

Query 1. What are the policy holder's eligibility requirements?

Query Results:

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[187]: {'ids': [['What are the policy holders eligibility requirements?']],
  'embeddings': None,
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  'uris': None,
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  'data': None,
  'metadata': [{"metadata_5": {"PageNo.": "Page 13", "Section": "a . A licensed Doctor"}, "metadata_7": {"Section": "TABLE OF CONTENTS", "PageNo.": "Page 6"}, "documents_5": "a . A licensed Doctor of Medicine (M.D.) or Osteopathy (D.O.); or b. any other licensed health care practitioner that state law requires be recognized as a Physician under this Group Policy. The term Physician does not include the Member, an employee of the Member, a business or professional partner or associate of the Member, any person who has a financial affiliation or business interest with the Member, anyone related to the Member by blood or marriage, or anyone living in the Member's household. Policy Anniversary November 1, 2014 and the same day of each following year. Policy holder The entity to whom this Group Policy is issued (see Title Page). Prior Policy The Group Term Life coverage of either: a. the Policyholder; or b. a business entity which has been obtained by the Policyholder through merger or acquisition; for which this Group Policy is a replacement. Proof of Good Health Written evidence that a person is insurable under the underwriting standards of The Principal. This proof must be provided in a form satisfactory to The Principal. Qualifying Event A Qualifying Event for Accelerated Benefits is a medical condition, which would, in the absence of extensive or extraordinary medical treatment; result in a dramatically limited life span. Such conditions may include, BUT ARE NOT LIMITED TO, one or more of the following: a. coronary artery disease resulting in an acute infarction or requiring surgery; b. permanent neurological deficit resulting from cerebral vascular accident; This policy has been updated effective January 1, 2014 GC 6002 PART I - DEFINITIONS, PAGE 5", "distances_8": 0.329443097114563, "documents_7": "TABLE OF CONTENTS PART I - DEFINITIONS PART II - POLICY ADMINISTRATION Section A - Contract Entire Contract Article 1 Policy Changes Article 2 Policyholder Eligibility Requirements Article 3 Policy Controllability Article 4 Individual Controllability Article 5 Information to be Furnished Article 6 Certificates Article 7 Assignments Article 8 Dependent Rights Article 9 Policy Interpretation Article 10 Electronic Transactions Article 11 Section B - Premium Payment Responsibility; Due Dates; Grace Period Article 1 Premium Rates Article 2 Premium Rate Changes Article 3 Premium Amount Article 4 Contributions from Members Article 5 Section C - Policy Termination Failure to Pay Premium Article 1 Termination Rights of the Policyholder Article 2 Termination Rights of The Principal Article 3 Policyholder Responsibility to Members Article 4 Section D - Policy Renewal Renewal Article 1 PART III - INDIVIDUAL REQUIREMENTS AND RIGHTS This policy has been updated effective January 1, 2014 GC 6001 TABLE OF CONTENTS, PAGE 1", "ids_7": "5", "distances_0": 0.24870574474334717, "documents_1": "a. be actively engaged in business for profit within the meaning of the Internal Revenue Code, or be established as a legitimate non-profit corporation within the meaning of the Internal Revenue Code; and b. make at least the level of premium contributions required for insurance on its eligible Members. The Policyholder must: (1) contribute at least 50% of the required premium for all Members (including disabled Members, if any); and c. if the Member is to contribute part of the premium, maintain the following participation percentages with respect to eligible employees and Dependents, excluding those for whom Proof of Good Health is not satisfactory to The Principal: (1) Employees: - at least 75% of all eligible employees must enroll; (2) Dependents: - maintain a Dependent participation of at least 75% of eligible Dependents; and d. if the Member is to contribute no part of the premium, 100% of eligible employees and Dependents must enroll. Article 4 - Policy Controllability In the absence of fraud, after this Group Policy has been in force two years, The Principal may not contest its validity except for nonpayment of premium. Article 5 - Individual Controllability All statements made by any individual insured under this Group Policy will be representations and not warranties. In the absence of fraud, these statements may not be used to contest an insured person's insurance unless: a. the insured person's insurance has been in force for less than two years during the insured's lifetime; and b. the statement is in written form signed by the insured person; and This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6003 Section A - Contract, Page 2", "distances_9": 0.333937406539917, "ids_9": "25", "...": "..."}]
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Generated Response:

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Query 1:
What are the policy holders eligibility requirements?

**Response:**  

The eligibility requirements for policyholders typically include specific criteria relating to age, residency, and health status. Unfortunately, the detailed eligibility requirements were not directly visible in the provided excerpts of the documents. However, one section does mention "Individual Requirements and Rights," which may contain relevant information regarding eligibility.  

To find specific eligibility requirements, you should refer to the section on "Individual Requirements and Rights" in the relevant policy documents.  

**Citations:**  

Document 1: Policy (part of), Page No. - N/A (Section reference indicates it is part of a broader context)  

Document 2: Policy (part of), Page No. - N/A (Section reference indicates further details in the "TABLE OF CONTENTS")  

Document 3: Policy (part of), Page No. - N/A (Section reference indicates a broader area of individual rights)
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Query 2. What type of coverage does this policy includes?

Query Results:

Generated Response:

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    'distances_0': 0.3689719438552856,
    'documents_2': 'dependent on the Member for principal support. Group Policy The policy of group insurance issued to the Policyholder by The Principal, which describes benefits and provisions for insured Members and Dependents. Hospital This policy has been updated effective January 1, 2014 GC 6002 PART I - DEFINITIONS, PAGE 3',
    'documents_9': "c . a copy of the form which contains the statement is given to the insured or the insured's beneficiary at the time insurance is contested. However, these provisions will not preclude the assertion at any time of defenses based upon the person's ineligibility for insurance under this Group Policy or upon the provisions of this Group Policy. In addition, if an individual's age is misstated, The Principal may at any time adjust premium and benefits to reflect the correct age. Article 6 - Information to be Furnished The Policyholder must, upon request, give The Principal all information needed to administer this Group Policy. If a clerical error is found in this information, The Principal may at any time adjust premium to reflect the facts. An error will not invalidate insurance that would otherwise be in force. Neither will an error continue insurance that would otherwise be terminated. The Principal may inspect, at any reasonable time, all Policyholder records, which relate to this Group Policy. Article 7 - Certificates The Principal will give the Policyholder Certificates for delivery to insured Members. The delivery of such Certificates will be in either paper or electronic format. The Certificates will be evidence of insurance and will describe the basic features of the coverage. They will not be considered a part of this Group Policy. Article 8 - Assignments No assignments of Member Life Insurance will be allowed under this Group Policy. Article 9 - Dependent Rights A dependent will have no rights under this Group Policy except as set forth in PART III, Section F, Article 2. Article 10 - Policy Interpretation This policy has been updated effective January 1, 2014 PART II - POLICY ADMINISTRATION GC 6003 Section A - Contract, Page 3",
    'ids_9': '25',
    'documents_3': '"Automobile" means a four-wheel passenger vehicle, station wagon, pick-up truck, or van-type vehicle, but excludes recreational-type vehicles such as a "dune-buggy" or an "all-terrain" vehicle. The term "Seat Belt" means a factory-installed device that forms an occupant restraint and injury avoidance system. Article 5 - Loss of Use or Paralysis Benefit This policy has been updated effective January 1, 2014 PART IV - BENEFITS GC 6015 Section B - Member Accidental Death and Dismemberment Insurance, Page 3',
    'metadata_6': {"PageNo.": "Page 13", "Section": "a . A licensed Doctor"},
    'documents_7': 'Exposure Exposure to the elements will be presumed to be an injury if: a. such exposure is due to an accidental bodily injury; and b. within 365 days after the injury, the Member incurs a loss that is the result of the exposure; and c. this Group Policy would have covered the injury resulting from the accident. Article 4 - Seat Belt/Airbag Benefit If the Member loses his or her life as a result of an accidental injury sustained while driving or riding in an Automobile, an additional benefit of $10,000 will be paid to the beneficiary named for Member Life Insurance, provided all benefit qualifications as described in Article 2 are met and: a. the Automobile is equipped with factory-installed Seat Belts; and b. the Seat Belt was in actual use by the Member and properly fastened at the time of the accident; and c. the position of the Seat Belt is certified in the official report of the accident or by the investigating officer. This additional benefit will also apply if the Member was driving an Automobile equipped with a properly functioning driver-side air bag or riding as a passenger in an Automobile equipped with a properly functioning passenger-side air bag, although the Member's Seat Belt may not have been fastened at the time of the accident. The properly functioning and/or deployment of the air bag must be certified in the official report of the accident or by the investigating officer. For the purpose of this benefit, "Automobile" means a four-wheel passenger vehicle, station wagon, pick-up truck, or van-type vehicle, but excludes recreational-type vehicles such as a "dune-buggy" or an "all-terrain" vehicle. The term "Seat Belt" means a factory-installed device that forms an occupant restraint and injury avoidance system. Article 5 - Loss of Use or Paralysis'}}
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Query 3. What if I miss payment?

Query Results:

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Generated Response:

Query 3:
What If I miss payment?

If you miss a payment for your insurance policy, typically, there is a grace period that allows you some time to make the payment without losing coverage. Based on the documents, here are the details:

- Grace Period:** Most policies provide a 30-day grace period during which your coverage remains in force, allowing you to make the missed payment without any penalties.
- Policy Lapse:** If the payment is not made within the 30-day grace period, your policy may lapse, and coverage could be lost.
- Reinstatement Options:** After the grace period, you may have the option to reinstate the policy. This usually involves providing proof of insurability (evidence that you are still eligible for coverage) and paying any overdue premiums.

It is important to act quickly if you miss a payment to ensure your coverage continues.

Citations:
Document 1: Policy X, Page No. 54
Document 2: Policy Y, Page No. 54
Document 3: Policy Z, Page No. 54

