

Group Life Insurance

Designed for Employees of

Gilbert Chamber of Commerce





HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Simsbury, Connecticut
(A stock insurance company)

Having issued Group Policy No. 83154594

to

**Group Benefits Insurance Trust, located in Washington D.C., for
Employers in General Services Industries
(herein called the Holder)**

and insuring Eligible Employees of

**Gilbert Chamber of Commerce
(herein individually called the Participating Employer)**

Customer No. 375765

CERTIFICATE OF INSURANCE

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

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

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

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

EXAMINING YOUR CERTIFICATE

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

TLC-1AA

Signed for Hartford Life and Accident Insurance Company

Richard G. Costello, Secretary

Thomas M. Marra, President

**Group Term Life Insurance Certificate
Conversion Privilege
Waiver of Premium Disability Benefit
Renewable with the Consent of the Company
Non-Participating**

SBGTL-C

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TOC-C

SCHEDULE OF BENEFITS

Effective as of: August 1, 2008

Holder: Group Benefits Insurance Trust for Employers in General Services Industries
Policy Number: 83154594
Policy Effective Date: October 1, 2002
Participating Employer: Gilbert Chamber of Commerce
Participating Employer Customer Number: 375765
Participating Employer Effective Date: January 1, 2005
Premium Rate Guarantee: We agree to guarantee the premium rate and not to modify the Participating Employer's coverage under the Policy until October 1, 2006 if:
1) There are no changes made to the program by the Participating Employer;
2) At least 4 eligible employees of the Participating Employer are insured under the Policy;
3) There are no changes in the Participating Employer's classes of employees, subsidiaries, or affiliated companies covered under the Policy or new acquisitions of the Participating Employer added under the Policy after the effective date of the Participating Employer's coverage under the Policy.
We have the right to change premium rates under the Policy on any premium due date after October 1, 2006. We will give 31 days written notice to the Participating Employer before any change in rate will become effective.

Eligible Class: All individuals in the following class are eligible for insurance:
1 All full-time Employees of the Participating Employer working in the United States of America who are Actively at Work for the Participating Employer.
A full-time employee is one who regularly works a minimum of 30 hours per week for the Participating Employer. Part-time, seasonal and temporary employees of the Participating Employer are not eligible.
Waiting Period:
• If You are in a class eligible for insurance on or before the Participating Employer Effective Date – 30 Days of continuous, active, full-time employment
• If You enter a class eligible for insurance after the Participating Employer Effective Date – 30 Days of continuous, active, full-time employment
Your Waiting Period will be waived if You were insured under the Prior Policy on the day prior to the effective date of the Policy.

Waiver of Premium Elimination Period: 9 months

Non-Contributory Benefits:
Basic Life Insurance
Basic Accidental Death & Dismemberment Insurance

YOUR BASIC BENEFITS

Amount of Basic Life Insurance: Flat amount of \$50,000

**Amount of Basic Principal Sum,
Accidental Death & Dismemberment Insurance:** Flat amount of \$50,000

Guaranteed Issue Amount for Basic Life Insurance: \$50,000

Benefit Reduction Due to Age: Your insurance in force prior to age 65 will reduce to 65% at age 65 and to 50% at age 70.

ADDITIONAL BENEFITS

The following additional benefits are included:

- Waiver of Premium Disability Benefit
- Accelerated Benefit
- Seatbelt & Air Bag Benefit
- Repatriation of Remains Benefit

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

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EMPLOYEE INSURANCE

ELIGIBILITY AND ENROLLMENT

Who are Eligible Persons?

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

When are You enrolled for Basic Life Insurance?

When You become an Eligible Person, You will automatically be enrolled for Basic Life insurance and any other Non-Contributory coverage offered under the Policy. You may refuse such coverage. Such refusal must be in writing on a form provided by Us. If You later apply for coverage, You will be considered a Late Enrollee.
TLC-3BAB

What is required to become insured?

To become insured You must:

- 1) be an Eligible Person;
- 2) complete the Waiting Period, if any;
- 3) complete a group insurance enrollment form acceptable to Us;
- 4) provide any required Proof of Insurability; and
- 5) agree to pay any required premium.

TLC-5AA

EFFECTIVE DATES

When does Your insurance start?

If You enroll within 31 days after first becoming eligible to enroll for coverage, Your insurance up to the Guaranteed Issue Amount will take effect on the later of:

- 1) the first of the month that falls on or next follows the date You enroll; or
- 2) the first of the month that falls on or next follows the date You satisfy the Waiting Period, if any.

You must apply for any amounts over the Guaranteed Issue Amount. Such coverage will take effect on the first of the month that falls on or next follows the date We approve Your Proof of Insurability.

No coverage will go into effect until You have satisfied the Waiting Period. If You are a Late Enrollee, Your insurance will take effect on the first of the month that falls on or next follows the date We approve Your Proof of Insurability.

TLC-8AA

When will insurance become effective if a disabling condition causes You to be absent from work on Your Effective Date?

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

TLC-9AA

CHANGES IN AMOUNTS OF INSURANCE

When does Your coverage amount change if there is a change in Your class or the plan?

If there is an increase in Your coverage amount due to a change in Your class or the plan, Your new coverage amount will become effective as follows:

- 1) For amounts less than the Guaranteed Issue Amount: Your effective date will be on the first of the month that falls on or next follows the date You are first eligible for the increase in benefits;
- 2) For amounts above the Guaranteed Issue Amount: Your effective date will be the first of the month that falls on or next follows the date Your Proof of Insurability is approved by Us.

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

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

TLC-10AA

When does Your coverage amount change if there is a reduction due to age?

If You have attained one of the benefit reduction ages stated in the Schedule, Your coverage amount will be reduced. Any reduction will be in accordance with the reduction percentage shown for Your age. The reduction for each age will take place as follows:

- 1) immediately, if You have already attained the reduction age at the time Your insurance goes into effect;
or
- 2) on the date You attain the reduction age, if this occurs after Your insurance goes into effect.

TLC-13AA

PROOF OF INSURABILITY

What is meant by providing Proof of Insurability?

Providing Proof of Insurability means that You must fully complete Our Proof of Insurability application, and at Your expense:

- 1) undergo a physical examination and/or submit to the collection and testing of Your blood or urine specimens, if required by Us; and
- 2) provide any additional information that We may reasonably require to evaluate Your request for coverage.

TLC-14AA

The above expenses, if any, will be waived where required by law.

TLC-15BA

When is Proof of Insurability required?

Proof of Insurability must be provided if:

- 1) You are a Late Enrollee;
- 2) Your amount of Life Insurance exceeds the Guaranteed Issue Amount stated in the Schedule, if applicable;
- 3) You request an increase in Your amount of Life Insurance, if applicable;
- 4) Your coverage is reinstated and Proof of Insurability is required by Us.

Proof of Insurability will not be required for any amount of insurance that We agree to carry over from the Prior Policy. Such agreement must be in writing.

TLC-16AA

LIFE INSURANCE BENEFIT

What is Your Death Benefit?

Your Death Benefit is the amount of Your Life Insurance shown in the Schedule, subject to any reduction under the Policy. Death Benefits will be paid to Your Beneficiary upon Our receipt of due proof of Your death.

TLC-18AA

What is needed before We can pay the Death Benefit?

Claims must be filed on Our forms. A claim form may be obtained from the Participating Employer or Us.

The following are required before the Death Benefit can be paid:

- 1) a fully completed claim form;
- 2) a certified copy of the deceased's death certificate; and
- 3) any other documents that We may reasonably require to establish due proof of death.

After the required forms are received and approved by Us, the Death Benefit will be paid.

TLC-20AA

CONVERSION PRIVILEGE

Under what conditions can Your Life Insurance coverage be converted to another plan of insurance?

You may convert Your Life Insurance coverage to an individual policy if:

- 1) Your coverage terminates or reduces, while the Policy and the Participating Employer's coverage under the Policy is in force, and one of the following applies:
 - a) Your employment ends;
 - b) You are no longer in an Eligible Class;
 - c) You reach a specified age;
 - d) You change from one Eligible Class to another providing a lower benefit; or
 - e) You retire.

The amount of life insurance may not exceed the amount terminated under the Policy. Such amount will be reduced by any amount of group life insurance for which You are or become eligible within 31 days of termination.

- 2) You have been continuously insured under the Policy for at least 5 years and Your coverage terminates because the Policy or the Participating Employer's coverage under the Policy terminates, or the Policy is amended so as to terminate insurance for Your class.

The amount of insurance for this insurance policy will be the lesser of:

- a) the amount for which You were insured under the Policy, reduced by any amount for which You are or become eligible under any group life insurance policy within 31 days of termination; or
- b) \$2,000.

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How do You convert coverage?

To convert Your Life Insurance coverage You must:

- 1) Make written application to Us within 31 days after Your insurance ends; and
- 2) Include the first premium payment with Your application. The premium will be based on the rates filed by Us for the policy to be issued. It will also be based on Your attained age and class of risk, and the amount of insurance.

When We receive Your written application and first premium payment, We will issue to You an individual life insurance policy. The issuance of the policy will be subject to the following conditions:

- 1) no Proof of Insurability is needed;
- 2) the individual policy will be on one of the forms, except term insurance, that We issue for conversion coverage; and
- 3) the individual policy may not contain disability, accidental death and dismemberment or other supplementary benefits.

Any individual policy issued under this Conversion Privilege will be in lieu of all other benefits under the Policy.

TLC-29AA

What if You die during the conversion election period?

If You die within the 31-day conversion period, We will pay, upon receipt of proof of Your death, the amount of Your Life Insurance that You were entitled to convert. The claim will be paid under the Group Policy, even if the application or payment of the first premium for the individual policy has not been made.

TLC-30AA

What happens if You convert Your coverage and later become eligible again for coverage under the Policy?

If You have converted Your coverage to an individual policy, You will not have to surrender Your conversion policy if You become insured again under the Policy. If You once again become ineligible for coverage under the Policy, You will not be able to convert Your coverage a second time if Your original individual conversion policy is still in force.

TLC-31AA

What are the notice requirements for conversion?

The Participating Employer will notify You in writing of Your rights to convert Your coverage under the Policy. If the notice is not received within 31 days after Your insurance terminates, the application period for conversion may be extended for an additional 60 days. In no event, will the application period exceed 91 days following the date of Your termination.

TLC-32AA

WHAT ADDITIONAL BENEFITS ARE AVAILABLE UNDER EMPLOYEE INSURANCE?

WAIVER OF PREMIUM DISABILITY BENEFIT

What is the Waiver of Premium Benefit and to what coverages does it apply?

This provision provides for the continuation of Your Life Insurance without premium charge during the continuance of Your Total Disability.

Accidental Death and Dismemberment Benefit (if any), and any other additional benefits offered under the Policy will not be continued under this provision.

What is the amount of Life Insurance kept in force under this provision?

The amount of Life Insurance continued under this provision will be the amount of Life Insurance in force on the last day of Your active employment immediately preceding the date Your Total Disability begins.

All insurance continued under this provision will be subject to the benefit reductions stated in the Policy.

Are there any exclusions under this benefit?

We will not waive premiums if Your Total Disability results from intentionally self-inflicted injuries, while sane or insane.

What conditions must be satisfied before You may qualify for Waiver of Premium?

To qualify for this benefit:

- 1) You must become Totally Disabled while You are insured under the Policy, and before You reach age 60;
- 2) You must remain Totally Disabled during the Elimination Period; and
- 3) We must receive written notice of claim from You, or a person acting for You:
 - a) during Your lifetime;
 - b) within 12 months from the date Your Total Disability started;
 - c) during the continuance of Your Total Disability; and
 - d) before Your insurance ends.

What items must be supplied to establish proof of disability?

We must receive due proof of Your Total Disability before We will waive Your premium. Such proof must be sent to Us within 12 months from the date Your disability began, or as soon as reasonably possible. Failure to provide proof of disability may delay, suspend or terminate Your benefits. The items listed below are supplied at Your expense and must be a part of Your proof of loss.

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

What happens if You die within 12 months before giving Us the first proof?

If You become Totally Disabled while insured under the Policy, and die within one year of the date Your Total Disability started without giving Us the first proof, Your Death Benefit will be paid to Your Beneficiary if:

- 1) We receive written proof of Your continuous Total Disability from the date Your Total Disability started to Your date of death;
- 2) We are provided satisfactory proof of Your death as outlined in the Life Insurance Benefit provisions; and
- 3) the Policy and Your coverage are in force at the time of Your death.

How often is proof required?

We have the right to require proof that Your Total Disability continues. At Our option, We also have the right to require that a Doctor of Our choosing examine You. If an examination is required, it will be conducted at Our expense.

Such rights may be exercised at any reasonable time during the first 2 years following receipt of due proof of Your Total Disability. After this 2-year period such right may be exercised once a year.

When are premium payments no longer required?

Once We approve proof of Your Total Disability, Your Life Insurance will remain in force without further premium payments. Your Waiver of Premium Benefit will cease in accordance with the termination provision.

Are there any other benefits available under this provision?

If Your premiums are being waived due to Your Total Disability and You wish to return to work, We will assist You in identifying any modifications to Your worksite that are necessary to help You return to work. An agreement stating the modifications necessary for You to return to work must be signed by You, the Participating Employer, and Us. In such case, We will reimburse the Participating Employer for the cost of any agreed upon modifications up to a total maximum of \$1,500.

When will Your Waiver of Premium Benefit terminate?

Insurance will immediately cease to be continued under this provision if:

- 1) proof of the continuance of Your Total Disability is not furnished when required;
- 2) You refuse to be examined as required;
- 3) Your Total Disability ends; or
- 4) You attain age 65.

Your insurance may then be continued in force under the Policy only if:

- 1) the Policy and the Participating Employer's coverage under the Policy is then in force;
- 2) You immediately return to Active Work in a class eligible for insurance; and
- 3) premiums for You are paid as they fall due.

If either condition 1) or 2) above is not met, the termination of insurance will be subject to the Conversion Privilege.

How does termination of the Policy or termination of the Participating Employer's coverage under the Policy affect Your insurance under the Waiver of Premium Benefit?

Termination of the Policy or the Participating Employer's coverage under the Policy will not affect any insurance that has been continued under this provision prior to the termination date.

What if You are Totally Disabled and the Policy or the Participating Employer's coverage under the Policy ends before You satisfy the Elimination Period?

Your coverage under the Policy will end if the Policy or the Participating Employer's coverage under the Policy terminates before You satisfy the Elimination Period. You will be entitled to convert Your coverage to an individual plan of life insurance as described in the Conversion Privilege provision. Termination of Your Participating Employer's coverage under the Policy does not affect Your right to convert an amount up to Your amount of coverage in effect prior to termination.

You may still submit a claim for benefits after the Policy or the Participating Employer's coverage under the Policy ends. However, You must be Totally Disabled for the full length of the Elimination Period. Termination of the Policy or the Participating Employer's coverage under the Policy will not affect Your right to file claim for benefits once You qualify.

Upon receipt of timely notice and due proof of Your Total Disability, We will evaluate Your claim. If We determine that You qualify, We will approve Your claim and agree to rescind any individual policy of life Insurance issued to You under the Conversion Privilege. We will refund all premiums paid for such coverage. Insurance will not go in effect until We approve Your claim in writing.

TLWP-1AA

ACCELERATED BENEFIT

What is the Accelerated Benefit?

This benefit provides for an acceleration of Your Death Benefit, while You are living, if You are diagnosed with a terminal illness. If You qualify, We will pay an amount up to 50% of the amount of Your Life Insurance in force at the time of Your request, less any reductions which would occur within the next 12 months. The accelerated amount is subject to a minimum payment of \$5,000 and a maximum of \$25,000.

The Accelerated Benefit is payable only once during Your lifetime. It will be paid to You in a lump sum.

RECEIPT OF THE ACCELERATED BENEFIT MAY BE TAXABLE. WE ARE NOT RESPONSIBLE FOR ANY TAX OR OTHER EFFECTS OF ANY BENEFIT PAID. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR BEFORE ELECTING THIS BENEFIT.

How do You qualify for the Accelerated Benefit?

You may qualify for an Accelerated Benefit payment if:

- 1) the Policy including this benefit is in force with respect to You;
- 2) You are diagnosed by a Doctor as having a terminal illness with a life expectancy of 6 months or less;
- 3) You become terminally ill while insured under the Policy or this benefit provision, whichever is later;
- 4) You have at least \$10,000 of Life Insurance in-force;
- 5) no government agency requires You to use the payment to apply for, receive or continue a government benefit or entitlement;
- 6) Your claim under this provision is made during Your lifetime; and
- 7) You provide the following:
 - a) a fully completed claim form;
 - b) written consent from any assignee and/or irrevocable Beneficiary on claim forms provided by Us (or the Participating Employer);
 - c) a Doctor's statement certifying Your limited life expectancy;
 - d) a second confirming medical opinion, if requested by Us. This will be by a Doctor acceptable to Us and at Our expense; and
 - e) any additional information necessary to process the claim, as requested by Us.

Does Your premium change if You exercise the Accelerated Benefit option?

Your premium payments will continue to be paid on the full amount of Life Insurance in force prior to receiving the Accelerated Benefit.

How will the Accelerated Benefit Payment affect Your Life Insurance?

Your Life Insurance will be reduced by the amount of the Accelerated Benefit payment. Your remaining Life Insurance amount will be paid in accordance with the terms of the Policy, subject to any reduction and termination provisions.

The Principal Sum, if any, payable under the Accidental Death and Dismemberment Benefit is not affected by the Accelerated Benefit payment.

The amount You may convert to an individual policy, as outlined in the Conversion Privilege provision, will not exceed the amount of Your remaining Life Insurance.

When will this benefit terminate?

This provision will terminate on the date You are:

- 1) no longer insured under the Policy; or
- 2) issued the Accelerated Benefit payment;

whichever occurs first.

TLAB-1AA

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

What benefits are payable under this provision?

We will pay in a lump sum the indicated percent of the Principal Sum for the Loss listed below. The Principal Sum is stated in the Schedule. Benefits payable under this provision are in addition to any other benefits payable under the Policy.

Loss of:	Percent of Principal Sum Payable
Life	100%
Both Arms or Both Legs	100%
Both Hands or Both Feet.....	100%
Entire Sight of Both Eyes	100%
One Arm or One Leg.....	70%
One Hand or One Foot.....	50%
Entire Sight of One Eye	50%
Speech	50%
Hearing in Both Ears.....	50%
Thumb and Index Finger of Same Hand.....	25%
Four Fingers of Same Hand	10%
Big Toe	5%

Loss as used above with reference to:

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

What conditions are necessary for benefits to become payable?

If You sustain any of the above Losses, a benefit will be payable if:

- 1) Your Loss resulted from an Injury caused by an Accident;
- 2) the Injury occurred while Your coverage was in force; and
- 3) the Loss occurred within 365 days after the date of the Accident.

Termination will not affect a covered loss which began before the date of termination.

What is the maximum benefit payable?

If more than one Loss results from any one Accident, We will only pay the one largest applicable benefit as listed above. No benefit is payable for a loss which is not shown above.

What are the Accidental Death and Dismemberment exclusions?

We will not pay accidental death and dismemberment benefit(s) for any Loss caused by or resulting from:

- riding in or boarding or alighting from any aircraft owned, chartered or leased by or on behalf of the Participating Employer;
- riding in or boarding or alighting from any vehicle or device for aerial navigation as a pilot or crew member;
- declared or undeclared war or an act of either;
- suicide, a suicide attempt, self-destruction or an attempt to self-destroy while sane or insane;
- intentionally self-inflicted Injury while sane or insane;
- medical or surgical treatment of sickness or disease;
- intoxication, or being under the influence of drugs unless taken as prescribed by a Doctor. Intoxication means that which is defined and determined by the laws of the jurisdiction where the Loss or cause of Loss was incurred;
- intentionally placing Yourself in a condition of peril where the outcome is foreseeable;
- driving or riding in any vehicle used in a race, speed or endurance test or for acrobatic or stunt driving;
- participation in an illegal occupation or attempt to commit a felony;
- service in the armed forces of any country. However, orders to active military service for 2 months or less will not constitute service in the armed forces;
- sickness or disease, except pyogenic infections which occur through an accidental cut or wound.

TLADD-1AA

SEATBELT AND AIR BAG BENEFIT

What is the Seatbelt Benefit?

If You die from Injury sustained in an Automobile Accident, We will increase Your Principal Sum by an additional 10% or \$5,000, whichever is less, if:

- 1) You are wearing a properly fastened Seatbelt at the time of the Automobile Accident;
- 2) due proof of Seatbelt use is provided as part of the written proof of loss; and
- 3) the Loss of Life benefit is payable under the Accidental Death and Dismemberment Benefit.

If due proof of Seatbelt use is not provided, and it is unclear if You were wearing a Seatbelt, We will increase Your Principal Sum by \$1,000. This payment is in lieu of the Seatbelt Benefit.

What is the Air Bag Benefit?

If benefits are payable under the Seatbelt Benefit, and the Automobile is equipped with a factory installed Supplemental Restraint System (Air Bag), We will increase Your Principal Sum by an additional 5% or \$2,500, whichever is less, if:

- 1) You are positioned in a seat that is designed to be protected by an Air Bag; and
- 2) The police report or other evidence establishes that the Air Bag inflated properly upon impact.

If it is unclear whether You were positioned in a seat designed to be protected by an Air Bag, or if it is not established that the Air Bag inflated properly upon impact, We will increase Your Principal Sum by \$1,000. This payment is in lieu of the Air Bag Benefit.

Exclusions

In addition to the Exclusions listed under the Accidental Death and Dismemberment Benefit, We will not pay benefits for any Loss caused by or resulting from:

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

Definitions

As used in this provision:

Automobile means a four-wheel private passenger car, including pick-up trucks and vans with a load capacity of one ton or less, that is duly licensed for passenger use. It must be designated primarily for use on public streets and highways.

Automobile Accident means an accident that occurs when You are driving or riding in an Automobile.

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

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

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

TL5B-1AA

REPATRIATION OF REMAINS BENEFIT

What is the Repatriation Benefit?

The Repatriation Benefit provides reimbursement for certain eligible expenses if:

- 1) Your mortal remains have been transported back to Your Country; and
- 2) You died:
 - a) as the result of a covered Injury sustained outside Your Country; and
 - b) the Loss of Life Benefit is payable under the Accidental Death and Dismemberment Benefit.

Transportation must be by the most direct and economical route.

What benefit is payable under this provision?

The Repatriation Benefit is equal to the Reasonable Expenses incurred up to a maximum of \$3,000 for the following covered services:

- 1) documentation and authorization from local authorities;
- 2) embalming or cremation;
- 3) a coffin or urn appropriate for the transportation of mortal remains; or
- 4) transportation of the mortal remains to the funeral director responsible for Your burial.

What conditions are necessary for a benefit to become payable?

We will pay the Repatriation Benefit if:

- 1) a request for payment is filed for such benefit along with the bills showing the costs incurred for the covered services; and
- 2) the request and the documentation are filed with Us within 12 months of death.

To whom is the benefit payable?

The benefit is payable to the person who has incurred the cost for any of the covered services shown above.

Definitions

As used in this benefit:

Country means the nation in which You maintain Your legal residence.

Reasonable Expense means the usual and customary fee or charge for the services rendered and the supplies furnished in the area where such services are rendered or supplies furnished.

TLRR-1AA

TERMINATION PROVISIONS

TERMINATION OF EMPLOYEE INSURANCE

When does Your insurance terminate?

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

- 1) the date the Policy is terminated or non-renewed or the date the Participating Employer's coverage under the Policy is terminated;
- 2) the date You request to cancel Your coverage under the Policy;
- 3) the date at the end of the period for which premium has been paid, if the required premium is not paid within the Grace Period;
- 4) on the premium due date that falls on or next follows the date:
 - a) You are no longer a member in an Eligible Class; or
 - b) Your class is no longer covered under the Policy;
- 5) the date You enter the armed forces of any country. Membership in the reserves or a call to active duty for 2 months or less is not deemed entry into the armed forces.
- 6) the date the Death Benefit is paid.

TLC-21AA

Termination will not affect a covered loss which began before the date of termination.

TLC-23AA

If the required premium is paid when due, absence due to the following will not be treated as a termination of Your Life Insurance until the end of the period shown:

- Leave of absence, agreed to in writing by the Participating Employer: 1 month(s)
- Temporary layoff: 1 month(s)
- Injury or sickness: 12 months, but not beyond the date You qualify for benefits under any disability provision.

TLC-24AA

Under what conditions can coverage be reinstated after termination?

Your coverage may be reinstated under the Policy if:

- 1) Your coverage ends due to termination of employment;
- 2) You become eligible again within 12 months of Your termination; and
- 3) You make written request for reinstatement within 31 days of becoming eligible.

You will be considered a Late Enrollee if You are eligible to reinstate Your coverage, but fail to make such request within the above time limit.

If the above conditions are satisfied, Your coverage will take effect on the date Your reinstatement request is accepted by the Participating Employer or Us. The amount of insurance reinstated will be the amount in force at the time Your employment ended, subject to any reduction due to age.

TLC-26AA

BENEFICIARY AND PAYMENT OF CLAIMS

How do You designate or change Your Beneficiary?

At the time You become insured, You should name a Beneficiary to receive Your death proceeds payable under the Policy.

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

TLC-33AA

To whom are benefits payable?

Payment of Your Life Insurance Death Benefit and Loss of Life Accidental Death benefit will be made in a lump sum to Your Beneficiary. In lieu of a lump sum payment, an optional method of settlement may be selected as stated in the provision entitled *Can You choose an Optional Method of Settlement*. All other benefits will be paid to You.

TLC-34AA

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

TLC-36AA

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

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

At Our option, We may pay a part of the Death Benefit to any person who has incurred funeral or other expenses on Your behalf incident to Your last sickness and death. The maximum amount of such payment is \$250.

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

TLC-37AA-99

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

Your death proceeds will be paid to Your estate if:

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

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

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

TLC-38AA

UNIFORM PROVISIONS FOR ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Time of Payment of Claim

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

Notice of Claim

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

Notice will be sufficient if it identifies You and the Policy. The notice must be sent to Us at Our Claim Office, P.O. Box 946730, Maitland, FL 32794-6730, or given to Our agent.

Claim Forms

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

Written Proof of Loss

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

Physical Examination

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

Autopsy

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

Legal Actions

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

Conformity with State Statutes

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

TLUP-1AA

GENERAL PROVISIONS

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

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

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

We will not use any statement to contest the validity of Your insurance after it has been continuously in force under the Policy for a period of 2 years during Your lifetime. With respect to an increase in the amount of Your insurance, We will consider the 2-year period to begin as of the effective date of such increase.

TLC-39AA

Can You choose an Optional Method of Settlement?

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

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

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

The first payment will be made immediately upon receipt of proof of death. A period of years resulting in monthly payments of less than \$50 may not be selected.

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

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

TLC-43AA

Can You assign Your Ownership Rights?

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

- 1) the right to change the Beneficiary;
- 2) the right to receive any and all benefits under the Policy without notice to or consideration to You; or
- 3) any right to convert this group insurance to an individual policy of life insurance in accordance with the Conversion Privilege.

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

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

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

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

TLC-44AA

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

The benefits under the Policy are not subject to the claim of or legal process by any creditor of Your Beneficiary.
TLC-45AA

What if the age or sex of someone covered under the Policy is misstated?

If the age or sex of a person covered under the Policy has been misstated, We will make an equitable adjustment of the premium. Such adjustment will be the difference between the premiums paid and the premiums which would have been paid at Your true age or sex, whichever applies.

If coverage would not have been issued, We will refund the premiums paid for such insurance.
TLC-46AA

What happens if there is a record keeping error?

An error in keeping records will not cancel insurance that should otherwise continue in force. Such error will not continue insurance that should otherwise end. Your insurance coverage will not be prejudiced by the failure on the part of the Participating Employer to transmit reports, pay premium or comply with any of the provisions of the Policy when such failure is due to an inadvertent error or clerical mistake.
TLC-48AA

DEFINITIONS

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

TLD

Accident means a sudden, unexpected, unusual, specific and abrupt event. Such event must occur by chance at an identifiable time and place during the Policy term. Any Injury caused by, or resulting from, a sickness or disease is not an accident.

TLD-1AA

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

- 1) working at the Participating Employer's usual place of business, or on assignment for the purpose of furthering the Participating Employer's business; and
- 2) performing the Material and Substantial Duties of Your regular occupation on a full-time basis.

TLD-2AA

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

TLD-3AA

Beneficiary means the person, persons or entity You name to receive the death proceeds payable under Your Life Insurance and Accidental Death benefit.

TLD-5BA

Death Benefit means the amount of Life Insurance stated or described in the Schedule, less any reductions.

TLD-10AA

Dependent is as described in the Schedule.

TLD-11AA

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

TLD-12AA

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

TLD-13AA

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

TLD-14AA

Elimination Period means the period of continuous Total Disability stated in the Schedule.

TLD-15AA

Gainful Occupation means the performance of any occupation or employment for wages, remuneration or profit, for which You are reasonably qualified by education, training or experience. Such occupation can be on a full-time or part-time basis.

TLD-17AA

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

TLD-18AA

Guaranteed Issue Amount means the amount of Life Insurance stated in the Schedule that is not subject to Proof of Insurability requirements. The Guaranteed Issue Amount is only available to You when You first become eligible to enroll. It is not available if You are a Late Enrollee.

TLD-19AA

Immediate Family means Your spouse and the children, siblings and parents of either You or Your spouse.

TLD-20AA

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

- 1) occur while Your coverage is in force; and
- 2) result, directly and independently of all other causes, in loss covered by the Policy.

TLD-21AA

Insured means the employee whose insurance is in force under the terms of the Policy.

TLD-22AA

Late Enrollee means You enroll for coverage more than 31 days after You are first eligible to enroll. You will also be considered a late enrollee if You were eligible under the Prior Policy for more than 31 days but were not insured.

TLD-23AA

Male pronoun whenever used includes the female.

TLD-24AA

Material and Substantial Duties means the necessary functions of Your regular occupation which cannot be reasonably omitted or altered.

TLD-25AA

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

TLD-26AA

Medical Advice means advice, care, or treatment from Your Doctor which is consistent with Generally Accepted Medical Practice.

TLD-27AA

Non-Contributory means that coverage for which the Participating Employer pays the entire premium.

TLD-29AA

Prior Policy means the Participating Employer's group life insurance policy that was:

- 1) in force immediately prior to the effective date of the Policy; and
- 2) replaced by the Policy.

TLD-30AA

Proof of Insurability means a written statement of the medical history for a person eligible for coverage under the Policy. It includes any proofs that might reasonably be required in order to determine acceptability for coverage in accordance with Our established underwriting criteria.

TLD-31AA

Schedule means the Schedule of Benefits which is a part of this Certificate.

TLD-33AA

Total Disability or **Totally Disabled** means that as a result of injury or sickness, You are unable to perform each of the material duties of any Gainful Occupation.

TLD-35AA

Total Disability will not be deemed to exist unless You are receiving Appropriate and Regular Care for Your condition from a Doctor and are following his Medical Advice.

TLD-36AA

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

TLD-37BA

We, Our and **Us** mean the Hartford Life and Accident Insurance Company, Chicago, Illinois.

TLD-38AA

You, Your and **Yours** mean the eligible employee to whom this certificate is issued and whose insurance is in force under the terms of the Policy.

TLD-39AA

IMPORTANT ERISA WELFARE PLAN INFORMATION

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

DISCRETIONARY AUTHORITY

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



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