mean to choose a Portable Certificate of Coverage which provides Accidental Death and Dismemberment Insurance.
Your Dependent Voluntary Accidental Death And Dismemberment
With Catastrophic Loss Benefits

The Benefit
We'll pay the benefits described below if a covered dependent suffers an irreversible covered loss due to an accident that occurs while he or she is insured. The loss must be a direct result of the accident, independent of all other causes. And, it must occur within 365 days of the date of the accident.

Covered Losses
Benefits will be paid only for losses identified in the following table. The Insurance Amount is shown in the Schedule.

### ACCIDENTAL DEATH AND DISMEMBERMENT

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>100% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of a hand</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of a foot</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of sight in one eye</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of thumb and index finger of same hand</td>
<td>25% of Insurance Amount</td>
</tr>
</tbody>
</table>

### CATASTROPHIC LOSS BENEFITS

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadruplegia (total paralysis of upper and lower limbs, bilaterally)</td>
<td>100% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of speech and hearing (both ears)</td>
<td>100% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of cognitive function</td>
<td>100% of Insurance Amount</td>
</tr>
<tr>
<td>Comatose state, in excess of one month</td>
<td>100% of Insurance Amount</td>
</tr>
<tr>
<td>Hemiplegia (total paralysis of upper and lower limbs, unilaterally)</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Paraplegia (total paralysis of both lower limbs)</td>
<td>50% of Insurance Amount</td>
</tr>
<tr>
<td>Loss of speech or hearing (both ears)</td>
<td>50% of Insurance Amount</td>
</tr>
</tbody>
</table>

For covered multiple losses due to the same accident, we will pay 100% of the Insurance Amount. We won't pay more than 100% of the Insurance Amount for all losses due to the same accident, except under the Common Carrier, Seatbelt and Airbag Benefit, and Repatriation Benefit provisions.
Loss of:

(a) cognitive function means a significant decline or loss in intellectual aptitude. Such loss must result from an accidental injury. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.

(b) a hand or foot means it is completely cut off at or above the wrist or ankle.

(c) sight means the total and permanent loss of sight.

(d) speech or hearing means that speech or hearing is lost entirely.

If loss of life benefits are payable under this plan for both you and your spouse, we will increase the benefit payable on behalf of the insured dependent spouse. In lieu of the spouse’s insurance amount, we will pay 100% of the your insurance amount, to a maximum of $250,000. The following conditions must be met:

(a) coverage must be in force on the date of the accident; and

(b) both you and your spouse die due to injuries sustained in the same accident; or you and your spouse die due to injuries sustained in separate accidents that occur within the same 24 hour period.

**Payment Of Benefits**

For all covered losses, we pay you, if you are living. If you are not living, and the dependent was your child, we pay your spouse. If your spouse is not living, we pay the child’s living brothers and sisters in equal shares. If there are none, we pay the child’s estate. If the dependent was your spouse, we pay the spouse’s estate.

We pay all benefits in a lump sum, as soon as we receive proof of loss which is acceptable to us. This should be sent to us as soon as possible.

CGP-3-R-DADCL1-00

---

**Seatbelt And Airbag Benefits**

If a dependent dies as a direct result of a motor vehicle accident while properly wearing a seatbelt, we will increase his or her benefit amount by $5,000.00. And if a dependent dies as a direct result of a motor vehicle accident while both: (a) properly wearing a seatbelt; and (b) sitting in a seat equipped with an airbag; we’ll increase his or her benefit by another $2,500.00, for a total increase of $7,500.00. This benefit will be applied after the Common Carrier provision.

**Common Carrier**

If a dependent’s loss is due to an accident which occurs while he or she is riding in a public conveyance, we increase the benefit payable. We pay two times the amount which otherwise applies to such loss. But, he or she must have been a fare-paying passenger.

**Repatriation Benefit**

For covered loss of life due to an accident which occurs at least 75 miles from the dependent’s home, we pay an extra sum. We pay up to $5,000.00 for costs to prepare and transport the body to a mortuary chosen by you.
Exclusions

We won’t pay for any loss caused directly or indirectly:
- by willful self-injury, suicide, or attempted suicide;
- by sickness, disease, mental infirmity, medical or surgical treatment;
- by a dependent taking part in a riot or other civil disorder; or in the commission of or attempt to commit a felony;
- by travel on any type of aircraft if the dependent is an instructor or crew member; or has any duties at all on that aircraft;
- by declared or undeclared war or act of war or armed aggression;
- while the dependent is a member of any armed force;
- while the dependent is a driver in a motor vehicle accident, if he or she does not hold a current and valid driver’s license;
- by the dependent’s legal intoxication; this includes, but is not limited to, the dependent’s operation of a motor vehicle; or
- by the dependent’s voluntary use of a controlled substance, unless: (1) it was prescribed for the dependent by a doctor; and (2) it was used as prescribed. A controlled substance is anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time.

SPOUSAL EDUCATION AND RETRAINING BENEFIT

If your covered spouse suffers a specified loss due to an accidental bodily injury, we will pay a spousal education and retraining benefit to you subject to all the terms below.

When And How The Spousal Education And Retraining Benefit Begins

We will pay a spousal education and retraining benefit when all of the following conditions are met:

(a) a benefit is payable under this plan’s Dependent Voluntary Accidental Death and Dismemberment with Catastrophic Loss (ADDCL) Benefit, due to a specified loss; and

(b) on the date of the accidental injury which results in the specified loss, you and your spouse share the same place of residence;

(c) we receive proof of your enrollment in an institute of higher learning.

You must: (i) be enrolled on the date of the accidental injury which results in the specified loss; or (ii) enroll within 12 months of this date.

Specified Loss means: (1) death; (2) a comatose state which lasts for a period in excess of one month; (3) spinal cord injury, resulting in: (a) quadriplegia; (b) paraplegia; or (c) hemiplegia; or (4) severe head injury resulting in loss of cognitive function. Loss of cognitive function means a significant decline or loss in intellectual aptitude. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.
Institute of Higher Learning includes, but is not limited to: (a) universities; (b) colleges; (c) trade schools; and (d) professional schools. It does not include graduate level programs.

What We Pay

Subject to all the terms of this plan, the Spousal Education and Retraining Benefit per academic term is equal to the lesser of: (i) your net tuition expense for the term; (ii) 5% of the Dependent Voluntary ADDCL Benefit paid as a result of the specified loss; and (iii) $2,500.00.

Tuition Expense means charges incurred for courses or lab fees. It does not include: (a) cost of books; (b) other related course materials; (c) student activity fees; or (d) room and board.

Net Tuition Expense means tuition expense less any scholarships or grants to which you are entitled.

We pay this benefit to the person who has primary responsibility for these expenses.

This benefit is paid per academic term. Benefit duration, as shown in the schedule, is based on whether you are enrolled in a part-time or full-time course of study.

Continued Eligibility For The Spousal Education And Retraining Benefit

We require periodic proof of your continued enrollment in an institute of higher learning. You must maintain a grade point average of at least 2.0 on a 4.0 scale, or the equivalent. We also require proof, per academic term, of: (a) your tuition expenses; and (b) any scholarships and grants you are entitled to.

When The Spousal Education And Retraining Benefit Ends

The spousal education and retraining benefit ends on the earliest of the following dates:

(a) the date you are no longer enrolled in an institute of higher learning;
(b) the date you fail to maintain a minimum grade point average, as required above;
(c) the date you fail to furnish proof as required above;
(d) the date the lifetime maximum benefit amount, shown in the schedule, is reached; and
(e) the date the maximum number of benefit payments, shown in the schedule, is reached.

DAY CARE EXPENSE BENEFIT

If your covered spouse suffers a specified loss due to an accidental bodily injury, we will pay a Day Care Expense Benefit subject to all the terms below.
This plan provides a day care expense benefit when all of the following conditions are met:

(a) a benefit is payable under this plan's Dependent Voluntary Accidental Death and Dismemberment with Catastrophic Loss Benefit (ADDCL), due to your covered spouse's specified loss; and

(b) we receive proof of a qualified dependent's enrollment in a qualified day care program. Such enrollment must commence within 12 months of the date of the specified loss.

**Specified Loss** means: (1) death; (2) a comatose state which lasts for a period in excess of one month; (3) spinal cord injury, resulting in: (a) quadriplegia; (b) paraplegia; or (c) hemiplegia; or (4) severe head injury resulting in loss of cognitive function. Loss of cognitive function means a significant decline or loss in intellectual aptitude. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.

**Qualified Dependent:** For purposes of the Day Care Expense Benefit a qualified dependent is: (a) your: (i) biological child; (ii) lawfully adopted child; (iii) stepchild; or (iv) any other child who is living with you in a regular parent-child relationship; (b) dependent upon you for main support and maintenance; and (c) under the age of seven on the date of the accidental injury which results in the specified loss.

**Qualified Day Care Program:** means a program of child care which: (i) is provided in a facility that is licensed as a day care center; or (ii) is operated by a licensed day care provider; and (iii) charges a fee for the care of children. A qualified day care program does not include child care provided by a parent, step-parent, grandparent, sibling, aunt or uncle.

Subject to all the terms of this plan, the Day Care Expense Benefit is equal to the lesser of: (i) $10,000 annually; or (ii) the actual annual day care expenses for all of your qualified dependents.

If this benefit is payable under both an Employee ADDCL plan and a Dependent ADDCL plan, the total day care expense benefit paid will not exceed the actual annual day care expenses for all of your qualified dependents.

We pay this benefit quarterly, in arrears, upon receipt of proof of qualified day care expenses. Proof should be submitted within 30 days following the end of each calendar year quarter.

Payment will be made to the person who has primary responsibility for these expenses.

We require periodic proof that a qualified dependent remains enrolled in a qualified day care program. We require periodic proof of the qualified dependent's day care expenses.
When The Day Care Expense Benefit Ends

This plan’s Day Care Expense Benefits end on the earliest of the following dates:

(a) the date the dependent is no longer qualified, as defined above;
(b) the date the dependent is no longer enrolled in a qualified day care program;
(c) the date we do not receive proof of qualified day care expenses, as required by this plan; and
(d) four years from the date the first day care expense benefit is paid.

When And How The Dependent Child Education Benefit Begins

We will pay a Dependent Child Education Benefit when all of the following conditions are met:

(a) A benefit is payable under this plan’s Employee Voluntary Accidental Death and Dismemberment with Catastrophic Loss Benefit (ADDCL), due to a specified loss;
(b) We receive proof of a qualified dependent’s enrollment in an institute of higher learning. The dependent must be a full-time student, as defined by the institute.

Specified Loss means: (1) death; (2) a comatose state which lasts for a period in excess of one month; (3) spinal cord injury which results in: (a) quadriplegia; (b) paraplegia; or (c) hemiplegia; or (4) severe head injury which results in loss of cognitive function. Loss of cognitive function means a significant decline or loss in intellectual aptitude. It must be supported by clinical proof or standardized tests that precisely measure decline in the areas of: (i) short term memory; (ii) orientation to time, place and person; (iii) deductive or abstract reasoning; and (iv) judgement as it relates to awareness of safety.

Qualified Dependent: To be qualified for the Dependent Child Education Benefit, a dependent must meet the following conditions. The dependent must be: (a) your: (i) biological child; (ii) lawfully adopted child; (iii) stepchild; or (iv) any other child who is living with you in a regular parent-child relationship; (b) unmarried; and (c) dependent upon you for main support and maintenance. On the date of the accidental injury which results in the specified loss, the dependent must be: (a) 22 years of age or younger; and (b) enrolled as a full-time student in an institute of higher learning; or (c) in the 12th grade, and enroll as a full-time student in an institute of higher learning within 12 months of this date. The dependent must maintain a grade point average of at least 2.0 on a 4.0 scale, or the equivalent.

Institute of Higher Learning includes, but is not limited to: (a) universities; (b) colleges; (c) trade schools; and (d) professional schools. It does not include graduate level programs.
Your Dependent Voluntary Accidental Death And Dismemberment
With Catastrophic Loss Benefits (Cont.)

**What We Pay**
Subject to all the terms of this plan, the Dependent Child Education Benefit per academic term is equal to the lesser of: (i) the qualified dependent’s net tuition expense for the term; (ii) 5% of the Voluntary ADDCL Benefit paid as a result of the specified loss; or (iii) $2,500.00.

**Tuition Expense** means charges incurred for credit courses or lab fees. It does not include: (a) cost of books; (b) other related course materials; (c) student activity fees; or (d) room and board.

**Net Tuition Expense** means tuition expense less any scholarships or grants to which the dependent is entitled.

If this benefit is payable under both an Employee ADDCL plan and a Dependent ADDCL plan, the total education benefit paid will not exceed the qualified dependent’s net tuition expense for the term.

We pay this benefit per academic term for each qualified dependent.

We pay this benefit to the person who has primary responsibility for these expenses.

**Continued Eligibility For Dependent Education Benefit**
We require periodic proof that a dependent remains a qualified dependent, as defined above. We also require proof, per academic term, of: (a) the qualified dependent’s tuition expenses; and (b) any scholarships and grants the dependent is entitled to.

**When the Dependent Child Education Benefit Ends**
A qualified dependent’s Dependent Child Education Benefit ends on the earliest of the following dates:

(a) the date the dependent child is no longer a qualified dependent, as defined above;

(b) the date the dependent fails to furnish proof as required above;

(c) the date the lifetime maximum benefit amount, shown in the schedule, is reached;

(d) the date the maximum number of benefit payments, shown in the schedule, is reached; and

(e) the date the maximum benefit period, shown in the schedule, is reached.
CERTIFICATE AMENDMENT

The certificate is amended as follows:

The Life Insurance eligibility provisions applicable to dependent coverage are modified to provide that:

(a) your dependent child is a child under age 26;
(b) marital status, residency and financial dependency requirements do not apply to your dependent child; except as stated in item (c);
(c) your handicapped child can stay eligible for dependent coverage past age 26 if your child is unmarried and is unable to support himself or herself; and
(d) reference to an individual dependent’s coverage ending when he or she marries or is no longer dependent on you for support and maintenance, except as stated for a handicapped child past the age limit, is deleted.

All terms and conditions of your certificate not specifically changed herein remain in full force and effect.

The Guardian Life Insurance Company of America

Stuart J Shaw
Vice President, Risk Mgt. & Chief Actuary
CERTIFICATE AMENDMENT

This plan's Employee and Dependent Optional Life "Settlement Option" provision is modified as follows:

**Settlement Option:** Unless otherwise elected by the certificate holder or beneficiary, benefits will be paid in a single lump sum check. We may make other options available in addition to the single check option.

This rider is part of this certificate. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this certificate.

The Guardian Life Insurance Company of America

Stuart J Shaw
Vice President, Risk Mgt. & Chief Actuary
CERTIFICATE AMENDMENT

The certificate is amended as follows:

The Voluntary Accidental Death and Dismemberment Insurance eligibility provisions applicable to dependent coverage are modified to provide that:

(a) your dependent child is a child under age 26;

(b) marital status, residency and financial dependency requirements do not apply to your dependent child; except as stated in item (c);

(c) your handicapped child can stay eligible for dependent coverage past age 26 if your child is unmarried and is unable to support himself or herself; and

(d) reference to an individual dependent’s coverage ending when he or she marries or is no longer dependent on you for support and maintenance, except as stated for a handicapped child past the age limit, is deleted.

All terms and conditions of your certificate not specifically changed herein remain in full force and effect.

The Guardian Life Insurance Company of America

Stuart J. Shaw
Vice President, Risk Mgt. & Chief Actuary

CGP-A-1

00518932/00000.0/E /N03696/9999/0005/0008 P. 55
This Glossary defines the italicized terms appearing in your booklet.

**Eligibility Date**

for dependent coverage is the earliest date on which: (a) you have initial dependents; and (b) are eligible for dependent coverage.

**Eligible Dependent**

is defined in the provision entitled "Dependent Coverage."

**Employee**

means a person who works for the employer at the employer's place of business, and whose income is reported for tax purposes using a W-2 form.

**Employer**

means DREXEL UNIVERSITY.

**Enrollment Period**

with respect to dependent coverage, means the 31 day period which starts on the date that you first become eligible for dependent coverage.

**Full-time**

means the employee regularly works at least the number of hours in the normal work week set by the employer (but not less than 20 hours per week), at his employer's place of business.

**Initial Dependents**

means those eligible dependents you have at the time you first become eligible for employee coverage. If at this time you do not have any eligible dependents, but you later acquire them, the first eligible dependents you acquire are your initial dependents.

**Newly Acquired Dependent**

means an eligible dependent you acquire after you already have coverage in force for initial dependents.

**Part-time**

means the employee regularly works at least half the number of hours that a full-time employee works (but not less than 20 hours per week), at your employer's place of business.
**Plan** means the *Guardian* group *plan* purchased by your *employer*, except in the provision entitled "Coordination of Benefits" where "plan" has a special meaning. See that provision for details.

Proof or Proof of Insurability

means an application for insurance showing that a person is insurable.

Qualified Retirees

are covered as outlined in your company’s benefit provisions. Please see your Plan Administrator for details.
You participate in a single employer insured Welfare Plan. This supplement and your certificate of insurance constitute the Summary Plan Description as required by the Employee Retirement Income Security Act of 1974 (ERISA). This supplement should be retained with your certificate.

- **Name of Plan:**
  DREXEL UNIVERSITY GROUP INSURANCE PLAN

- **Employer's Name:** (Plan Sponsor)
  DREXEL UNIVERSITY
  **Address:** 3201 ARCH STREET, SUITE 400
  PHILADELPHIA PA 19104
  **Phone Number:** 215-895-1413

- **IRS Employer Identification Number (EIN):** 231352630

- **Plan Number:** 501

- **Plan Administrator:** (if other than Plan Sponsor)
  DREXEL UNIVERSITY
  **Address:** 3201 ARCH STREET, SUITE 400
  PHILADELPHIA PA 19104
  **Phone Number:** 215-895-1413

- **Agent for The Service of Legal Process:**
  DREXEL UNIVERSITY
  **Address:** 3201 ARCH STREET, SUITE 400
  PHILADELPHIA PA 19104
  (Legal process may also be served on the Plan Administrator.)

- **Date of End of Plan Year:** One day prior to January 1st.

- Contributions to the plan are provided by the Employee.

- The following class or classes of part-time employees are eligible to apply for insurance:

  **Class 0005**
  ALL ELIGIBLE ACADEMY OF NATURAL SCIENCES PART TIME PROFESSIONAL STAFF AND FACULTY
  provided they have completed the service waiting period established by the employer, if any. Qualified dependents of these employees may also be eligible for insurance. (Your certificate provides details).
STATEMENT OF ERISA RIGHTS

As a participant, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

(a) Examine, without charge, at the plan administrator’s office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U. S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

(b) Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts, collective bargaining agreements and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

(c) Receive a summary of the plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions By Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate the plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of plan participants and beneficiaries. No one, including your employer, your union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.
Enforcement Of Your Rights
If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a state or Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110.00 a day until you receive the material, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a federal court. If it should happen that plan fiduciaries misuse the plan’s money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds that your claim is frivolous.

Assistance with Questions
If you have questions about the plan, you should contact the plan administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or the Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.
Life Insurance Claims Procedure

Claim forms and instructions for filing claims may be obtained from the Plan Administrator.

Guardian is the Claims Fiduciary with discretionary authority to determine eligibility for benefits and to construe the terms of the plan with respect to claims.

In addition to the basic claim procedure explained in your certificate, Guardian will also observe the procedures listed below. These procedures are the minimum requirements for benefit claims procedures of employee benefit plans covered by Title 1 of the Employee Retirement Income Security Act of 1974 ("ERISA"):

(a) If a claim is wholly or partially denied, the claimant will be notified of the decision within 90 days after Guardian received the claim.

(b) If special circumstances require an extension of time for processing the claim, written notice of the extension shall be furnished to the claimant prior to the termination of the initial 90-day period. In no event shall such extension exceed a period of 90 days from the end of such initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which The Guardian expects to render the final decision.

(c) If a claim is denied, Guardian will provide a notice that will set forth:
   (1) the specific reason(s) the claim was denied;
   (2) specific references to the pertinent plan provision on which the denial is based;
   (3) a description of any additional material or information needed to make the claim valid, and an explanation of why the material or information is needed;
   (4) an explanation of the plan's claim review procedure.

A claimant must file a request for review of a denied claim within 60 days after receipt of written notification of denial of a claim.

(d) Guardian will notify the claimant of its decision within 60 days of receipt of the request for review. If special circumstances require an extension of time for processing, The Guardian will render a decision as soon as possible, but no later than 120 days after receiving the request. The Guardian will notify the claimant about the extension.

If you apply for an extension of life insurance benefits due to total disability under an Extended Life Benefit under this plan, these claim procedures will apply to such request:
Timing For Initial Benefit Determination

Guardian will make a determination of whether you meet the plan's standard for total disability not later than 45 days after the date of receipt of a claim. This period may be extended by up to 30 days if Guardian determines that an extension is necessary due to matters beyond the control of the plan, and so notifies you before the end of the initial 45-day period. Such notification will include the reason for the extension and a date by which the determination will be made. If prior to the end of the 30-day period Guardian determines that an additional extension is necessary due to matters beyond the control of the plan, and so notifies you, the time period for making a benefit determination may be extended for an additional period of up to 30 days. Such notification will include the special circumstances requiring the extension and a date by which the final determination will be made.

A notification of an extension to the time period in which a benefit determination will be made will include an explanation of the standards upon which entitlement to a benefit is based, any unresolved issues that prevent a decision, and the additional information needed to resolve those issues.

If you fail to provide all information needed to make a benefit determination, Guardian will notify you of the specific information that is needed as soon as possible but no later than 45 days after receipt of your application for an extension of benefits.

If Guardian extends the time period for making a benefit determination due to your failure to submit information necessary to make the determination, you will be given at least 45 days to provide the requested information. The extension period will begin on the date on which you respond to the request for additional information.

If an application for an extension of benefits is denied, Guardian will provide a notice that will set forth:

- the specific reason(s) for the adverse determination;
- reference to the specific plan provision(s) on which the determination is based;
- a description of any additional material or information necessary to make the claim valid and an explanation of why such material or information is needed;
- a description of the plan's claim review procedures and the time limits applicable to such procedures, including a statement indicating that the claimant has the right to bring a civil action under ERISA Section 502(a) following an adverse benefit determination; and
- identification and description of any specific internal rule, guideline or protocol that was relied upon in making an adverse benefit determination, or a statement that a copy of such information will be provided to the claimant free of charge upon request.

Appeals of Adverse Determinations

If an application is denied, you will have up to 180 days to make an appeal.

Guardian will conduct a full and fair review of an appeal which includes providing to claimants the following:

- the opportunity to submit written comments, documents, records and other information relating to the claim;
Life Insurance Claims Procedure (Cont.)

- the opportunity, upon request and free of charge, for reasonable access to, and copies of, all documents, records and other information relating to the claim; and

- a review that takes into account all comments, documents, records and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. In reviewing an appeal, Guardian will

- provide for a review conducted by a named fiduciary who is neither the person who made the initial adverse determination nor that person’s subordinate;

- in deciding an appeal based upon a medical judgment, consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment;

- identify medical or vocational experts whose advice was obtained in connection with an adverse benefit determination; and

- ensure that a health care professional engaged for consultation regarding an appeal based upon a medical judgment shall be neither the person who was consulted in connection with the adverse benefit determination, nor that person’s subordinate.

Guardian will notify you of its decision regarding review of an appeal as follows:

Guardian will notify you of its decision not later than 45 days after receipt of the request for review of the adverse determination. This period may be extended by an additional period of up to 45 days if Guardian determines that special circumstances require an extension of the time period for processing and so notifies the claimant before the end of the initial 45-day period.

A notification with respect to an extension will indicate the special circumstances requiring an extension of the time period for review, and the date by which the final determination will be made.

Termination of This Group Plan

Your employer may terminate this group plan at any time by giving us 31 days advance written notice. This plan will also end if your employer fails to pay a premium due by the end of this grace period.

We may have the option to terminate this plan if the number of people insured falls below a certain level.

When this plan ends, you may be eligible to continue or convert your insurance coverage. Your rights upon termination of the plan are explained in this booklet.