

SECTION ELEVEN: Life Insurance

I. Introduction

This Plan provides life insurance to members through the Aetna Life Insurance Company. This benefit is not self-insured. Thus, all benefit determinations are made by Aetna and all benefits are paid by Aetna. The information contained in this section is a summary of your life insurance and benefits. The Certificate of Coverage issued by Aetna is the governing document that contains a complete description of benefits, exclusions, limitations and conditions of coverage. To request the Certificate of Coverage, contact Teamsters Local 251 Health Services and Insurance Plan.

If you are eligible for Level 1 and Level 1 EBL coverage, you and your eligible dependents are covered under the Plan by a group policy. If you die while you're covered under this Plan, Aetna will pay your beneficiary \$50,000. For more information on your life insurance benefits, you may contact the Fund Office and request a copy Aetna's Benefit Booklet. If there are any discrepancies between this SPD and the Benefit Booklet, the Benefit Booklet will prevail.

A. Fast Facts

Fast Facts:

- *Your eligible dependents are covered for a \$20,000 Life Insurance benefit, payable to you, as the member.*
- *When you're no longer eligible for Life Insurance coverage through this Plan, you may convert your insurance to an individual contract by submitting a written application within 31 days of your termination to Aetna.*
- *If you have a terminal illness, you may be eligible to receive up to 75% of your life insurance benefit prior to your death.*
- *If you become permanently disabled, you will not forfeit your Life Insurance benefit. Your benefit may be extended during your disability.*
- *Receive a form W-2 for dependent Life Insurance.*

II. Beneficiary

A beneficiary is someone who receives benefits in the event of your death. You may name your beneficiary by filing a written request at the Fund Office. Call the Fund Office for the forms. The naming will take effect as of the date you execute the request and is received by the Fund office.

You can name one or more beneficiaries. If you name more than one beneficiary, you need to designate what portion of the entire benefit should be paid to each. You must complete the Beneficiary Designation form as indicated in order to ensure that your benefit is paid as you intended.

For example: *Debra A. Jones, wife — 50%; Mary T. Jones, daughter — 25%; Thomas R. Jones, son — 25%. If you fail to name a percentage when naming multiple beneficiaries, the benefit is paid in equal shares to the designated beneficiaries.*

III. Changing Your Beneficiary

Because family situations can change, you may want to review your beneficiary designations from time to time. You may change your beneficiary at any time by submitting a new Beneficiary Designation form. Your new designation takes effect in accordance with the terms and conditions listed on the Beneficiary Designation form.

In order to be considered valid, your beneficiary designation must be delivered to the Fund Office within seven (7) days after completion. Please be advised that your designation is not valid unless received by the Fund Office, in writing, prior to your death.

IV. If You Do Not Name a Beneficiary

If you do not name a beneficiary or if your beneficiary dies before you do, the benefit is paid in one lump sum to your estate.

V. Accelerated Payment of Life Insurance Benefit

A. Introduction

If, while covered under this Plan for Life Insurance, you become terminally ill or your spouse becomes terminally ill, you may request that Aetna pay an Accelerated Death Benefit (“ADB”).

B. Terminal Illness

A person is terminally ill if the person:

- suffers from an incurable, progressive, and medically recognized disease or condition; and
- to a reasonable medical probability and based on a generally accepted prognostic protocol, will not survive more than the 24 months beyond the date of the request for ADB

1. ADB Form Request Requirements

a. Physician’s Statement

You may request an ADB on your own behalf or on behalf of your spouse at any time by completing an Aetna Request For Accelerated Death Benefit Form and submitting it to Aetna. The request must include the statement of a currently licensed United States physician that:

- you are terminally ill; or
- your spouse is terminally ill.

The physician's statement must include:

- all medical test results;
- laboratory reports; and
- any other information on which the statement is based, including the generally accepted prognostic protocol used by the physician to determine your expected remaining life span.

b. ADB Benefit Amount

Your request for an ADB must state the amount of the benefit requested. You may request as an ADB up to the 75% of the amount of Life Insurance then in force for the person for whom you are making the request; but in no event may the requested amount of ADB be less than \$5,000.

C. Other ADB Rules and Conditions

1. When You May Request an ADB

You may request an ADB under this Plan:

- only once on your own behalf; and
- only once on behalf of any one spouse.

2. Assignment or Transfer of ADB

If, by assignment or otherwise, someone other than you is the owner of your Life Insurance Coverage or the Life Insurance Coverage of your spouse, an ADB will not be available under this Plan for or on behalf of such person.

3. Calculation of ADB

a. Reduction of Benefit

If, during the 24 months following the date of your request for an ADB, the amount of your Life Insurance would reduce due to the attainment of a specified age or retirement, the ADB amount will be calculated by multiplying the percentage that you have requested by the amount of Life Insurance that would remain in effect after any reduction.

b. Interest

The amount of ADB payable to you will be reduced by an interest charge equal to the sum of daily interest that would have accrued on such amount during the 24 months which begins on the date the ADB is paid.

The interest rate is set forth in the Aetna Benefit Booklet.

When your request for an ADB on your own behalf, or on behalf of your spouse, has been approved, the amount of Life Insurance then in force for such person will be reduced by the amount of ADB that would have been payable in the absence of any interest charge.

4. Medical Exam Requirement

In considering your request for an ADB, Aetna may require you or your spouse, at Aetna's expense, to submit to an independent medical exam by a physician chosen by Aetna. Aetna may suspend its review of a request for an ADB until the exam has been completed and the results submitted to Aetna.

5. Aetna's Right to Refuse Your Request for ADB Due to Termination of Coverage or Death

Aetna may refuse your request for an ADB if:

a. Group Coverage Terminates

Prior to Aetna's receipt of approval of the request: the group contract terminates as to your Eligible Class (even though all or part of your Life Insurance Coverage or the Life Insurance Coverage of your spouse continues for any reason); or

b. Individual Coverage Terminates

The entire amount of Life Insurance of the person for whom request is made terminates under the group contract for any reason; or

c. Death of Payee

Prior to payment of the ADB, the person for whom request is made dies.

6. Payment of ADB

Upon approval by Aetna, the amount of ADB will be paid to you in a lump sum. To the extent allowed by law:

- a.** any ADB paid to you is exempt from any legal or equitable process for your debts or the debts of your spouse; and
- b.** you will not be required to request an ADB in order to satisfy claims of creditors.

7. Application for Extended Life Insurance Benefits Due to Total and Permanent Disability

If Aetna has extended your Life Insurance under the terms of the Permanent and Total Disability Feature; and you have not previously requested and received an ADB;

you may apply for an ADB. All of the preceding terms of the Accelerated Death Benefit section will apply to any ADB requested while your Life Insurance is being extended under the terms of the Permanent and Total Disability Feature.

VI. Extended Life Insurance Benefits During Total and Permanent Disability

A. Introduction

If you become totally and permanently disabled while you are covered by this Plan, your Life Insurance benefit may be extended.

1. Permanent and Total Disability Requirement

You are permanently and totally disabled only if a disease or injury stops you from working at:

- your own job; or
- any other job for pay or profit; and
- it must continue to stop you from working at any reasonable job.

a. Reasonable Job

A “reasonable job” is any job for pay or profit which you are, or may reasonably become, fitted for by education, training, or experience.

B. Eligibility Requirements

You must meet **all** of the following to be eligible:

- 1. Your Life Insurance must be in force when you become permanent and totally disabled.**
- 2. You must be under age 60 at the time you are first permanently and totally disabled.**
- 3. Your permanent and total disability must have lasted for at least 9 consecutive months without interruption.**

C. Notice Requirement

Aetna must receive your written notice of claim for this extension at its Home Office within 15 months from the date you cease active work.

What is Totally Disabled?

You are "totally disabled" when you are not working at any job for wage or profit, and you are unable to work in any job that is reasonably suited to you by your education, training or experience.

Aetna Inc.
151 Farmington Avenue
Hartford, CT 06156

If your written notice is not received by Aetna within 15 months, you will not be eligible for this benefit extension. Upon receipt of your written notice, Aetna may require you to furnish proof of your permanent and total disability before approving your claim. Aetna also has the right to examine you at its expense before approving your claim. If you have any questions about this notice requirement contact Aetna customer service at 1-800-US-AETNA.

D. Description of Your Extended Benefit

1. This extended insurance will be the amount you were insured for on the date your disability began.
2. This extension period will end on the first to occur of:
 - a. The date Aetna sends you a request at your last address shown on Aetna's records for an exam, if you do not go for the exam within 31 days of that date.
 - b. The date Aetna sends you a request at your last address shown on Aetna's records for proof that you are still permanently and totally disabled, if proof is not given within 31 days of that date.
 - c. The date you are well enough to work in any "reasonable job," as defined above.
 - d. The date you start to work in any job for pay or profit.
3. After insurance has been extended continuously for 2 years, Aetna will not request an exam or proof more often than once in a 15 month period.

NOTE: If you retire before age 60 with a disability, you can elect to extend your Life Insurance Benefit in accordance with this section, OR you can elect \$5,000 Retiree Life Insurance if you are eligible. You cannot have both. If you apply for the extended Life Insurance Benefit and you do not get it, you may be able to get Retiree Life Insurance, if you qualify. See Section Thirteen: Retiree Benefits, for more information.

E. Converting Your Life Insurance to an Individual Life Insurance Contract

1. You May Convert Your Coverage if:

You may convert all or part of your insurance to an individual life insurance contract if you are no longer eligible for life insurance under this Plan because:

- a. Your employment ends or you are no longer eligible for Level 1 or Level 1 EBL benefits: or

- b. Because of age or retirement

2. Converting Your Dependent's Life Insurance

a. When You Can Convert Your Dependent's Life Insurance.

If any of your Dependents' Life Insurance ceases because:

- Your employment ceases;
- You are no longer on Level 1 or Level 1 EBL benefits;
- The dependent ceases to be a dependent;
- Of a reduction in the dependent's life insurance for any reason; **or**
- You die;

The amount of insurance which ceases for each dependent (or lesser amounts, if desired) may be converted to individual life insurance policies.

3. Applying for an Individual Life Insurance Contract

- a. You must apply for the individual contract and pay the first premium within 31 days after you cease to be insured under this Plan.
- b. The Individual Contract must conform to the following three requirements.
 - i. The contract amount must not exceed the amount of the coverage you had under this Plan when your insurance ended.
 - ii. Your premium for the converted policy will be at Aetna's then customary rate for the same policy issued to any other person of the same class of risk and age at the time the converted policy is to become effective.
 - iii. The individual policy will become effective at the end of the 31-day period during which conversion is possible.

F. Life Insurance for Your Dependents

1. Introduction

If your eligible dependent dies while covered by this Plan, you (as the member) are eligible to receive a life insurance benefit of \$20,000. You will need to submit a certified death certificate to the Fund Office. If your spouse dies, you will also need to submit your marriage certificate and most recent Federal Income taxes.

2. Who is Covered

You may cover your:

- Wife or husband; and
- Children who are 14 days or older but under 26 years of age

Your children include:

- Your biological children
- Your adopted children
- Your stepchildren
- Your foster child

3. Excluded from Coverage

The following dependents are not eligible:

- a. Those in full-time active military service.
- b. Children less than 14 days of age

4. Life Insurance for Disabled Dependent Children

a. Introduction

Life Insurance Coverage for your totally disabled dependent child may be continued past the maximum age for a dependent child. However, such coverage may not be continued if the child has been issued a personal life conversion policy.

b. Requirements for Total Disability

Life Insurance and Accidental Death and Personal Loss Coverage for your fully handicapped dependent child may be continued past the maximum age for a dependent child. However, such coverage may not be continued if the child has been issued a personal life conversion policy. Your child is fully handicapped if:

- he or she is not able to earn his or her own living because of mental or a physical handicap which started prior to the date he or she reaches the maximum age for dependent children; and
 - he or she depends chiefly on you for support and maintenance.
- Proof that your child is fully handicapped must be submitted to Aetna no later

than 31 days after the date your child reaches the maximum age.

Coverage will cease on the first to occur of:

- Cessation of the handicap.
- Failure to give proof that the handicap continues.
- Failure to have any required exam.
- Termination of Dependent Coverage as to your child for any reason other than reaching the maximum age.

Aetna will have the right to require proof of the continuation of the handicap. Aetna also has the right to examine your child as often as needed while the handicap continues at its own expense. An exam will not be required more often than once each year after 2 years from the date your child reached the maximum age.

VII. Accidental Death and Personal Loss Coverage

This Plan provides Accidental Death and Personal Loss Coverage to members and dependents through the Aetna Life Insurance Company. This benefit is not self-insured. Thus, all benefit determinations are made by Aetna and all benefits are paid by Aetna. The information contained in this section is a summary of your Accidental Death and Personal Loss Coverage. The Benefits Booklet, issued by Aetna is the governing document for your Accidental Death and Personal Loss Coverage that contains a complete description of benefits, exclusions, limitations and conditions of coverage. If you become covered, Aetna's Benefits Booklet is your Certificate of Coverage. To request Aetna's Benefits Booklet, or for more information on your Accidental Death and Personal Loss Coverage, contact Teamsters Local 251 Health Services and Insurance Plan. Please note that if there are any discrepancies between this SPD and Aetna's Benefit Booklet, the Benefit Booklet will prevail.

Aetna pays a benefit if:

- You or your eligible dependent sustain an accidental bodily injury while covered by this Plan;
- You or your eligible dependent suffer a loss as provided below directly from that injury and from no other cause; and
- The loss occurs within 365 days of the accident.

A. Eligibility

The following Benefits are payable to covered participants under this Plan:

	Member	Dependent
Type of Loss	Principal Sum*	Principal Sum*
Life (This benefit is explained in Sections I through VI)	\$50,000	\$20,000

Both Hands	\$50,000	\$20,000
Both Feet	\$50,000	\$20,000
Sight of Both Eyes	\$50,000	\$20,000
Third Degree Burns covering 75% or more of the body	\$50,000	\$20,000
Third Degree Burns covering 50% to 74% or more of the body	\$25,000	\$10,000
Uniplegia	\$12,500	\$5,000
One Hand	\$25,000	\$10,000
One Foot	\$25,000	\$10,000
Sight of One Eye	\$25,000	\$10,000
Thumb and Index finger of same hand	\$12,500	\$5,000
Speech and hearing	\$50,000	\$20,000
Speech or hearing in both ears	\$25,000	\$10,000
Quadriplegia	\$50,000	\$20,000
Paraplegia	\$25,000	\$10,000
Hemiplegia	\$25,000	\$10,000

* The amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

*Loss of sight means total and permanent loss of sight. Loss of hand or foot means loss by severance at or above the wrist or ankle. The maximum benefit for **all** losses sustained from one accident is \$50,000 for a member's injuries or death and \$20,000 for losses or death sustained by eligible dependents.

* Dependents cannot select their beneficiary. Benefits are only dispersed to members.

1. Dependents Not Eligible

The following dependents are not eligible for coverage under this provision:

- Those in full-time active military service.
- Children less than 14 days of age.

Please refer to Aetna's Benefit Booklet for a more complete description of the losses provided above.

2. What's Not Covered

All coverage available under this section (Section Eleven) is only for losses caused by accidents. **No benefits are payable for a loss caused or contributed to by:**

- A bodily or mental infirmity;
- A disease, ptomaine (food poisoning), or bacterial infection;*
- Medical or surgical treatment;*
- Suicide or attempted suicide (while sane or insane);
- An intentionally self-inflicted injury;
- A war or any act of war (declared or not declared);
- Voluntary inhalation of poisonous gases;
- Commission of or attempt to commit a criminal act;
- Use of alcohol, intoxicants, or drugs, except as prescribed by a physician. An accident in which the blood alcohol level of the operator of a motor vehicle meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred shall be deemed to be caused by the use of alcohol;
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release; **
- Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo);

Payment of Benefits

The Accidental Death benefit is payable to your beneficiary. The Principal Sum for loss of a Dependent's Life is Payable to You. The Accidental Dismemberment benefit is payable to the person who suffered the loss.

*These exclusions from coverage do not apply if the loss is caused by:

- An infection which results directly from the injury.
- Surgery needed because of the injury.

**The exclusion don't apply to Life Insurance.

The injury must not be one which is excluded by the terms of this section.

B. Total Disability Benefit

1. Requirements

If you become totally disabled as defined below because of an accident and that disability is continuous, from the date of the accident until your death Aetna will pay your beneficiary the amount of your Principal Sum if all of the following are true:

- You are not able to work at your own job.
- You are not able to work at any other job for pay or profit.
- You are under age 60 at the time of the accident.
- You die while this group policy is in effect.
- Your Employer continues to make premium payment for your coverage.

If a death benefit is payable, it will be reduced by any other benefit which is payable under this benefit section because of the same accident.

Written notice of your death must be given to Aetna at its Home Office within 12 months of your death. If timely notice is not provided, Aetna will not have to pay this benefit.

C. Additional Accidental Death Benefits

The following benefits will be payable if, while insured, a person suffers a bodily injury caused by an accident and if, within 365 days after the accident, he or she suffers a loss of life solely and as a direct result of the accident.

D. Passenger Restraint and Airbag Benefit

1. Requirements

If a covered loss of life occurs solely and as a direct result of an accident involving a motor vehicle while the covered person:

- is an occupant of the motor vehicle; and
- at the time of the accident is properly using a passenger restraint; and
- if the driver has, at the time of the accident, a valid driver's license.

If these requirements are met, a Passenger Restraint Benefit will be payable. If an airbag is also activated as a result of the same accident, an Airbag Benefit will be payable if the motor vehicle's airbag system is not effective in helping to save the person's life it was designed to protect. Verification of the actual use of the passenger restraint and activation of the airbag system, if applicable, at the time of the loss must be part of an official report of the accident or certified, in writing, by investigating officer(s).

2. Maximum Payouts

The maximum Passenger Restraint Benefit for you and each covered dependent is \$10,000. The maximum Airbag Benefit for you and each covered dependent is \$5,000.

3. Restriction on Passenger Restraint Benefit

No Airbag Benefit will be payable unless a Passenger Restraint Benefit is paid.

E. Education Benefit for Dependent Child

1. Introduction

If you or your covered dependent spouse suffer a loss of life solely and as a direct result of an accident, an Education Benefit is payable to each Dependent Child as defined below.

The Education Benefit Maximum for each dependent child is 5% of your Principal Sum** not to exceed \$5,000 per year per child for up to 4 years.

Education Benefit Maximum for your spouse – 5% of your Principal Sum** not to exceed \$5,000 per year for up to 4 years.

**With respect to a dependent, the amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of the coverage that may be in-force at the time of the loss.

2. How Benefit is Paid

The Education Benefit will be payable in annual installments to the dependent until the earliest to occur of:

- four years from the date of you or your spouse's death; or
- the date no dependent qualifies as a Dependent Child; or
- the date that satisfactory proof of dependent eligibility status is not provided to Aetna within 30 days of a request for it; or
- discontinuance of the group policy.

The first Education Benefit will be paid when:

- you or your covered dependent spouse's Principal Sum becomes payable; and
- Aetna receives written proof that the Dependent Child is attending a school, that meets the criteria of an institution, on a regular basis and is not employed full time. **Regular basis** is usually defined as at least four academic courses in high school, at least 12 credits in college, or at least 9 credits in college. If the child has a learning disability, he or she may be covered if a physician states in writing that they are working to the best of their capacity. A student is not employed full time if they work less than 7-8 hours a day, 5 days a week.

If you and your covered dependent spouse both suffer a loss of life as a result of the same accident, only one Education Benefit, based on your Principal Sum, is payable.

Education Benefits will be paid on each anniversary of the first Education Benefit, provided Aetna receives written proof that the Dependent Child is attending school on a regular basis.

3. Definition of Dependent Child for Purposes of this Education Benefit

A Dependent Child means a child who is:

- Your biological child; or
- Your adopted child; or
- Your stepchild; or
- Any other child you support that lives with you in a parent-child relationship (requires legal custody);

And, for the purposes of this benefit, is an unmarried, full-time student (as defined above) and

- Is attending school, up to and including the 12th grade of high school; or
- Is under the age of 23, and either attending college or trade school on a regular basis at the time of your or your spouse's death or enrolls in college or trade school within 365 days after the claim has been approved.

4. Restrictions on Payment

The Education Benefit will be payable to the Dependent Child if that child has attained the age of majority. Otherwise, the Education Benefit will be payable to the guardian of the estate of the minor, or to the Custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law.

The maximum Education Benefit is 5% of your Principal Sum not to exceed \$5,000 per year per child for up to 4 years.

F. Education Benefit for Your Spouse

1. Introduction

An Education Benefit will be paid to your surviving spouse for costs incurred, as a result of your death, towards employment training that your spouse has enrolled for the purpose of obtaining or supplementing an independent source of income. Written proof of your spouse's enrollment in an employment training program must be received within 365 days after the claim has been approved.

2. How Benefit is Paid

The Education Benefit will be payable in annual installments until the earliest to occur of:

- Four years from the date of your death; or
- The date that satisfactory proof of dependent eligibility status is not provided to Aetna within 30 days of a request for it; or
- Discontinuance of the group policy.

The first Education Benefit will be paid when:

- Your Principal Sum becomes payable; and
- Aetna receives written proof that your spouse is enrolled in an employment training program.

Education Benefit will be paid on each anniversary of the first Education Benefit provided Aetna receives written proof that your dependent spouse is enrolled in an employment training program.

The Education Benefit will be payable to your surviving spouse regardless of whether he or she is the beneficiary of your Life Insurance amount.

a. Limits

Your spouse's benefit is 5% of your Principal Sum, not to exceed \$5,000 per year for up to 4 years.

G. Child Care Benefit

1. Introduction

If you or your covered dependent spouse suffers a loss of life solely and as a direct result of an accident, a Child Care Benefit may be payable with respect to any Dependent Child as defined below.

2. How Benefit is Paid

If the Dependent Child is enrolled in a legally licensed child care center, the Child Care Benefit is payable in annual installments until the earliest to occur of:

- four years from the date of your or your spouse's death; or
- the date no dependent qualifies as a Dependent Child; or
- the date that satisfactory proof of dependent eligibility status is not provided to Aetna within 30 days of a request for it; or
- discontinuance of the group policy.

If you and your covered dependent spouse both suffer a loss of life as a result of the same accident, only one Child Care Benefit, based on your Principal Sum, is payable.

The first Child Care Benefit will be paid when:

- you or your spouse's Principal Sum becomes payable; and
- Aetna receives written proof that the Dependent Child is enrolled in a legally licensed child care center.

Child Care Benefits will be paid on each anniversary of the first Child Care Benefit, provided Aetna receives written proof that the Dependent Child is attending a legally licensed child care center.

For purposes of this benefit, a Dependent Child means a child who is under age 13 and is enrolled in a legally licensed child care center on the date of the accident or subsequently enrolled in a legally licensed child care center within 90 calendar days after the date the claim is approved and is either:

- Your biological child; or
- Your adopted child; or
- Your stepchild; or

- Any other child you support that lives with you in a parent-child relationship (generally requires legal custody);

The Child Care Benefit will be payable to the guardian of the estate of the minor, or to the Custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law.

The Child Care Benefit is paid at 3% of the member's or spouse's Principal Sum to a Maximum of \$2,000 per child per year. The benefit is payable for a maximum of 4 years from the date of your or your spouse's death.

H. Repatriations of Remains Benefit

This Plan pays a Repatriation of Remains Benefit in the amount for the actual expenses incurred, up to \$5,000, to prepare a person's body for transportation to a mortuary if, as a direct result of an accident for which a benefit is payable under this section, he or she suffers loss of life while outside a 200 mile radius from his or her principal place of residence.

I. Coma Benefit

1. Introduction

If, while insured, a person suffers a bodily injury caused by an accident and if, within 30 days after the accident, he or she becomes comatose solely and as a direct result of the accident, Aetna will pay a monthly benefit provided the person is continually comatose for at least 30 consecutive days.

Proof that the person is comatose must be submitted to Aetna no later than 60 days after the date he or she become comatose.

The monthly benefit is the Coma Benefit Percentage less any benefit amount paid or payable under this benefit section for any loss the covered person suffers as a direct result of a bodily injury caused by the same accident. The monthly benefit of 5% of the Principal Sum is payable for 11 months. The full Principal Sum less any benefit amount paid or payable under this benefit section because of the same accident will be payable after the covered person has been continually comatose for 12 months.

2. Limitations

- a. No more than the full Principal Sum is payable for all losses resulting from the same accident.**
- b. Termination of Monthly Benefit Payments**

The monthly benefit is payable for as long as the coma continues, until the earliest to occur of:

- failure to have any required exam;
- failure to give proof that the coma continues
- the date the full Principal Sum is paid under this benefit section;
- the date the covered person is no longer comatose, by death, recovery, or any other change of condition, as certified by a physician; or
- termination of the group policy

c. Aetna's Right to Proof

Aetna will have the right to require proof of the continuation of the coma. Aetna, at its own expense, also has the right to examine the covered person while the coma continues. Aetna will not request an exam or proof more than twice in a 12 month period. A physician's certification will be required before the final payment is made.

d. Your dependent's monthly benefit is payable to you.

e. Your monthly benefit is payable to your named beneficiary.

No benefit will be payable if:

- no named beneficiary survives you; or
- no beneficiary has been named;
- and no immediate family member, to whom the benefit may be paid, at Aetna's discretion, survives you. Immediate family members are: your spouse, your children, your parents, and your brothers and sisters.

F. Lump Sum Payments

If the monthly payments are less than \$20 each, the payment will be paid in one lump sum on the first day of the month following the date the covered person has been continually comatose for 12 months.

J. Disabled Dependent Children

1. Introduction

Accidental Death and Personal Loss Coverage for your totally disabled dependent child may be continued past the maximum age for a dependent child. However, such coverage may not be continued if the child has been issued a personal life conversion policy.

2. Definition of Totally Disabled for this Benefit

Your child is totally disabled if:

- he or she is not able to earn his or her own living because of a mental or physical disability which started prior to the date he or she reached the maximum age for dependent children; and

- he or she depends chiefly on you for support and maintenance

Proof that your child is totally disabled must be submitted to Aetna no later than 31 days after the date your child reaches the maximum age. Aetna will have the right to require proof of the continuation of the disability. Aetna also has the right to examine your child as often as needed while the disability continues. An exam will not be required more often than once a year after 2 years from the date your child reached the maximum age.

3. End of Coverage

Coverage will end on the first to occur of:

- Cessation of the disability
- Failure to give proof that the disability continues
- Failure to have any required exam
- Termination of Dependent Coverage as to your child for any reason other than reaching the maximum age.

K. Claims Procedure for Accidental Death and Personal Loss Coverage

1. Claims

Written notice of claim must be furnished to the Fund within 20 days after any loss for which Aetna is liable, or as soon after that as is possible.

Aetna will furnish you with claim forms within 15 days of the notice of claim. If forms are not furnished, written proof of loss must still be furnished as set forth in the next section.

A claim must be submitted to Aetna in writing. It must give proof of the nature and extent of the loss.

All claims should be reported promptly. The deadline for filing a claim for any benefit is 90 days after the date of the loss causing the claim. However, the deadline does not apply to Life Insurance.

If, through no fault of your own, you are not able to meet the deadline for filing a claim, your claim will still be accepted if you file as soon as possible. Unless you are legally incapacitated, late claims will not be covered if they are filed more than one year after the deadline.

You will be notified of an adverse benefit determination not later than 90 days after Aetna's receipt of the claim. The time period may be extended up to an additional 90 days due to special circumstances. In that case, you will be notified of the extension before the end of the initial 90-day period. Notice of the extension will explain the special circumstances requiring the extension and the date by which a decision is expected. If your claim is denied in whole or in part, you will receive a written notice of the denial from Aetna. The notice will explain the reason for the denial and the review procedure.

2. Appeals

You may request a review of the denied claim. You will have 60 days following receipt of an adverse benefit decision to appeal the decision. The request must be submitted, in writing, and include your reasons for requesting the review. Submit your request to the office of the Aetna Life Insurance Company to which you submitted your initial request for benefit payment. You will be notified of the decision not later than 60 days after the appeal is received. If an extension of time for processing the appeal is needed, the time period may be extended up to an additional 60 days, in which case you will be notified prior to the end of the first 60 day period. The notice will indicate the special circumstances requiring an extension and the date by which a decision is expected.