Summary of Coverage

Policyholder: Vacation, Holiday and Unemployment Plan of the Electrical Industry

Group Policy: GP-619395

SOC: 1A

Issue Date: July 18, 2007

Effective Date: September 1, 2007

The benefits shown in this Summary of Coverage are available for you.

This Summary of Coverage may be an electronic version of the Summary of Coverage on file with your Policyholder and Aetna Life Insurance Company. In case of any discrepancy between an electronic version and the printed copy which is part of the group insurance contract issued by Aetna Life Insurance Company, or in case of any legal action, the terms set forth in such group insurance contract will prevail. To obtain a printed copy of this Summary of Coverage, please contact your Policyholder.

Eligibility

Participants

Any individual represented by I.B.E.W. Local Union No. 3 whose classification must be one that is defined in his or her Collective Bargaining Agreement as one that is eligible for the Term Life Benefit under this plan.

You must be actively at work or, if unemployed, available for employment through the Employment Department at the Joint Industry Board and you must be eligible for health benefits under the health plan described in your Collective Bargaining Agreement.

To determine your Eligibility Date refer to the Policyholder's Summary Plan Description.

Once eligibility is established, you will remain eligible if you are on a workers' compensation or disability leave, if you remain eligible for health benefits.

Military Reinstatement
Military Reinstatement – if your coverage terminates because you enter the armed service on an active basis, and if you are employed by a Participant Policyholder within the 90 day period after your discharge date, your Eligibility Date for coverage under this policy will be the date you become employed with the Participant Policyholder.

Termination Rule
Once eligible, you will remain eligible on a month-by-month basis as long as you meet the eligibility requirements as described in the Policyholder's Summary Plan Description.

Life Insurance and Accidental Death & Personal Loss

Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Policyholder.

Effective Date of Coverage

Participants

Your coverage will take effect on your Eligibility Date.

Active Work Rule: If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule applies to an increase in your coverage, if increases in coverage are permitted.

Life Insurance

Schedule of Life Insurance

Participants
Schedule

Classification	Amount
All Participants	$ 50,000

***Age Reduction Rule**
Your Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 60% at age 70; 75% at age 75. The reduction will take effect on the first day of the calendar month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Life Insurance will be the applicable percentage of the amount shown for your classification.

* New participants over the age reduction rule are subject to the reductions above.

Accelerated Death Benefit

Participants

ADB Months: 24

ADB Percentage: up to 75%

ADB Minimum:

The lesser of $ 50,000 and 25% of the amount of your Life Insurance then in force.

ADB Maximum: up to $ 37,500

Accidental Death and Personal Loss Coverage

Schedule of Accidental Death and Personal Loss Coverage

Participants
Schedule

Classification	Principal Sum
All Participants	$ 50,000

***Age Reduction Rule**
Your Accidental Death and Personal Loss Coverage amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 60% at age 70; 75% at age 75. The reduction will take effect on the first day of the calendar month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Accidental Death and Personal Loss Principal Sum will be the applicable percentage of the amount shown for your classification.

*New participants over the age reduction rule are subject to the reductions above.

Additional Accidental Death Benefit Maximums

Participants

Coma Benefit Percentage	5% of your full Principal Sum
Passenger Restraint Benefit Maximum	$ 10,000
Airbag Benefit Maximum	One half of your Passenger Restraint Benefit
Education Benefit Maximum	
for each dependent child	5% of your Principal Sum not to exceed $ 5,000 per year per child for up to 4 years
for your spouse	5% of your Principal Sum not to exceed $ 5,000 per year for up to 4 years
Child Care Benefit Maximum	
for each child	3% of your Principal Sum not to exceed $ 2,000 per year per child for up to 4 years
Repatriation of Remains Benefit Maximum	$ 5,000

Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase, if increases are permitted, are subject to the Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

Disclosure

The accident and health insurance evidenced by this Booklet-Certificate provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical as defined by the New York State Insurance Department.

IMPORTANT NOTICE - THE GROUP POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

KEEP THIS SUMMARY OF COVERAGE
WITH YOUR BOOKLET-CERTIFICATE

With Respect to Participants Located in Florida

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN FLORIDA