



Group Term Life Insurance Certificate

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS - LOCAL 1245
G-256058

If you have any questions regarding your group insurance plan, please send your correspondence to:

AIG
Group Benefits
3600 Route 66
Neptune, NJ 07753

www.aig.com/us/benefits

Policies issued by American General Life Insurance Company (all states except NY) and The United States Life Insurance Company in the City of New York (all states). Each insurance company is responsible for the financial obligations of insurance products it issues and is a member of American International Group, Inc. (AIG).

**The United States Life Insurance Company
in the City of New York**

175 Water Street
New York, NY 10038

(Herein called the Company)

CERTIFICATE OF INSURANCE

United States Life certifies that certain eligible persons are insured for the benefits described in this certificate. This insurance is subject to the eligibility and effective date requirements described on pages E of this certificate.

IMPORTANT NOTICE

This certificate is a summary of the group policy provisions which affect **your** insurance. It is merely evidence of the insurance provided by such policy for INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS - LOCAL 1245 (the Policyholder).

The group policy is a contract between United States Life and the Policyholder. It may be changed or ended without notice to or consent of any insured person.

This certificate replaces any certificate previously issued by United States Life to you under the group policy.

The benefits described in this certificate are provided by group policy no. G-256058.

CERTIFICATE INDEX

Each page in this certificate has a 2 line code at the bottom left of the page. The code "G-19001" means that the page belongs to the certificate series. The letter or letters below the certificate code represents a phonetic description of the particular section (FP = Face page; E = Eligibility). If a section requires more than one page, the descriptive letter is followed by a number indicating its order in the section (E-2 is the second page in the Eligibility Benefits Section).

This index refers you to the phonetic codes.

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SCHEDULE OF BENEFITS

CLASS 1 – All members in good standing with the International Brotherhood of Electrical Workers – Local Union 1245

Life Insurance Amount	\$2,500*
Guaranty Insurance Amount	\$2,500*
Accidental Death And Dismemberment Full Benefit Amount	\$25,000*

*At age 65, your amount of life insurance and accidental death and dismemberment benefits will be reduced by 35%. At age 70, your amount of life insurance and accidental death and dismemberment benefits will be further reduced by 50% of the amount in effect on the day before you attain age 65.

Accidental death and dismemberment benefits will end on the date you retire.

CLASS 2 – All retired members in good standing with the International Brotherhood of Electrical Workers – Local Union 1245

Life Insurance Amount	\$1,000
Guaranty Insurance Amount	\$1,000

Change In Amount of Your Insurance

A change in your status may result in a change in your amount of insurance.

For a decrease

If insurance is to end or decrease, such change will take effect on the date of change.

For an increase

An increase in your amount of insurance will take effect on the November 1 coinciding with or next following the date of change.

You must be actively at work in an eligible class on the date an increase in your insurance is to take effect. If you are not, such increase will take effect on the day you resume such work.

The date the increase is to take effect might not be a scheduled workday. If so, you will be considered actively at work on such date if you were actively at work on your last scheduled workday.

DEFINITIONS

ACTIVE WORK or ACTIVELY AT WORK means that you perform each duty of your job for full pay. This must be done at the Policyholder's place of business or any place to which such business requires you to travel.

FULL-TIME means active work on the Policyholder's regular work schedule for the class of member to which you belong. The work schedule must be at least 30 hours a week.

INSURED PERSON means an insured member or insured dependent . Each will be insured for the benefits for which he becomes and remains insured by the group policy.

MEMBER means a member in good standing with the International Brotherhood of Electrical Workers - Local Union 1245, as defined by the Collective Bargaining Agreement

PARTICIPATING EMPLOYER means an employer who agrees to insure his members for the benefits provided by the group policy.

PHYSICIAN means:

- a medical practitioner licensed to provide medical services and perform general surgery, or
- any other practitioner whose services, by law of the state where such services are performed, must be covered by the group policy.

Each such person must be licensed in the state where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such state.

ELIGIBILITY

ELIGIBLE CLASSES

All active members of the Participating Employer as defined on page DEF.

1. For life insurance only, all Class 1 persons who were insured by the Participating Employer as retirees on January 1, 2017
2. For life insurance only, all Class 1 persons who retire on or after January 1, 2017 by the terms of the Participating Employer's retirement plan.

For such retirees certain terms and conditions which appear in this Certificate are affected as follows:

- References to "member" will read "retiree" as it applies
- References to "active work", "actively at work" and full-time will not apply;
- Any conditional provisions requiring you to be actively at work on a full-time basis will not apply;
- The CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT provision on page E will not apply
- The term "end of employment" will mean end of your status as a retiree in accordance with the provisions of the Participating Employer's retirement plan.

Your insurance will continue for the period that the Participating Employer continues to pay premiums on your behalf.

Affiliates

The Policyholder may ask to have members of an affiliate insured as his members by the group policy. United States Life will notify the Policyholder in writing if the request is approved.

United States Life can end insurance for members of an affiliate. To do so, it must give the Policyholder at least 30 days advance written notice.

DATE MEMBERS ARE ELIGIBLE FOR INSURANCE

Each member in an eligible class on January 1, 2017 will be eligible for insurance on that date.

Each member who enters an eligible class after January 1, 2017 will be eligible for insurance on the date he enters such class.

ELIGIBILITY (Continued)

DATE INSURANCE TAKES EFFECT

Your insurance will take effect on the date you are eligible.

ACTIVELY AT WORK REQUIREMENT

You must be actively at work in an eligible class on the date your insurance is to take effect. If you are not, such insurance will take effect on the day you resume such work.

The date insurance is to take effect might not be a scheduled workday. If so, you will be considered actively at work on such date if you were actively at work on your last scheduled workday.

DATE INSURANCE ENDS

Your insurance will end at the earliest of:

1. the date the group policy ends;
2. the date insurance ends for your class;
3. the end of the period for which the last premium has been paid for you; or
4. the date employment ends; except as stated in the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT provision, ceasing full-time work in an eligible class will be considered the end of employment.

ELIGIBILITY (Continued)

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

At the Option Of The Policyholder

The Policyholder may choose to continue your insurance by paying premiums for you if you cease full-time work due to:

- disability
- layoff
- part-time work
- leave of absence, or
- strike.

He may do so only for the limited period stated in the group policy.

If insurance is continued, dependents' insurance may also be continued.

If you cease full-time work, contact the Policyholder right away for details on continuation of your insurance, if any.

In Accordance With State Law

If your life insurance would end due to a labor dispute, your insurance may be continued by paying the premium due. Dependents' insurance may also be continued.

Insurance may continue until the earliest of:

- the date you are employed full-time by another employer;
- the date the labor dispute ends;
- the date less than 75% of eligible members are insured by the group policy or
- the end of a period of 6 months.

Maximum Period Of Continuation

You may have your insurance continued under more than one of the continuations described above. In this case, the maximum period for which insurance may be continued will be equal to the longer of the continuation periods which apply to you.

At the end of your continuation period, employment will be considered to end and insurance will end. Insurance will not end if, at this time, you resume full-time work in an eligible class.

LIFE INSURANCE BENEFITS

If you die, due proof of your death must be sent to United States Life. When such proof is received, United States Life will pay to the beneficiary the amount of insurance shown in the Schedule of Benefits.

PAYMENT OPTIONS

Benefits will be paid either in one sum or under an option chosen by you. If you have not chosen an option which is in force at your death, your beneficiary may do so. Such choice must be filed with United States Life in writing. Any agreement will be subject to United States Life's rules at the time of the choice.

CONVERSION OPTION

If your insurance ends, you may buy an individual policy of life insurance from United States Life during the conversion period. Evidence of insurability will not be required.

CONVERSION PERIOD means the 31 days after insurance ends. You must be given written notice that you are eligible for this conversion option within 15 days after insurance ends. If such notice is received later, the conversion period will be extended until 25 days after the notice is given. In no event will this period be extended beyond 91 days after insurance ends.

This option is subject to these conditions:

1. you must apply for the new policy in writing and pay the first premium during the conversion period;
2. the premium rates for the new policy will be based on:
 - United States Life's rates then in use
 - the plan and amount of insurance
 - your class of risk, and
 - your age nearest birthday when insurance ends;
3. the new policy may be any form then being issued by United States Life which does not provide term insurance or pay dividends;
4. the new policy will be issued without term, disability or other extra benefits; and
5. the new policy will take effect at the end of the conversion period.

Amount of the new policy

The amount of your new policy depends on the reason your insurance ends.

If:

- you cease full-time work; or
- amounts of insurance decrease due to a reduction shown in the Schedule of Benefits

Then:

the amount of the new policy may be any amount up to the amount which ends under the group policy.

If:

- the group policy ends and you continue full-time work with the Policyholder
- the group policy is amended to end insurance for your class; or
- your firm ceases to be an insured affiliate

And you had been insured by the group policy for at least 5 years just before your insurance ended

Then:

the amount of the new policy may not exceed the lesser of:

- \$2,000; or
- the amount which ends under the group policy *less* the amount for which you may become eligible under any group policy during the conversion period.

Death benefit during conversion period

If you die during the conversion period, United States Life will pay the amount which you were entitled to convert.

Effect of previous conversion

You may have previously used this conversion option. You may have done so under the group policy or any policy issued by United States Life which the group policy replaces. If so, United States Life will reduce your amount of insurance which ends under the group policy by the amount so converted. United States Life *will not do this* if you:

1. return the converted policy; or
2. submit evidence of insurability satisfactory to United States Life for the converted amount.

DEPENDENTS' LIFE INSURANCE BENEFITS

If one of your insured dependents dies, due proof of his death must be sent to United States Life. When such proof is received, United States Life will pay the amount shown in the Schedule of Benefits below. The Payees provision in this section describes to whom this benefit will be paid.

SCHEDULE OF BENEFITS

Class of Dependents	Life Insurance Amount
Spouse	\$500

DEPENDENT ELIGIBILITY

DEFINITION

DEPENDENT means your lawful spouse.

A spouse who is eligible for insurance under the group policy as an member will not be considered a dependent.

DATE YOU ARE ELIGIBLE FOR DEPENDENTS' INSURANCE

You will be eligible for such insurance on the later of:

- the date you are eligible for members' insurance under the group policy, or
- the date you obtain a dependent.

DATE DEPENDENTS' INSURANCE TAKES EFFECT

1. For dependents you have when you become eligible for such insurance, it will take effect on the date you are so eligible.

2. Each person who becomes a dependent after you become insured for dependents' insurance will be insured on the date he becomes a dependent.

DEPENDENTS' LIFE INSURANCE BENEFITS (Continued)

OUT OF HOSPITAL REQUIREMENT

The dependent might be hospitalized on the date his insurance is to take effect. If so, insurance will take effect on the day after he is discharged.

DATE DEPENDENTS' INSURANCE ENDS

A dependents' insurance will end at the earliest of:

1. the date your insurance ends under the group policy;
2. the date the group policy is changed to end dependents' life insurance;
3. the date the person ceases to be a dependent;
4. the end of the period for which the last premium has been paid for the dependent or
5. the date the spouse attains age 70.

PAYEES

Benefits will be paid in one sum to you, if living. If not living, United States Life may pay such benefits to the dependent's estate or, at United States Life's option, to your:

- spouse, if living, or
- surviving children, equally, if both you and your spouse are dead.

United States Life will not be liable for such payment after it is made.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

Insurance for a dependent child may be continued past the age limit if he cannot support himself because he is retarded or handicapped. Premium payment will be required. Proof of the retardation or handicap must be sent to United States Life within 31 days after the child attains the age limit.

Insurance will continue for as long as such child:

- remains retarded or handicapped, and
- meets all the rules for dependents in the group policy, except the age limit.

CONTINUATION OF INSURANCE WITHOUT PREMIUM PAYMENT

Your life insurance may be continued without premium payment under the group policy. If so, dependents' life insurance will be continued under the same terms and for the same period.

Dependents' life insurance will end if you:

- cease to be eligible for such continuation under the group policy and do not return to full-time work, or
- die during such continuation.

CONVERSION OPTION

If a dependents' life insurance ends, he or she may buy an individual policy of life insurance from United States Life.

This dependent option is subject to the same conditions as your option described on page L-1 of this certificate.

The amount of the new policy must be at least \$1,000.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

This section provides benefits for accidental:

- loss of life, and
- loss of sight, hand or foot, speech, hearing, thumb and index finger

If you suffer such loss solely as a result of an injury caused by an accident, due proof of such loss must be sent to United States Life. The accident must happen while you are insured and the loss must occur within 365 days after the date of that accident. When the proof is received, United States Life will pay the benefit amounts described below.

FOR LOSS OF LIFE

United States Life will pay to the beneficiary **the full benefit amount** shown in the Schedule of Benefits.

FOR LOSS OF SIGHT, HAND, FOOT, SPEECH, HEARING, THUMB AND INDEX FINGER, OR MOVEMENT OF LIMBS

LOSS OF SIGHT means total loss of sight which cannot be restored by surgical or other means.

LOSS OF HAND means that a hand is permanently severed at or above the wrist.

LOSS OF FOOT means that a foot is permanently severed at or above the ankle.

LOSS OF SPEECH OR HEARING means entire and irrecoverable loss thereof, which cannot be restored by surgical or mechanical means.

LOSS OF THUMB AND INDEX FINGER means actual severance through or above the metacarpophalangeal joints.

United States Life will pay to you:

1. **the full benefit amount** shown in the Schedule of Benefits for loss of:

- sight of both eyes
- both hands
- both feet
- speech and hearing
- movement of both upper and lower limbs (quadriplegia)
- any combination of foot, hand or sight of one eye.

2. **one-half the benefit amount** shown in the Schedule of Benefits for loss of:

- sight of one eye
- one hand
- one foot.
- speech or hearing
- movement of both upper and lower limbs of one side of the body (hemiplegia).

4. **one-quarter of the benefit amount** shown in the Schedule of Benefits for loss of thumb and index finger of either hand.

If you suffer more than one loss due to any one accident, payment will be made only for that loss for which the largest amount is payable.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

EDUCATION BENEFIT

If the benefit for Loss of Life under the Accidental Death and Dismemberment section of the group policy is payable with respect to you, the education benefit will be paid to your dependent child(ren) if the dependent child(ren) is (are) enrolled as a full-time student at an institution of higher learning on the date you die, or become(s) so enrolled within 365 days after the date of death.

The **education benefit** will be paid in addition to the **full benefit amount** which is payable for **Loss of Life**.

Proof of full-time student status must be provided, upon request.

For the purpose of this **education benefit**, the following terms will have the meanings given below.

Full-time student is as required by the institution of higher learning.

Institution of higher learning means a college, university, or trade school.

The **education benefit** will be paid annually with respect to each dependent child. The first annual payment will be payable as of the later of:

- the date of your death; or
- the date the child enrolls as a full-time student.

Later payments will be payable as of the same day and month in each subsequent year.

The amount of the **education benefit** will be equal to the lesser of:

- 5% of your full benefit amount; or
- \$5,000.

The **education benefit** for each eligible dependent child will continue to be paid until the earlier of:

- the end of 4 consecutive years from the date you die; or
- the date the child ceases to be enrolled as a full-time student at an institution of higher learning.

FOR LOSS SUFFERED WHILE WEARING A SEAT BELT

If you die as a result of an injury caused by an automobile accident, the **seat belt benefit** will be paid if:

- the benefit for **Loss of Life** under the Accidental Death and Dismemberment Benefits section is payable;
- the automobile accident occurs while the you are insured;
- you were wearing a seat belt at the time of the accident;
- death occurs within 365 days of the date of the accident, and
- due written proof is given.

Proof must include evidence that:

- death was the result of an automobile accident; and
- you were properly wearing a seat belt at the time of the accident.

As part of the proof, a copy of the police accident report must be submitted.

The **seat belt benefit** will be paid in addition to the **full benefit amount** which is payable for **Loss of Life**. The amount of the **seat belt benefit** will be the lesser of:

- \$25,000; or
- the **full benefit amount**.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

REPATRIATION OF REMAINS

If the benefit for **Loss of Life** is payable under the Accidental Death and Dismemberment Benefits section of the group policy for death of an insured which occurs outside the United States, United States Life will pay **an extra amount** for covered expenses incurred to return the insured's body to the United States. "Covered expenses" include, but are not limited to, expenses for embalming, cremation, coffin and transportation.

The **extra amount** will equal the lesser of:

- the actual amount of covered expenses incurred; or
- \$5,000.

CHILD CARE CENTER BENEFIT

If the benefit for **Loss of Life** under the Accidental Death and Dismemberment Benefits section of the group policy is payable with respect to you, the **child care benefit** will be paid to your surviving spouse if:

- the surviving spouse has custody of your child(ren);
- the dependent child(ren) is (are) enrolled in a legally licensed child care center on the date you die, or become(s) so enrolled within 365 days after the date of death.

If there is no surviving spouse, or if the spouse does not have custody of the child(ren), then the benefit will be paid to the legally appointed guardian of the child(ren).

The **child care benefit** will be paid annually with respect to each dependent child who qualifies. The first annual payment will be payable as of the later of:

- the date of your death; or
- the date the child is enrolled in a legally licensed child care center.

Later payments will be payable as of the same day and month in each subsequent year.

The amount of the annual **child care benefit** will be equal to the lesser of:

- the actual cost charged by the child care center per year;
- 5% of your full benefit amount; or
- \$2,000.

Pro rata payments will be made for periods of enrollment in a child care center of less than 12 months.

The **child care benefit** for each eligible dependent child will continue to be paid until the earlier of:

- the end of 4 consecutive years from the date you die;
- the date the child ceases to be enrolled in a legally licensed child care center; or
- the date the child attains age 13.

CHILD CARE CENTER means a facility which:

- is run according to law, including laws and regulations applicable to child care facilities; and
- provides care and supervision for children in a group setting, on a regular, daily basis.

A Child Care Center does not include:

- a hospital;
- the child's home;
- care provided during normal school hours while a child is attending grades one through twelve; or
- care provided by a family members

SPOUSE RETRAINING BENEFIT

If the benefit for **Loss of Life** under the Accidental Death and Dismemberment section of this policy is payable with respect to an insured member, the spouse retraining benefit will be paid to the insured surviving spouse if the spouse:

- enrolls as a student at an institution of higher learning within 365 days after the date of the member's death;
- enrolls in such institution for the purpose of training or refreshing skills for employment; and
- incurs expenses from such institution.

Proof of enrollment and attendance must be provided to United States Life, upon request.

Institution of higher learning means a college, university, or trade school.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

The spouse retraining benefit will be paid annually, for 2 years. The first annual payment will be payable as of the date the spouse enrolls in an institution of higher learning after the employee's death. A subsequent payment will be payable as of the same day and month in the following year.

The amount of the spouse retraining benefit will be equal to the lesser of:

- 5% of the insured member's full benefit amount; or
- \$5,000.

The spouse retraining benefit will continue to be paid until the earlier of:

- the end of 2 consecutive years from the date the spouse enrolls in an institution of higher learning; or
- the date the spouse ceases to be enrolled at an institution of higher learning.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

EXCLUSIONS

No benefits will be paid for any loss that results from or is caused directly, indirectly, wholly or partly by:

1. suicide; or intentionally self-inflicted injury;
2. insurrection; war or an act of war;
3. a physical or mental sickness, or treatment of that sickness;
4. voluntary intake of poison, drugs, gas or fumes, unless taken as prescribed by a physician;
5. committing a crime, or an attempt to do so;
6. being intoxicated or under the influence of any drug, unless taken as prescribed by a physician;
7. flight in any type of aircraft. This item applies only to:
 - the pilot, whether licensed or unlicensed; and
 - the members of the crew.

END OF INSURANCE PROVIDED BY THE GROUP POLICY

IF PREMIUM IS NOT PAID - GRACE PERIOD

Each premium, after the first, may be paid up to 31 days after its due date. This period is the grace period. The insurance provided by the group policy will stay in effect during this period. If the premium is not paid by the end of this period, such insurance will end at that time.

United States Life may extend the grace period by written notice. Such notice will state the date insurance will end if the premium remains unpaid.

Premiums must be paid for a grace period and any extension of such period.

GENERAL PROVISIONS

INCONTESTABILITY

United States Life will not use a person's statements relating to his insurability to contest life insurance after it has been in force for 2 years during his life. United States Life will also not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during his life. These statements must be in a written application signed by the person. A copy of this application will be given to the person or his beneficiary.

BENEFICIARY

The beneficiary is named by you in your application, unless changed. You may change the beneficiary, unless irrevocable, at any time. To do so, a written request on a form satisfactory to United States Life must be made to its home office. When United States Life records the change, it will take effect as of the date you signed it. The change will not apply to any payment made by United States Life before the request was recorded.

If 2 or more beneficiaries are named and their shares are not specified, they will share the proceeds equally.

When you die, there may be no living named beneficiary to receive any part of the proceeds. If so, United States Life may pay such proceeds to your estate or, at United States Life's option, to your:

- spouse, if living
- surviving children, equally, if the spouse is dead, or
- surviving parents, equally, if all children are dead.

United States Life will not be liable for such payment after it is made.

MISSTATEMENTS

A person's age, sex or any other data may be misstated. If so, the correct data will be used to determine if insurance is in force. If insurance is in force, the premium and/or benefits will be adjusted according to the facts.

PAYMENT FOR EXPENSES INCURRED AT YOUR DEATH

If there is no living named beneficiary, United States Life has the option to pay part of the benefits to anyone who has incurred expenses for your last sickness or death.

This payment will not exceed the amount of such expenses, up to the maximum for such payment set forth by law in the state where the group policy is issued.

United States Life will not be liable for such payment after it is made.

PAYMENT TO A MINOR OR INCOMPETENT

If any beneficiary or payee is a minor or is incompetent to receive payment, United States Life will pay his guardian. United States Life will not be liable for such payment after it is made.

AUTOPSY

United States Life, at its expense, has the right to order an autopsy. This will only be done where allowed by law.

ASSIGNMENT

United States Life will not be bound by any assignment unless it is in writing and is recorded at its home office. United States Life is not responsible for the validity of an assignment.

COMPLIANCE WITH LAW

On the date the group policy takes effect, some of its provisions may conflict with an applicable law. If so, any such provision is changed to comply with the minimums required by such law.

GENDER

Male pronouns will be read as female where it applies.

GENERAL PROVISIONS FOR ACCIDENT AND HEALTH INSURANCE

FILING A CLAIM

To file a claim, a person must complete a proof of claim form.

Your employer may have these forms. If so, get the form, complete it and send it as explained in **Steps 3 and 4** below.

If your employer does not have these forms, follow these steps:

Step 1:

A claimant should send a written notice of claim to United States Life within 20 days of a loss. No special form is required to do this. The notice need only identify the claimant and the Policyholder.

Step 2:

When United States Life receives the notice, it will send a proof of claim form to the claimant.

Step 3:

The claimant should receive the proof of claim form within 15 days of the date United States Life received the notice of claim.

If the form is received within such time, it should be completed, as instructed, by all persons required to do so. Additional proof, if required, should be attached to the form.

If the form is not received within such time, the claimant may provide written proof of claim to United States Life on any reasonable form. Such proof must state the date the injury or sickness began and the nature and extent of the loss.

Step 4:

Proof of claim must be sent to United States Life within 90 days of the loss.

If a notice or proof is sent later than the times shown above, United States Life will not deny or reduce a claim if the notice or proof was sent as soon as possible.

PAYMENT OF CLAIMS

All benefits will be paid as they accrue.

PHYSICAL EXAMS

United States Life, at its expense, has the right to examine the insured. This may be done as often as needed to process a claim.

TIME LIMIT ON LEGAL ACTIONS

Legal action may only be brought against United States Life during a certain period. This period begins 60 days after the date proof of claim was filed and ends 3 years after the end of the period within which such proof is required.

GROUP LIFE ACCELERATED BENEFITS RIDER

This page and the pages that follow are part of this rider.

DEFINITIONS

INSURED PERSON means an insured member. He will be insured for the benefits of this rider only if he becomes and remains insured for life insurance benefits under the group policy.

TERMINAL ILLNESS means a medical condition:

1. which is expected to result in the insured person's death within 12 months; and
2. from which the insured person is not expected to recover.

WAITING PERIOD means a period of 180 consecutive days which begins on the date a person's insurance takes effect under this rider.

ELIGIBLE CLASSES

All members under age 70 who are insured for life insurance under the group policy.

DATE PERSONS ARE ELIGIBLE FOR INSURANCE UNDER THIS RIDER

A person will be eligible for such insurance on the later of:

1. the date he is eligible for life insurance under the group policy, or
2. the effective date of the group policy rider.

NON-CONFINEMENT REQUIREMENT

An member might be confined for medical treatment in an institution or at home on the date his insurance is to take effect under this rider. If so, his insurance will take effect on the day following his final medical discharge from such confinement.

NOTICE OF POSSIBLE TAX CONSEQUENCES

Please be advised that receipt of the accelerated benefits described in this Rider may be taxable. Any person who receives accelerated benefits should consult their personal tax advisor.

GROUP LIFE ACCELERATED BENEFITS RIDER (Continued)

THE ACCELERATED BENEFIT

The accelerated benefit is an advance payment to the person who:

1. is terminally ill, and
2. elects to receive part of his life insurance amount under the group policy, subject to the maximum and minimum benefit requirements stated below.

United States Life will pay an accelerated benefit to the insured person when United States Life receives the following after the waiting period:

1. a written request for payment of the accelerated benefit, and
2. due proof that the insured person is terminally ill.

The accelerated benefit will be paid once and in one lump sum to the insured person.

Cost of Providing The Accelerated Benefit

The accelerated benefit amount as determined below will be discounted to reflect the cost of providing the benefit. United States Life will calculate the discount on the date it receives the request for payment of the accelerated benefit. A statement of the method of calculating the discount has been filed with the insurance official of the state in which the group policy is issued.

Amount of Accelerated Benefit

The accelerated benefit will be equal to 75% of the insured person's life insurance amount as shown in the Schedule of Benefits of his certificate, less the discount.

An insured person's life insurance amount may be scheduled for a reduction within 6 months after the date he requests the payment of the accelerated benefit. In this case, the accelerated benefit will be limited to 75% of the life insurance amount which will be in effect after the scheduled reduction, less the discount.

Written Request For Payment of The Accelerated Benefit

After the waiting period, the insured person may request payment of an accelerated benefit in writing. If the insured person is not the owner of the certificate, the owner must request payment of the accelerated benefit in writing. If the insured person is a minor or incompetent, his guardian must request payment of the accelerated benefit in writing.

Proof of Terminal Illness

Proof that an insured person is terminally ill must be given to United States Life. The proof must be certified by a licensed physician and in a form that is satisfactory to United States Life. United States Life is not obligated to ask for any proof. Any delay in submitting proof will not cause a request to be denied so long as the proof is given to United States Life as soon as reasonably possible.

After receipt of such proof, United States Life may require the insured person to be examined by a licensed physician of its choice, at its expense. If there is a disagreement between the two physicians, United States Life may require the insured person to be examined by another licensed physician of its choice, at its expense. The decision of the third physician will be final.

EFFECT OF PAYMENT OF AN ACCELERATED BENEFIT ON GROUP POLICY PROVISIONS

The insured person's amount of life insurance under the group policy will be reduced by the amount of an accelerated benefit paid to him, plus the discount. As a result, the following will be based on such reduced life insurance amount:

1. the amount of life insurance payable to the beneficiary when the insured person dies;
2. the amount of life insurance the insured person can convert under the group policy; and
3. the premiums payable for the insured person's life insurance under the group policy after an accelerated benefit is paid to him.

The payment of an accelerated benefit will not affect the amount of the insured person's Accidental Death and Dismemberment Benefits under the group policy, if any.

GROUP LIFE ACCELERATED BENEFITS RIDER (Continued)

EXCLUSIONS

United States Life will not pay an accelerated benefit if:

1. the insured person has made an absolute assignment of his life insurance under the group policy;
2. all or part of the insured person's life insurance under the group policy is to be paid to his child(ren) or former spouse as part of a court approved divorce agreement;
3. it does not receive written consent by any irrevocable beneficiary; or
4. the terminal illness is a result of intentional self-inflicted injury or attempted suicide.

DATE THIS RIDER ENDS FOR AN INSURED PERSON

With respect to an insured person this rider will end at the earliest of:

1. the date the accelerated benefit is paid to him or on his behalf;
2. the date his life insurance ends under the group policy; or
3. the certificate anniversary on which he is age 70.

This rider is subject to all provisions of the group policy which are not inconsistent with the terms of this rider.

DISCLOSURE FOR GROUP LIFE ACCELERATED BENEFITS RIDER

This disclosure provides a very brief description of the important features of your Group Life Accelerated Benefits Rider. This is not the insurance contract and only the actual rider provisions will control. The rider itself sets forth, in detail, the rights and obligations of both you and United States Life. It is, therefore, important that you **READ YOUR RIDER CAREFULLY**.

ACCELERATED BENEFIT PLAN. This is an accelerated benefit rider; it does not provide long term care benefits.

THE ACCELERATED BENEFIT. The accelerated benefit is advance payment of your amount of life insurance under the group policy, subject to the maximum and minimum benefit requirements stated below. Following the waiting period, you may request payment of an accelerated benefit in the event that you are diagnosed with a terminal illness which is expected to result in your death within 6 months, and from which you are not expected to recover. The waiting period is 180 days following the date on which your insurance takes effect under the rider.

Cost of Providing The Accelerated Benefit. The accelerated benefit amount for which you are eligible will be discounted to reflect the cost of providing the benefit. The discount will be derived from an actuarial formula using an interest rate based on the yield of a 90 day Treasury Bill. United States Life will calculate the discount on the date you request the payment of the accelerated benefit.

Illustration of Cost Calculation

- Assumptions:**
- you are insured for \$20,000 of group term life insurance
 - on the date you request the accelerated benefit, the yield on the 90 day Treasury Bill is 8.0%*

Calculation:	\$20,000.00	your life insurance amount
	x .50	the accelerated benefit %
	<u>\$10,000.00</u>	the accelerated benefit for which you are eligible
	x(1 - .08344)*	the discount factor calculated on the basis of the 8.0%* Treasury Bill yield
	<u>\$9,165.60</u>	the accelerated benefit to be paid to you

***Note:** Due to fluctuations on the yield of 90 day Treasury Bills, the discount factor on the date of request may be different from that shown in the illustration.

Amount of Accelerated Benefit. The accelerated benefit will be paid once and in one lump sum to you. The maximum accelerated benefit will be the lesser of: (1) 50% of your life insurance amount as shown in the Schedule of Benefits of your certificate, which must be at least \$20,000, less the discount; or (2) \$250,000, less the discount.

If your life insurance amount is scheduled for a reduction within 6 months after the date you request the payment of the accelerated benefit, the maximum accelerated benefit will be limited to the lesser of: (1) 50% of the life insurance amount which will be in effect after the scheduled reduction (this amount after the scheduled reduction must be at least \$20,000), less the discount; or (2) \$250,000, less the discount.

The minimum accelerated benefit will be \$10,000, less the discount.

EFFECT OF PAYMENT OF AN ACCELERATED BENEFIT PAYMENT.

On Group Policy Provisions: Your amount of life insurance under the group policy will be reduced by the amount of an accelerated benefit paid to you, plus the discount. As a result, the following will be based on such reduced life insurance amount: (1) the amount of life insurance payable to the beneficiary when you die; (2) the amount of life insurance you can convert under the group policy; and (3) the premiums payable for your life insurance under the group policy after an accelerated benefit is paid to you. The payment of an accelerated benefit **will not** affect the amount of your Accidental Death and Dismemberment Benefits under the group policy, if any.

On Your Tax Status. The payment of an accelerated benefit may result in a taxable event to you. You should consult a tax advisor before requesting such benefit payment.

On Your Eligibility Under Government Programs. The payment of an accelerated benefit may adversely affect your eligibility for Medicaid or other governmental benefits or entitlements.

DISCLOSURE FOR GROUP LIFE ACCELERATED BENEFITS RIDER (Continued)

EXCLUSIONS. United States Life will not pay an accelerated benefit if: (1) you have made an absolute assignment of your life insurance under the group policy; (2) all or part of your life insurance under the group policy is to be paid to your child(ren) or former spouse as part of a court approved divorce agreement; (3) United States Life does not receive written consent by an irrevocable beneficiary; or (4) the terminal illness is a result of intentional self-inflicted injury or attempted suicide.

DATE INSURANCE ENDS UNDER THE RIDER. Your insurance will end at the earliest of: (1) the date the accelerated benefit is paid to you or on your behalf; (2) the date your life insurance ends under the group policy; or (3) the certificate anniversary on which you are age 70.

INSURER INFORMATION NOTICE

IN THE EVENT THAT YOU NEED TO CONTACT SOMEONE ABOUT THIS INSURANCE FOR ANY REASON, PLEASE CONTACT YOUR AGENT. IF NO AGENT WAS INVOLVED IN THE SALE OF THIS INSURANCE, OR IF YOU HAVE ADDITIONAL QUESTIONS, YOU MAY CONTACT THE COMPANY ISSUING THIS INSURANCE AT THE FOLLOWING ADDRESS AND TELEPHONE NUMBER:

**THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK
CUSTOMER SERVICE
3600 ROUTE 66
NEPTUNE, NJ 07754-1580

800-346-7692**

IF YOU HAVE A COMPLAINT, AND CONTACTS BETWEEN YOU AND THE COMPANY OR AN AGENT OR OTHER REPRESENTATIVE OF THE COMPANY HAVE FAILED TO PRODUCE A SATISFACTORY SOLUTION TO THE PROBLEM, THEN YOU MAY CONTACT:

**CALIFORNIA DEPARTMENT OF INSURANCE
CONSUMER COMMUNICATIONS BUREAU
300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013**

**800-927-HELP (4357)
(CALLING FROM WITHIN CALIFORNIA)**

**213-897-8921
(CALLING FROM OUTSIDE CALIFORNIA)**

**800-482-4833
(TDD – TELECOMMUNICATION DEVICES FOR THE DEAF)**

**NOTICE OF
PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided by the policyholders by the California Life and Health Insurance Guarantee Association (“the Association”). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers’ care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations or the rights or obligations of the Association.

COVERAGE

- **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association **and** the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows:

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**
80% of death benefits but not to exceed \$300,000
80% of cash surrender or withdrawal values but not to exceed \$100,000
- **Annuities and Structured Settlement Annuities**
80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection by the Association to an individual, for all life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is \$470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life & Health Insurance
Guarantee Association
PO Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

For Residents of North Carolina covered under a Group Policy issued in Another State

This Certificate of Insurance provides all the benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by that state's laws.

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