Your Group Plan

Vacation, Holiday and Unemployment Plan of the Electrical Industry

**Life Insurance and
Accidental Death and
Personal Loss**

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Note: The codes appearing on the left side of certain blocks of text are required by the State of New York.

Your Group Coverage Plan

This Plan is underwritten by the Aetna Life Insurance Company, of Hartford, Connecticut (called Aetna). The benefits and main points of the group contract for persons covered under this Plan are set forth in this Booklet. They are effective only while you are covered under the group contract.

If you become covered, this Booklet will become your Certificate of Coverage. It replaces and supersedes all Certificates issued to you by Aetna under the group contract.

Ronald A. Williams
Chairman, Chief Executive Officer, and President

Group Policy:	GP-619395
Cert. Base:	1
Issue Date:	July 18, 2007
Effective Date:	September 1, 2007

This Certificate may be an electronic version of the Certificate 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 Certificate, please contact your Policyholder.

0020

Life Insurance

This Plan will pay as a Life Insurance benefit the amount of Life Insurance in force for you if you die while insured. You name your beneficiary. You may change your choice at any time.

0420

Accelerated Death Benefit

Receipt of accelerated death benefits may affect your eligibility for public assistance programs and may be taxable.

If, while covered under this Plan for Life Insurance you become terminally ill, you may request that Aetna pay an Accelerated Death Benefit (herein called ADB). Upon Aetna's approval of any such request, Aetna will pay to you the amount of ADB; subject to all of the following terms.

A person is terminally ill if the person:

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

You may request an ADB at any time by completing an Aetna Request For Accelerated Death Benefit Form and submitting it to Aetna. The request must include the statement of a currently licensed United States physician that you are terminally ill.

The physician's statement must include:

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

Your request for an ADB must state the amount of the benefit requested. You may request as an ADB up to the ADB Percentage of the amount of Life Insurance then in force for you; but in no event may the requested amount of ADB be more than the ADB Maximum. The minimum amount you may request is the ADB Minimum.

You may request an ADB under this Plan only once.

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

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

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

The interest rate used to calculate the interest charge will not exceed the current yield on 90-day United States Treasury bills on the date the ADB payment is requested.

When your request for an ADB has been approved, the amount of Life Insurance then in force for you will be reduced by the amount of ADB that would have been payable in the absence of any interest charge. If your amount of Life Insurance has been so reduced, you will not be entitled to the Conversion of Life Insurance for the amount of Life Insurance that ceases because of the reduction by the amount of the ADB.

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

Aetna may refuse your request for an ADB if:

- prior to Aetna's receipt of approval of the request:

  the group contract terminates as to your Eligible Class (even though all or part of your Life Insurance Coverage continues for any reason); or

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

- prior to payment of the ADB, you die.

Upon approval by Aetna, the amount of ADB will be paid to you in a lump sum.

To the extent allowed by law:

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

7611, 7612-1, 7613, 7614

Accidental Death and Personal Loss Coverage

This Plan pays a benefit if, while insured, you suffer a bodily injury caused by an accident; and if, within 365 days after the accident and as a direct result of the injury, you lose:

- Your life.
- A hand, by actual severance at or above the wrist joint.
- A foot, by actual severance at or above the ankle joint.
- An eye, involving irrecoverable and complete loss of sight in the eye.
- Your speech or hearing; the loss must be total and deemed permanent.
- Your thumb and index finger of same hand, by actual severance of entire digit.
  Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

A total loss of speech or hearing will be deemed permanent if the loss has been present for 12 consecutive months, unless an attending physician states otherwise.

Loss of life due to exposure to natural or chemical elements will be deemed to be accidental if the exposure was a direct result of an accident.

If:
- you disappear as a direct result of the accidental disappearance, wrecking, or sinking of the conveyance in which you were an occupant; and
- there is no contrary evidence about the circumstances of your disappearance within one year of the accident;

your disappearance will be deemed an accidental death.

This Plan also pays a benefit if, while insured, a person suffers a bodily injury in an accident and if, as a direct result of the accident suffers a full thickness **third degree burn** caused by direct contact with a chemical, fire, steam, water or heat (except sunburns) or, within 30 days after the accident and as a direct result of the injury, you are stricken with one of the following forms of paralysis:

- Quadriplegia - the entire and irrecoverable paralysis of both upper and lower limbs.
- Paraplegia - the entire and irrecoverable paralysis of both lower limbs.
- Hemiplegia - the entire and irrecoverable paralysis of the upper and lower limbs on one side of the body.
- Uniplegia - the entire and irrecoverable paralysis of one limb.

A limb means the entire arm or leg.

Coma – Aetna will pay a monthly benefit on your behalf provided you are continually **comatose** for at least 30 consecutive days. Proof that you are **comatose** must be submitted to Aetna no later than 60 days after the date you become **comatose**.

11037

Benefit

The full Principal Sum is payable for loss of life.

The full Principal Sum is payable for loss of both hands, both feet, or both eyes.

The full Principal Sum is payable for loss of both hearing and speech.

The full Principal Sum is payable for quadriplegia.

The full Principal Sum is payable for **third degree burns** covering 75% or more of the body.

Half the Principal Sum is payable for loss of either hearing or speech.

Half the Principal Sum is payable for loss of a hand, loss of a foot, or loss of an eye.

Half the Principal Sum is payable for paraplegia or for hemiplegia.

Half the Principal Sum is payable for **third degree burns** covering 50% to 74% of the body.

One quarter of the Principal Sum is payable for loss of the thumb and index finger of the same hand.

One quarter of the Principal Sum is payable for uniplegia.

The following benefit is payable if you become **comatose**:

The first monthly benefit will be payable on the first day of the month following the date you have been continually **comatose** for at least 30 days.

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

No more than the full Principal Sum is payable for all losses resulting from the same accident.

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

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

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

If you become **comatose** and qualify for a related benefit, your monthly benefit is payable to your named beneficiary. No benefit will be payable if:

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

If benefits are to be paid as a result of your **comatose** state, and if the monthly payments are less than $20 each, the payments will be paid in one lump sum on the first day of the month following the date you have been continually **comatose** for 12 months.

No more than the full Principal Sum is payable for all losses listed above resulting from one accident.

11038, 11037-1

Total Disability Benefit

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

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

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

Written notice of your death must be given to Aetna at its Home Office within 12 months of your death. If it is not reasonably possible to meet this deadline for giving notice, the benefit will still be payable if written notice is given as soon as reasonably possible. Otherwise, Aetna will not have to pay this benefit.

11038

Additional Accidental Death Benefits

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

11039

Passenger Restraint and Airbag Benefit

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

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

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

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

11040

Education Benefit

Education Benefit for Your Dependent Child

If you suffer a loss of life solely and as a direct result of an accident, an Education Benefit is payable on behalf of each Dependent Child as defined below.

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

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

The first Education Benefit will be paid when:

- your Principal Sum becomes payable; and
- Aetna receives written proof that the Dependent Child is attending school on a regular basis.

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

A Dependent Child means a child who is:

- your biological child; or
- your adopted child; or
- your stepchild; or
- any other child you support that lives with you in a parent-child relationship;

and, for the purposes of this benefit, is an unmarried, full-time student and

- is attending school, up to and including the last grade of high school; or
- is under the age of 23, and

  attending college or trade school on a regular basis at the time of your death; or

  enrolls in college or trade school within 365 days after the claim has been approved.

The Education Benefit will be payable to the Dependent Child if that child has attained the age of majority. Otherwise, the Education Benefit will be payable to the guardian of the estate of the minor, or to the Custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law. If on your death there is no surviving Dependent Child, an Education Benefit will be payable in a lump sum to your named beneficiary.

Education Benefit for Your Spouse

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

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

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

The first Education Benefit will be paid when:

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

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

The Education Benefit will be payable to your surviving spouse, regardless of beneficiary for your Life Insurance amount. If you do not have a surviving spouse, an Education Benefit will be payable in a lump sum to your named beneficiary.

11041, 11042

Child Care Benefit

If you suffer a loss of life solely and as a direct result of an accident, a Child Care Benefit may be payable with respect to any Dependent Child as defined below. If the Dependent Child is enrolled in a **legally licensed child care center**, the Child Care Benefit is payable in annual installments until the earliest to occur of:

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

The first Child Care Benefit will be paid when:

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

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

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

- your biological child; or
- your adopted child; or
- your stepchild; or
- any other child you support who lives with you in a parent-child relationship.

The Child Care Benefit will be payable to the guardian of the estate of the minor, or
to the Custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law. If on your death there is no surviving Dependent Child, a Child Care Benefit will be payable in a lump sum to your named beneficiary.

11043

Repatriation of Remains Benefit

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

11046

Limitations

This coverage is only for losses caused by accidents. No benefits are payable for a loss caused or contributed to by:

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

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

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

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

11047

General Information About Your Coverage

Termination of Coverage

Coverage under this Plan terminates at the first to occur of:

- When premium payment for insurance are discontinued.
- When the group contract terminates as to the coverage.
- The date you enter the armed services on an active basis.
- The date you fail to meet Continuing Eligibility requirements shown on the Summary of Coverage.

Your Policyholder will notify Aetna of the date you cease to meet the Continuing Eligibility requirements for the purposes of termination of coverage under this Plan. This date will be either the date you cease to meet the Continuing Eligibility requirements or the day before the next premium due date following the date you cease to meet the Continuing Eligibility requirements. Your Policyholder will use the same rule for all participants.

If you are not at work due to disease or injury and you cease to meet the Continuing Eligibility requirements for that reason, your eligibility for coverage may be continued until stopped by your Policyholder, but not beyond 2 years if you are on disability or workers compensation.

In figuring when your coverage will stop based on Continuing Eligibility requirements, Aetna will rely upon your Policyholder to notify Aetna. This can be done by telling Aetna or by stopping premium payments.

If you cease active work, ask your Policyholder if any coverage can be continued.

Conversion of Life Insurance

If any of your Life Insurance ceases because you are no longer in a class eligible for such insurance; or because of age, pension or retirement; or of a reduction in your insurance for any other reason; the amount of insurance which ceases may be converted to a personal life insurance policy. A lesser amount may be converted, if so desired.

Your converted policy may be any kind of personal policy then customarily being issued by Aetna for the amount being converted and for your age (nearest birthday) on the date it will be issued. A term policy will not be available except for the limited period set forth below. It will not have disability or other extra benefits.

You may request to have the effective date of the form of insurance to be provided by the personal policy deferred for up to one year. It will be ridered or endorsed to provide term insurance for the period of deferment. The premiums due under the personal policy on and after the end of the term insurance period will be based on your age (nearest birthday) at such date.

When Life Insurance ceases because that part of the group contract terminates as to your participant class, the amount that ceases may be converted to a personal policy. The amount will be less any amount of group life insurance you become eligible for within 45 days of termination.

In order to convert, written request must be made for a personal policy within 31 days after cessation of insurance for any of the above reasons. The first premium must be paid within that 31 days.

No evidence of insurability will be required.

The personal policy will become effective at the end of the 31 day period during which conversion is possible.

The premiums for the personal policy will be at Aetna's usual rates for the same policy issued to any other person of the same class of risk and age when the personal policy is to become effective.

After a personal policy becomes effective for any person, that policy will be in exchange for all benefits and rights under the group contract as regards the person involved and the amount that could have been converted.

Life Insurance After Termination

In most cases a person can apply for a personal policy under the Conversion Privilege within 31 days after his or her Life Insurance ceases. If a person dies during this 31 days and before the personal policy goes into effect, the amount payable under the group contract is limited to the maximum that could have been converted. This limit applies even if he or she has not applied for or paid the first premium on the personal policy.

6200, 6210

Legal Action (Does not apply to Life Insurance)

No legal action can be brought to recover under any benefit after 3 years from the deadline for filing claims.

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Additional Provisions

The following additional provisions apply to your coverage.

- You cannot receive multiple coverage under this Plan because you are connected with more than one Policyholder.
- In the event of a misstatement of any fact affecting your coverage under this Plan, the true facts will be used to determine the coverage in force.

This document describes the main features of this Plan. Additional provisions are described elsewhere in the group contract. If you have any questions about the terms of this Plan or about the proper payment of benefits, you may obtain more information from your Policyholder or, if you prefer, from the Home Office of Aetna.

Your Policyholder hopes to continue this Plan indefinitely but, as with all group plans, this Plan may be changed or discontinued with respect to all or any class of participants.

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Assignments

Life Insurance may be assigned with the consent of Aetna and your Policyholder. All other coverage may be assigned only with the written consent of Aetna.

Claims of Creditors

If allowed by law, Life Insurance and Accidental Death and Personal Loss Coverage benefits are exempt from legal or equitable process for your debts. This also applies to the debts of your beneficiary.

Beneficiaries

You may name or change your beneficiary by filing written request at your Fund's headquarters or at Aetna's Home Office. Ask your Policyholder for the forms. The naming or any change will take effect as of the date you execute the request. Aetna will be fully discharged of its duties as to any payment made by it before your request is received at its Home Office.

Any amount payable to a beneficiary will be paid to those you name. Unless you state to the contrary, if more than one beneficiary is named, they will share on equal terms.

If a named beneficiary dies before you, his or her share will be payable in equal shares to any other named beneficiaries who survive you.

If no named beneficiary survives you or if no beneficiary has been named, payment will be made as follows to those who survive you:

- Your spouse, if any.
- If there is no spouse, in equal shares to your children.

- If there is no spouse or child, to your parents, equally or to the survivor.
- If there is no spouse, child, or parent, in equal shares to your brothers and sisters.
- If none of the above survives, to your executors or administrators.

6430, 6400, 6475

Reporting of Claims

A claim must be submitted to Aetna in writing by the Plan. It must give proof of the nature and extent of the loss. Your Policyholder has claim forms.

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

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If, through no fault of your own, you are not able to meet the deadline for filing claim, your claim will still be accepted if you file as soon as possible. Otherwise, late claims will not be covered.

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Payment of Benefits

6350, 9265

Benefits will be paid as soon as the necessary proof to support the claim is received. Any death benefit for your loss of life will be paid in one lump sum and in accordance with the beneficiary designation.

6350, 9265

All other benefits are payable to you.

6350, 9265

Any unpaid balance will be paid within 30 days of receipt by Aetna of the due written proof. This paragraph does not apply to Life Insurance.

7693

If your beneficiary is a minor or, in Aetna's opinion, legally unable to give a valid release for payment of any Life Insurance benefit, the benefit will be payable to the guardian of the estate of the minor, or to the Custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law.

6350, 9265

Aetna may pay up to $ 1,000 of any other benefit to any of your relatives whom it believes fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release. It can also be done if a benefit is payable to your estate.

6350, 9265

Glossary

The following definitions of certain words and phrases will help you understand the benefits to which the definitions apply. Some definitions which apply only to a specific benefit appear in the benefit section. If a definition appears in a benefit section and also appears in the Glossary, the definition in the benefit section will apply in lieu of the definition in the Glossary.

9990

Airbag
An airbag is:

- an unaltered airbag installed by the manufacturer of the **motor vehicle**; or
- an airbag:

  provided by the manufacturer of the **motor vehicle**; and

  installed by an authorized **motor vehicle** dealer.

Coma
This means the condition of being comatose.

Comatose
This means a profound state of unconsciousness from which the person cannot be aroused to consciousness, even by powerful stimulation, as certified by a physician.

Legally Licensed Child Care Center
This is a facility which is duly licensed, certified, or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction.

Motor Vehicle
This is a vehicle that is a registered and licensed vehicle and is:

- a passenger land vehicle of pleasure design which includes autos, vans, four-wheel drive vehicles, and self-propelled motor homes; or
- a truck of commercial design.

For purposes of the **Passenger Restraint** and **Airbag** Benefit only, the following will not be considered to be a motor vehicle:

- a motor vehicle which has been altered and no longer meets the licensing and registration requirements; or
- a motorcycle; or
- an "ATV" All Terrain Vehicle; or
- a military vehicle; or
- a vehicle while being used for farming or racing or any other type of competitive event.

Passenger Restraint
This is a restraint that is:

- an unaltered seat belt or lap and shoulder restraint installed by the manufacturer of the **motor vehicle**; or
- a seat belt or lap and shoulder restraint;

  provided by the manufacturer of the **motor vehicle**; and

installed by an authorized **motor vehicle** dealer; and

- any child restraint device which is properly secured in the **motor vehicle** and meets the definition of the law of the state in which the **motor vehicle** is licensed and registered.

Third Degree Burn

A third-degree burn or a full thickness burn is the most severe of the three burns extending near or to the bone.

Confidentiality Notice

Aetna considers personal information to be confidential and has policies and procedures in place to protect it against unlawful use and disclosure. By "personal information," we mean information that relates to a participant's physical or mental health or condition, the provision of health care to the participant, or payment for the provision of health care or disability or life benefits to the participant. Personal information does not include publicly available information or information that is available or reported in a summarized or aggregate fashion but does not identify the participant.

When necessary or appropriate for your care or treatment, the operation of our health, disability or life insurance plans, or other related activities, we use personal information internally, share it with our affiliates, and disclose it to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers), payors (health care provider organizations, policyholders who sponsor self-funded health plans or who share responsibility for the payment of benefits, and others who may be financially responsible for payment for the services or benefits you receive under your plan), other insurers, third party administrators, vendors, consultants, government authorities, and their respective agents. These parties are required to keep personal information confidential as provided by applicable law.

Some of the ways in which personal information is used include claim payment; utilization review and management; coordination of care and benefits; preventive health, early detection, vocational rehabilitation and disease and case management; quality assessment and improvement activities; auditing and anti-fraud activities; performance measurement and outcomes assessment; health, disability and life claims analysis and reporting; health services, disability and life research; data and information systems management; compliance with legal and regulatory requirements; formulary management; litigation proceedings; transfer of policies or contracts to and from other insurers, HMOs and third party administrators; underwriting activities; and due diligence activities in connection with the purchase or sale of some or all of our business. We consider these activities key for the operation of our health, disability and life plans. To the extent permitted by law, we use and disclose personal information as provided above without participant consent. However, we recognize that many participants do not want to receive unsolicited marketing materials unrelated to their health, disability and life benefits. We do not disclose personal information for these marketing purposes unless the participant consents. We also have policies addressing circumstances in which participant are unable to give consent.

To obtain a copy of our Notice of Information Practices, which describes in greater detail our practices concerning use and disclosure of personal information, please call 1-866-825-6944 or visit our Internet site at www.aetna.com.

Continuation of Coverage During an Approved Leave of Absence Granted to Comply With Federal Law

This continuation of coverage section applies only for the period of any approved family or medical leave (approved FMLA leave) required by Family and Medical Leave Act of 1993 (FMLA). If your Policyholder grants you an approved FMLA leave for a period in excess of the period required by FMLA, any continuation of coverage during that excess period will be subject to prior written agreement between Aetna and your Policyholder.

If your Policyholder grants you an approved FMLA leave in accordance with FMLA, your Policyholder may allow you to continue coverage for which you are covered under the group contract on the day before the approved FMLA leave starts.

If any coverage your Policyholder allows you to continue has reduction rules applicable by reason of age or retirement, the coverage will be subject to such rules while you are on FMLA leave.

Coverage will not be continued beyond the first to occur of:

- The date your Policyholder determines your approved FMLA leave is terminated.
- The date the coverage involved discontinues as to your eligible class.

If the group contract provides continuation of coverage (for example, upon termination of employment), you may be eligible for such continuation on the date your Policyholder determines your approved FMLA leave is terminated or the date of the event for which the continuation is available.

If you return to work for your Policyholder following the date your Policyholder determines the approved FMLA leave is terminated, your coverage under the group contract will be in force as though you had continued in active employment rather than going on an approved FMLA leave provided you make request for such coverage within 31 days of the date your Policyholder determines the approved FMLA leave to be terminated. If you do not make such request within 31 days, coverage will again be effective under the group contract only if and when Aetna gives its written consent.

If any coverage being continued terminates because your Policyholder determines the approved FMLA leave is terminated, any Conversion Privilege will be available on the same terms as though your employment had terminated on the date your Policyholder determines the approved FMLA leave is terminated.

Claim Procedures

Your booklet-certificate contains information on reporting claims. Claim forms may be obtained at your place of employment. These forms tell you how and when to file a claim.

Note: If applicable state law requires the Plan to take action on a claim or appeal within a shorter timeframe, the shorter period will apply.

You may file claims for Plan benefits, and appeal adverse claim decisions, either yourself or through an authorized representative.

An "authorized representative" means your legal spouse or adult child, or a person you authorize, in writing, to act on your behalf. In addition, the Plan will recognize a court order giving a person authority to submit claims on your behalf.

Filing Life Claims under the Plan

You will be notified of an adverse benefit determination not later than 90 days after the Plan's receipt of the claim. This time period may be extended up to an additional 90 days due to special circumstances. In that case, you will be notified of the extension before the end of the initial 90-day period. Notice of the extension will explain the special circumstances requiring the extension and the date by which a decision is expected.

Filing DBO Claims under the Plan

You will be notified of an adverse benefit determination not later than 45 days after the Plan's receipt of the claim. This time period may be extended up to an additional 30 days due to circumstances outside the Plan's control. In that case, you will be notified of the extension before the end of the initial 45-day period. If a decision cannot be made within this 30 day extension period due to circumstances outside the Plan's control, the time period may be extended up to an additional 30 days, in which case you will be notified before the end of the first 30 day extension period. Notice of the extension will explain the special circumstances requiring the extension and the date by which a decision is expected.

If your claim is denied in whole or in part, you will receive a written notice of the denial from Aetna Life Insurance Company. The notice will explain the reason for the denial and the review procedure.

Filing an Appeal of an Adverse Benefit Determination

Life Claims

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

DBO Claims

You may request a review of the denied claim. You will have 180 days following receipt of an adverse benefit decision to appeal the decision. The request must be submitted, in writing, and include your reasons for requesting the review. Submit your request to the office of the Aetna Life Insurance Company to which you submitted your initial request for benefit payment. You will be notified of the decision not later than 45 days after the appeal is received. If an extension of time for processing the appeal is needed, the time period may be extended up to an additional 45 days, in which case you will be notified prior to the end of the first 45 day period. The notice will indicate the special circumstances requiring an extension and the date by which a decision is expected.

You may submit written comments, documents, records and other information relating to your claim, whether or not the comments, records or information were submitted in connection with the initial claim. You may also request that the Plan provide you, free of charge, copies of all documents, records, and other information relevant to the claim.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Policyholder.