

# GROUP TERM LIFE AND AD&D INSURANCE SUMMARY OF COVERAGE



Self-Insured Schools of California (SISC)  
GLUG-ABIH  
Effective: July 1, 2013

All Eligible Confidential Management Members of Ukiah Unified School District

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your Policyholder's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your Policyholder's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

<b>BENEFITS</b>	
<b>Guaranteed Issue Limit</b>	For You: All Amounts For Your Spouse: All Amounts For Your Dependent Child: All Amounts Subject to any reductions, Guaranteed Issue means the amount of insurance applied for which does not require evidence of good health.
<b>Life Insurance Benefit for You</b>	Amount of Life Insurance: \$20,000 Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living benefits previously paid under the Policy.
<b>Reductions</b>	Your Current Amount of Life Insurance Benefit will reduce by: <ul style="list-style-type: none"> <li>• 50% at age 70</li> <li>• 50% at age 75</li> <li>• 50% at age 80</li> </ul> If You are age 70 or older on the day You become insured under the Policy, the reduction will be made in accord with Your attained age.
<b>Accidental Death and Dismemberment Benefit for You</b>	A Principal Sum equal to the amount of Your Life Insurance Benefit. If Your Life Insurance Benefit has been reduced by the Living Benefits Option, such reduction will not apply to this Accidental Death and Dismemberment Principal Sum.

<b>Life Insurance Benefit for Your Dependent(s)</b>	Spouse, any age: \$1,500 Child, six months to age 26: \$1,500 Child, 14 days but less than six months: \$100 Child, less than 14 days: \$100
<b>MEMBER ELIGIBILITY</b>	
<b>Minimum Work Hours Required</b>	10 hours per week
<b>Eligibility Waiting Period</b>	None
<b>Confinement Rule</b>	If an eligible Member is confined due to an Injury or Sickness: <ul style="list-style-type: none"> <li>• in a hospital as an inpatient;</li> <li>• in any institution or facility other than a hospital; or</li> <li>• at home and under the supervision of a Physician;</li> </ul> insurance will begin on the day the Member returns to Active Employment. If an eligible Member is not confined and not available for work because of an Injury or Sickness, insurance will begin on the day the Member returns to Active Employment.
<b>When Insurance Begins</b>	A Member will become insured on the day the Member becomes eligible, provided the Member is Actively Working on that day.
<b>Changes in the Amount of Your Insurance</b>	<b>Decrease in the Amount of Your Insurance</b> Regardless of whether or not You are Actively Employed at the time, any decrease in the amount of insurance will take effect on the day of the decrease. The amount of insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of the Certificate. Any reductions due to age as shown in the Schedule in the Certificate will apply. <b>Increase in the Amount of Your Insurance</b> You cannot request an increase to the amount of Your insurance unless You are Actively Employed on the day You submit such request. Any increase in the amount of Your insurance will take effect on the later of the day: <ul style="list-style-type: none"> <li>• of the change; or</li> <li>• the first day of the month which coincides with or follows the day We approve Your Evidence of Good Health, if required by Us.</li> </ul>
<b>When Your Insurance Ends</b>	Your insurance will end at midnight at the main office of the Policyholder on the earliest of: <ul style="list-style-type: none"> <li>• the day the Policy terminates;</li> <li>• the day any premium contribution for Your insurance is due and unpaid;</li> <li>• the day before You enter the Armed Forces on active duty (except for temporary active duty of two weeks or less); or</li> <li>• the last day of the Policy month in which You are no longer eligible.</li> </ul> You will no longer be eligible when the earliest of the following occurs: <ul style="list-style-type: none"> <li>• You are not in an eligible classification described in the Schedule;</li> <li>• Your employment with the Policyholder ends;</li> <li>• You are not Actively Employed; or</li> <li>• You do not satisfy any other eligibility condition described in the Policy.</li> </ul>

## DEPENDENT ELIGIBILITY

<b>Definition of Dependent</b>	<p>Dependent means a citizen, permanent resident, or lawful resident of the United States who, as indicated by evidence acceptable to Us, is:</p> <ul style="list-style-type: none"><li>• Your lawful spouse, registered domestic partner as defined by California state law or opposite sex domestic partner under age 62 as described in the Certificate;</li><li>• Your natural born or legally adopted child;</li><li>• Your stepchild living in Your home; or</li><li>• any other child who lives with the Member in a regular parent-child relationship and for whom You claimed as a Dependent on Your last filed federal income tax return.</li></ul> <p>All references to “spouse” shall include Your registered domestic partner or opposite sex domestic partner under age 62 as described in the Certificate. Any terms, conditions or limitations that apply to a spouse will also apply to Your registered domestic partner or opposite sex domestic partner under age 62 as described in the Certificate.</p> <p>A dependent does not include a child who has attained the Limiting Age defined in the Certificate.</p>
<b>Definition of Limiting Age</b>	<p>Limiting Age means a child’s 26th birthday.</p>
<b>When Dependent Insurance Begins</b>	<p>When the Policyholder pays 100% of the cost and, if required We approve Evidence of Good Health, insurance for Your eligible Dependent will begin the later of the day You become insured, or the day You acquire the Dependent.</p> <p>When You and the Policyholder share in the cost of Dependent insurance or, when You pay 100% of the cost of Dependent insurance, You may request Dependent insurance by properly completing and signing an enrollment form acceptable to Us and submitting the form to the Policyholder.</p> <p>An eligible Dependent will be insured on the latest of the day:</p> <ul style="list-style-type: none"><li>• You become insured;</li><li>• You acquire the eligible Dependent; or</li><li>• You properly complete and sign an enrollment form acceptable to Us for Dependent insurance and submit it as described above.</li></ul> <p>If We do not receive Your request to insure Your Dependents within 31 days from the day the Dependent is eligible for insurance, We will require Evidence of Good Health for Your Dependent. If such evidence is acceptable to Us, Your Dependent will become insured on the date We approve the Dependent’s Evidence of Good Health.</p> <p>In order to insure an eligible Dependent child, You must insure all eligible Dependent children. You must also apply for the same amount of insurance for each eligible Dependent child. We do not require You to insure both Your spouse and children.</p>

<p><b>Changes in the Amount of Your Dependent's Insurance</b></p>	<p><b>Decrease in the Amount of Your Dependent's Insurance</b> Any decrease in the amount of Dependent insurance will take effect on the day of the decrease. The amount of Dependent insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of the Certificate.</p> <p><b>Increase in the Amount of Your Dependent's Insurance</b> Any increase in the amount of Dependent insurance will take effect the day of the change, if We do not require Evidence of Good Health. If Evidence of Good Health is required, any increase in the amount of Dependent insurance will take effect the day We approve Evidence of Good Health, if required.</p>
<p><b>When Insurance for a Dependent Child Ends</b></p>	<p>Insurance for a Dependent child will end on the earliest of the:</p> <ul style="list-style-type: none"> <li>• day the Policy terminates;</li> <li>• day any premium contribution for Dependent child insurance is due and unpaid;</li> <li>• day a Dependent child enters active duty or training in the Armed Forces, National Guard or Reserves of any state or country (except temporary active duty of two weeks or less);</li> <li>• day Your insurance ends; or</li> <li>• last day of the Policy month in which the Dependent child is no longer eligible; or</li> <li>• day Your insurance is continued without payment of premium under the Waiver of Premium Benefit provision in the Member Eligibility section of the Certificate.</li> </ul>
<p><b>When Insurance for a Dependent Spouse Ends</b></p>	<p>Insurance for a Dependent spouse will end on the earliest of the:</p> <ul style="list-style-type: none"> <li>• day the Policy terminates;</li> <li>• day any premium contribution for Dependent spouse insurance is due and unpaid;</li> <li>• day a Dependent spouse enters active duty or training in the Armed Forces, National Guard or Reserves of any state or country (except temporary active duty of two weeks or less);</li> <li>• day Your insurance ends; or</li> <li>• last day of the Policy month in which the Dependent spouse is no longer eligible; or</li> <li>• day Your insurance is continued without payment of premium under the Waiver of Premium Benefit provision in the Member Eligibility section of the Certificate.</li> </ul>
<p><b>FEATURES</b></p>	
<p><b>Living Benefits Option For You</b></p>	<p>50% of the amount of the Life Insurance Benefit is available to You if You incur a Terminal Condition, but not to exceed \$10,000. Terminal Condition means an Injury or Sickness expected to result in Your death within 12 months and from which there is no reasonable prospect of recovery.</p>
<p><b>Layoff or Leave of Absence</b></p>	<p>You may be able to continue Life and Accidental Death and Dismemberment insurance 12 months from the day You are no longer Actively Employed in the event of an involuntary layoff or personal leave of absence approved by the Policyholder. If state law requires a Policyholder to allow a leave of absence related to pregnancy, childbirth, or adoption, We will continue insurance during that leave period subject to the terms and conditions of the Policy. Contact Your Policyholder to determine whether or not You are eligible for this type of leave.</p>
<p><b>Waiver of Premium</b></p>	<p>If You are determined to be Totally Disabled, Your Life Insurance Benefit will continue without payment of premium until age 65 provided the disability began prior to age 60.</p>

<b>Conversion</b>	If any of Your Life insurance ends because Your employment or membership in a class ends, You may apply for an individual policy of life insurance (called a conversion policy) without giving information about Your health. Issuance of a conversion policy is subject to conditions described in Your Certificate.
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### **AD&D BENEFIT SCHEDULE**

The AD&D Benefit is paid if a Member is injured as a result of an Accident, and that Injury is independent of Sickness and all other causes. Benefits are paid as indicated below:

<b>Loss</b>	<b>Benefit</b>
<ul style="list-style-type: none"> <li>• Life</li> <li>• Both Hands</li> <li>• Both Feet</li> <li>• Entire Sight of Both Eyes</li> <li>• One Hand and One Foot</li> <li>• One Hand and Entire Sight of One Eye</li> <li>• One Foot and Entire Sight of One Eye</li> <li>• Speech and Hearing (both ears)</li> </ul>	Principal Sum
<ul style="list-style-type: none"> <li>• Entire Sight of One Eye</li> <li>• Speech or Hearing (both ears)</li> <li>• One Hand or One Foot</li> </ul>	One-half Principal Sum
<ul style="list-style-type: none"> <li>• Loss of Thumb and Index Finger of Same Hand</li> </ul>	One-fourth Principal Sum
<b>Other Benefits</b>	<b>Benefit</b>
Airbag Benefit	10% of the Principal Sum, up to \$50,000.
Childcare Center Benefit	2% of the Principal Sum, up to \$5,000.
Child Education Benefits	5% of the Principal Sum, up to \$5,000.
Seat Belt Benefits	10% of the Principal Sum, up to \$50,000.
Spouse Retraining Benefit	Maximum benefit of \$3,000.

### **AD&D EXCLUSIONS**

We will not pay for any loss which:

- results, whether the Insured Person is sane or insane, from:
  - an intentionally self-inflicted Injury or Sickness; or
  - suicide or attempted suicide;
- results from the Insured Person's participation in a riot or in the commission of a felony;
- results from an act of declared or undeclared war or armed aggression;
- is incurred while the Insured Person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable;
- is not permanent, unless specifically provided;

- occurs more than 365 days after the Injury. NOTE: This 365 day limit will not apply if You are in a coma or being kept alive by an artificial support system at the end of the 365 days;
- does not result from an Accident;
- is caused by intentional, self-infliction of carbon monoxide poisoning emanating from a motor vehicle;
- results from Injuries You receive in any aircraft while operating, riding as a passenger, boarding or leaving. This exception does not apply while You are riding as a passenger in a commercial aircraft on a regularly scheduled flight or while Traveling on Business of the Policyholder;
- results in Injuries You receive while riding in any aircraft engaged in:
  - racing;
  - endurance tests; or
  - acrobatic or stunt flying;
- is caused by You, and is a result of Injuries You receive, while under the influence of any Controlled Drug, unless administered on the advice of a Physician; or
- is caused by You, and is a result of Injuries You receive, while Intoxicated.

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