

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE PLANS

People’s United Bank offers Life and Accidental Death & Dismemberment (AD&D) insurance protection to you and your family. The Company pays the full cost of these coverages.

The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). This document is a Summary Plan Description (SPD) of the health and welfare benefit plans sponsored by People's United Bank, N.A. The company reserves the right to change, amend, or discontinue any plan or program described in this document. This document is intended for informational purposes only and does not constitute an employment agreement for any recipient. If there is a conflict between this SPD and the insurance contract or governing plan document, the terms of the insurance contract or governing plan document will control, rather than this document, unless otherwise required by law.

TABLE OF CONTENTS

Overview of Basic Life and Accidental Death & Dismemberment Insurances3

Designation of Beneficiary 3

Your Cost 3

Definition of Annual Base Salary for Basic Life and AD&D Insurance 3

Schedule of Benefits4

Reductions While Actively Employed at Age 70 and Over 4

Basic Life Insurance Benefits5

Death Benefit 5

Accelerated Benefit 5

 Terminal Illness Benefit..... 5

Conversion Privilege for Life Insurance 5

Continuation of Life Insurance 6

 Continuation for Temporary Leave of Absence or Family Medical Leave..... 6

 Continuation for Disability for Employees over Age 60 6

 Extended Death Benefit with Waiver of Premium 7

 Portability Options for Employees 8

Additional Services 9

 My Secure Advantage™ 9

 Cignassurance® Program for Beneficiaries 10

 Cigna Secure Travel 10

 Healthy Reward® 10

Accidental Death & Dismemberment (AD&D) Insurance Benefits11

Descriptions of AD&D Coverages and Benefits 11

Additional AD&D Benefits 12

 Exposure and Disappearance Coverage 12

Additional Accident Benefits 12

 Accidental Burn and Disfigurement Benefit..... 12

| | |
|--|-----------|
| Child Care Center Benefit | 13 |
| Seatbelt and Airbag Benefit | 13 |
| Special Education Benefit | 14 |
| Waiver of Premium Benefit | 15 |
| Common Exclusions | 15 |
| Conversion Privilege | 16 |
| Exclusions | 17 |
| Extension of Conversion Period | 17 |
| Claim Provisions | 17 |
| <i>Notice of Claim</i> | 17 |
| <i>Claim Forms</i> | 18 |
| <i>Claimant Cooperation Provision</i> | 18 |
| <i>Insurance Data (Life)</i> | 18 |
| <i>Proof of Loss</i> | 18 |
| <i>Time of Payment</i> | 18 |
| <i>Manner of Payment of Claims</i> | 19 |
| <i>To Whom Payable (Life)</i> | 19 |
| <i>Payment of Claims (AD&D)</i> | 19 |
| <i>Time of Payment of Claims (AD&D)</i> | 19 |
| <i>Change of Beneficiary</i> | 19 |
| <i>Physical Examination and Autopsy</i> | 20 |
| <i>Legal Actions</i> | 20 |
| <i>Time Limitations</i> | 20 |
| <i>Physician/Patient Relationship</i> | 20 |
| <i>Recovery of Overpayment</i> | 20 |
| Termination of Coverages | 20 |
| <i>Reinstatement</i> | 20 |
| Supplemental Group Universal Life (GUL) and Personal Accident Insurance (PAI) | 21 |
| For More Information | 21 |

This section, combined with the *Participating in the People's United Bank Group Benefits Plan and Rules, Regulations and Plan Administration* sections, make up the Summary Plan Description for the Life and AD&D Insurance Plans.

Overview of Basic Life and Accidental Death & Dismemberment Insurances

Company-provided life and accident insurance benefits offer protection to you and your family in case of death or accidental injuries. Benefits described in this Summary Plan Description (SPD) are provided by fully-insured Group Policies through Life Insurance Company of North America (the “Insurance Company”), a Cigna company.

DESIGNATION OF BENEFICIARY

You may designate anyone you choose as your beneficiary for your Basic Life and AD&D coverage. If you do not designate a beneficiary, payment will be made to your survivors in the following order:

- Your surviving spouse;
- Your children;
- Your parents;
- Your brothers and sisters; and
- Your estate.

You are automatically the beneficiary of Dependent Life insurance.

You may add or change your beneficiary as often as you like through www.my-peoples.com.

You may also choose to assign your benefit. An assignment is the transfer of your rights under the group policy to a person you name. You may assign, as a gift, all ownership of your Life Insurance benefit or AD&D coverage. The Insurance Company must give written consent to the assignment.

To request assignment of your Life Insurance and/or AD&D you must complete the assignment form, which is available on the Benefits section of *The Insider*. You may want to get legal counsel prior to assigning your life insurance or AD&D benefit coverage rights. Neither People’s United nor the Insurance Company guarantees or assumes any obligation concerning the sufficiency or validity of any assignment for purposes of your tax or estate planning.

YOUR COST

People’s United Bank pays the full cost of Basic Life, Dependent Life and AD&D and Insurance coverage.

The IRS requires that you pay taxes on the value of any company-provided Basic Life Insurance in excess of \$50,000. This value is called imputed income and is included on your Form W-2 at the end of the year. In effect, it represents the amount of premium paid by People’s United toward your coverage. You may want to discuss the tax impact of imputed income with your tax advisor.

DEFINITION OF ANNUAL BASE SALARY FOR BASIC LIFE AND AD&D INSURANCE

For all eligible employees, annual base salary includes your total income before taxes. It is prior to any deductions made for pre-tax contributions to a qualified deferral compensation plan, Section 125 Plan, or flexible spending account. It includes income actually received from commissions but does not include renewal commissions, bonuses, overtime pay or any other extra compensation or income received from sources other than your Employer.

Your annual base salary is updated prior to the annual benefits open enrollment, for a January 1 effective date, and during the year only if you experience an employment status change (full-time to part-time, part-time to full-time).

If you are not a commission-based employee, your annual base salary is calculated as follows:

| | |
|---------------------|---|
| A salaried employee | The gross annual salary you are earning as of the most recent benefits enrollment date |
| An hourly employee | Calculated based on your hourly rate before the most recent benefits enrollment date. Multiply your hourly rate by your regularly scheduled work hours per week and then multiply by 52 weeks |

If you are a commission-based employee, your annual base salary will be as follows:

| | |
|--|---|
| Less than one year | The midpoint salary of the grade level |
| More than one year but less than two years | The first year's earnings |
| More than two years | The average of the past two years' earnings |

Schedule of Benefits

| Basic Life Insurance | 1 times annual base salary, rounded to the next higher \$1,000 (if not already a multiple thereof) to a maximum of \$300,000* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|---------------------------|--------------|------|-----------------------------------|------|----------------------------|------|---|------|---|------|--------------|------|------------|-----|------------|-----|-----------|-----|--------------------------|-----|--------------------------|-----|----------------|-----|--------------------------------|-----|---|-----|---|-----|---------------------------------------|-----|-------|--|-----------------|--|------------------|---|
| Basic Accidental Death & Dismemberment (AD&D) Insurance | <p>1 times annual base salary, rounded to the next higher \$1,000 (if not already a multiple thereof) to a maximum of \$300,000</p> <p><i>Schedule of Covered Loss</i></p> <table> <tr> <th><u>Covered Loss</u></th><th><u>Benefit Percentage</u></th></tr> <tr> <td>Loss of Life</td><td>100%</td></tr> <tr> <td>Loss of Two or More Hands or Feet</td><td>100%</td></tr> <tr> <td>Loss of Sight of Both Eyes</td><td>100%</td></tr> <tr> <td>Loss of One Hand or One Foot and Sight in One Eye</td><td>100%</td></tr> <tr> <td>Loss of Speech and Hearing (in both ears)</td><td>100%</td></tr> <tr> <td>Quadriplegia</td><td>100%</td></tr> <tr> <td>Paraplegia</td><td>75%</td></tr> <tr> <td>Hemiplegia</td><td>50%</td></tr> <tr> <td>Uniplegia</td><td>25%</td></tr> <tr> <td>Loss of One Hand or Foot</td><td>50%</td></tr> <tr> <td>Loss of Sight in One Eye</td><td>50%</td></tr> <tr> <td>Loss of Speech</td><td>50%</td></tr> <tr> <td>Loss of Hearing (in both ears)</td><td>50%</td></tr> <tr> <td>Loss of all Four Fingers of the Same Hand</td><td>25%</td></tr> <tr> <td>Loss of Thumb and Index Finger of the Same Hand</td><td>25%</td></tr> <tr> <td>Loss of all the Toes of the Same Foot</td><td>20%</td></tr> <tr> <td>Coma:</td><td></td></tr> <tr> <td> Monthly Benefit</td><td>1%; up to 11 months; payable at the end of each month during which the Covered person remains comatose</td></tr> <tr> <td> Lump Sum Benefit</td><td>100%; payable the beginning of the 12th month</td></tr> </table> | <u>Covered Loss</u> | <u>Benefit Percentage</u> | Loss of Life | 100% | Loss of Two or More Hands or Feet | 100% | Loss of Sight of Both Eyes | 100% | Loss of One Hand or One Foot and Sight in One Eye | 100% | Loss of Speech and Hearing (in both ears) | 100% | Quadriplegia | 100% | Paraplegia | 75% | Hemiplegia | 50% | Uniplegia | 25% | Loss of One Hand or Foot | 50% | Loss of Sight in One Eye | 50% | Loss of Speech | 50% | Loss of Hearing (in both ears) | 50% | Loss of all Four Fingers of the Same Hand | 25% | Loss of Thumb and Index Finger of the Same Hand | 25% | Loss of all the Toes of the Same Foot | 20% | Coma: | | Monthly Benefit | 1%; up to 11 months; payable at the end of each month during which the Covered person remains comatose | Lump Sum Benefit | 100%; payable the beginning of the 12 th month |
| <u>Covered Loss</u> | <u>Benefit Percentage</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Life | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Two or More Hands or Feet | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Sight of Both Eyes | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of One Hand or One Foot and Sight in One Eye | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Speech and Hearing (in both ears) | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quadriplegia | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Paraplegia | 75% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemiplegia | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Uniplegia | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of One Hand or Foot | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Sight in One Eye | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Speech | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Hearing (in both ears) | 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of all Four Fingers of the Same Hand | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of Thumb and Index Finger of the Same Hand | 25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss of all the Toes of the Same Foot | 20% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coma: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Benefit | 1%; up to 11 months; payable at the end of each month during which the Covered person remains comatose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lump Sum Benefit | 100%; payable the beginning of the 12 th month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dependent Life Insurance** | <p>Spouse: \$5,000</p> <p>Child: \$1,000 per child</p> <p>(\$500 for otherwise eligible dependent child who is under 14 days of age)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* If you are eligible for and participating in the Split Dollar Life Insurance Plan, your company-provided Basic Life insurance is \$50,000

** You must enroll your spouse and children as dependents on my-peoples for them to receive Dependent Life insurance coverage

REDUCTIONS WHILE ACTIVELY EMPLOYED AT AGE 70 AND OVER

If you continue working after attaining age 70, your Basic Life and AD&D coverage will be reduced on the first of the month coinciding with or following your birthday as follows:

| | |
|------------------|---------------|
| Age 70 – 74 | 67% reduction |
| Age 75 and older | 50% reduction |

Basic Life Insurance Benefits

DEATH BENEFIT

If an Insured dies, the Insurance Company will pay the Life Insurance Benefit in force for that insured on the date of his or her death.

ACCELERATED BENEFIT

Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision.

Terminal Illness Benefit

The Insurance Company will pay a Terminal Illness Benefit to an Insured who has been determined by the Insurance Company to be Terminally Ill.

The Terminal Illness Benefit is payable only once in an Insured's lifetime.

Determination of Terminal Illness

For the purpose of determining the existence of a Terminal Illness, the Insurance Company will require the Insured submit the following proof.

1. A written diagnosis and prognosis by two Physicians licensed to practice in the United States.
2. Supportive evidence satisfactory to the Insurance Company, including but not limited to radiological, histological or laboratory reports documenting the Terminal Illness.

The Insurance Company may require, at its expense, an examination of the Insured and a review of the documented evidence by a Physician of its choice.

"Terminal Illness" means a person has a prognosis of 24 months or less to live, as diagnosed by a Physician.

CONVERSION PRIVILEGE FOR LIFE INSURANCE

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy.

The Insured may apply for any type of life insurance the Insurance Company offers to persons of the same age in the amount applied for, except the Insured may not:

1. choose term insurance;
2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
3. apply for more than \$10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy. Conversion in these cases is only permitted if the Insured has been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.

If the Insured becomes eligible for coverage under any group life policy within 31 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 31 days after coverage under the Policy ends:

1. submit an application to the Insurance Company; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by the Insurance Company and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

Extension of Conversion Period

If an Insured is eligible for conversion insurance and is not notified of this right at least 15 days prior to the end of the 31-day conversion period, the conversion period will be extended. The Insured will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:

1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
 - a. the Insured's application for conversion insurance has been received by the Insurance Company; and
 - b. the required premium has been paid.

Prior Conversion Limitation

If an Insured is covered under a life insurance conversion policy previously issued by the Insurance Company, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

CONTINUATION OF LIFE INSURANCE

If an Employee is no longer in Active Service, he or she may be eligible to continue insurance. The following provisions explain the continuation options available under the Policy. Please see the *Schedule of Benefits* to determine the applicability of these benefits on a class level.

Continuation for Temporary Leave of Absence or Family Medical Leave

If an Employee's Active Service ends due to an Employer approved unpaid leave of absence or family medical leave of absence, insurance will continue for up to the Maximum Benefit Period shown in the *Schedule of Benefits*, if the required premium is paid.

Continuation for Disability for Employees over Age 60

If an Employee becomes Disabled and is age 60 or over, the Life Insurance Benefits shown in the *Schedule of Benefits* will be continued, provided premiums are paid, until the earlier of the following dates:

1. The date the Employee is no longer Disabled.
2. The date following the Maximum Benefit Period shown in the *Schedule of Benefits*.
3. The date coinciding with the end of the last period for which premiums are paid.
4. The date the Policy is terminated by the Insurance Company.

Amount of Insurance

If an Employee dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the Employee became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while coverage is continued under this provision. The Insurance Company will pay benefits only if due proof of the Employee's continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness the Employee is unable to perform all the material duties of his or her Regular Occupation; or is receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Extended Death Benefit with Waiver of Premium

Extended Death Benefit

If an Employee becomes Disabled and is less than age 60, the Life Insurance Benefits shown in the *Schedule of Benefits* will be extended without premium payment until the earlier of the following dates:

1. The date the Employee is no longer Disabled; or
2. 9 months after the end of Active Service.

Amount of Insurance

If an Employee dies while he or she is Disabled and coverage is extended under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the Employee became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. The Insurance Company will pay benefits only if due proof of the Employee's continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness the Employee is unable to perform the material duties of his or her Regular Occupation; or is receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Waiver of Premium

If such an Employee submits satisfactory proof that he or she has been continuously Disabled for the Waiver Waiting Period shown in the *Schedule of Benefits*, coverage will be extended up to the Maximum Benefit Period shown in the *Schedule of Benefits*.

Such proof must be submitted to the Insurance Company no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date the Insurance Company agrees in writing to waive premiums for that Employee.

After premiums have been waived for 12 months, they will be waived for future periods of 12 months, if the Employee remains Disabled and submits satisfactory proof that Disability continues. Satisfactory proof must be submitted to The Insurance Company 3 months before the end of the 12-month period.

Amount of Insurance

If an Employee dies while he or she is Disabled and coverage is continued under this provision, the Insurance Company will pay a Death Benefit equal to the amount in effect on the date the Employee became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. The Insurance Company will pay benefits only if due proof of the Employee's continuous Disability is received within one year of the date of the loss.

Termination of Waiver

Insurance will end for any Employee whose premiums are waived on the earliest of the following dates.

1. The date he or she is no longer Disabled;
2. The date he or she refuses to submit to any physical examination required by the Insurance Company;
3. The date he or she refuses to participate in a Rehabilitation Plan for which the Insurance Company determines him or her to be eligible;
4. The last day of the 12-month period of Disability during which he or she fails to submit satisfactory proof of continued Disability;
5. The date following the end of the Maximum Benefit Period shown in the *Schedule of Benefits*.

"Disability/Disabled" means because of Injury or Sickness an Employee is unable to perform the material duties of his or her Regular Occupation, or is receiving disability benefits under the Employer's plan, during the initial 6 months of Disability. Thereafter, the Employee must be unable to perform all of the material duties of any occupation which he or she may reasonably become qualified based on education, training or experience, or is subject to the terms of a Rehabilitation Plan approved by the Insurance Company.

"Regular Occupation" means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Rehabilitation During a Period of Disability

If the Insurance Company determines that a Disabled Employee is a suitable candidate for rehabilitation, the Insurance Company may require the Employee to participate in an assessment and Rehabilitation Plan, not to exceed 18 months, at our expense. The Insurance Company has the sole discretion to approve the Employee's participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. If an Employee fails to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, insurance under the Policy will end.

"Good Cause" means a medical reason preventing participation, in whole or in part, in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to the Insurance Company.

"Rehabilitation Plan" means a written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:

1. Rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

"Part-time" means regularly working less than the number of full time hours set by the Employer as a regular work day for Employees in an Eligible Class of Employees in the Policy.

Portability Options for Employees

If an Employee's coverage under the Policy ends prior to age 70, for any of the following reasons:

- a. termination of employment; or
- b. termination of membership in an eligible class under the Policy;

Life Insurance Benefits may be continued up to the Maximum Benefit shown in the *Schedule of Benefits* for this option.

The Employee must apply to the Insurance Company and pay the required premium. The application must be submitted:

- a. within 31 days of the Employee's termination of employment or membership in an eligible class under the Policy;
or
- b. during the time that the Employee has to exercise the Conversion Privilege.

Coverage under this option may not be elected at a later date.

When applying for this option, the Employee must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

- a. spouse;
- b. child or children;
- c. mother or father;
- d. brothers or sisters; or
- e. the executors or administrators of the Insured's estate.

When coverage is continued under this option, the Employee becomes a Former Employee.

Coverage will end on the earliest of the following dates.

- a. The date the Policy is terminated.
- b. The date the Insurance Company cancels coverage for all Former Employees.
- c. The end of the period for which premiums are paid.
- d. The date an Insured reaches age 70.
- e. The date the Maximum Benefit Period shown in the *Schedule of Benefits* for this option ends.

ADDITIONAL SERVICES

My Secure Advantage™

Cigna's My Secure Advantage can help support the financial health of your household, at no additional cost to you. My Secure Advantage program includes:

- My Secure Advantage (MSA) Money Coaching
 - A pre-paid 30-day period of money coaching with a designated Money Coach (an experienced, credentialed financial professional) to personally assist, advise and teach participants new money habits. Participants that wish to continue working with their Money Coach beyond the pre-paid 30-day coaching period may do so at a self-paid rate of \$39.95/month.
 - Access to the MSA website, educational resources and a private web portal to communicate with your Monday Coach.
 - Free 30 minutes of financial consultation with a certified financial expert and a 25% discount on tax planning and preparation.
- Will preparation and identity theft protection
 - Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents and use of legal consultation benefits to obtain a qualified attorney's review.
 - A free 30-minute legal consultation with a licensed practicing attorney to review wills and other legal documents and 25% discount of standard fixed or hourly attorney's fees.
 - Identity theft services including a fraud resolution kit and a 30-minute consultation with a Fraud Resolution Specialist for victims of identity theft or to learn how to better protect oneself from identity theft. Additional buy-up Identity Protection services, including Identity and credit monitoring, unlimited Fraud Resolution Specialist services, and a \$1 million reimbursement protection, are also available directly from CLC, Inc. for \$12.95/month. For more information, contact 800-706-5749 or www.CLCIDPROTECT.net.

Call 888-724-2262, Monday – Friday from 9:00 am to 11:00 pm EST to speak with an MSA representative. You can also visit <https://cigna.mysecureadvantage.com/>.

Cignassurance® Program for Beneficiaries

The Cignassurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000. The program provides financial, bereavement and legal support for your loved ones during their time of need. As a beneficiary of your Life and Accident plan, they'll get:

- Free, unlimited and confidential bereavement services over the phone, available 24/7.
- Two free face-to-face counseling sessions with a Cigna Behavioral Health contracted (or network) specialist within one year of the date the claim is approved.
- 30 minutes each of free legal advice and free financial services advice – all over the phone - within one year of the date the claim is approved.
- Referrals to discounted, professional legal services for help settling an estate, preparing a will or general advice. Additional fees may apply.
- Access to a Cignassurance account – a free, interest-bearing account for proceeds over \$5,000. This account keeps their insurance proceeds in a safe place and gives them time to deal with more pressing issues. Account balances and activity can be managed 24/7 at Cignassurance.com.
- The *Looking Ahead* guidebook to help them navigate legal and financial responsibilities and research additional benefits.

Cigna Secure Travel

Cigna Secure Travel offers protection when you travel. Benefits include:

- Emergency medical assistance, including paying to arrange:
 - Transportation to a hospital or medical facility;
 - Emergency medical evacuation;
 - Repatriation of remains;
 - Referrals to physicians, dentists and medical facilities;
 - New travel plans for a companion who lost existing arrangements due to delays caused by your emergency; and
 - Travel of a dependent child (under age 16) who is left unattended as a result of your illness or injury.
- Pre-trip planning, including:
 - Immunization requirements;
 - Visa and passport requirements;
 - Foreign exchange rates;
 - Embassy/consular referrals;
 - Travel/tourist advisories;
 - Temperature and weather conditions; and
 - Cultural information.
- Other assistance at the time emergency, including:
 - Emergency changes to travel plans;
 - Emergency message center;
 - Assistance with lost or stolen items, including luggage, prescriptions and other personal belongings;
 - Legal referrals to local attorneys, embassies and consultants;
 - Translation and interpretation assistance; and
 - 24-hour multilingual assistance.

Healthy Reward®

The Cigna Healthy Rewards program can help with discounts on a wide variety of health and wellness programs and services, including:

- Weight management and nutrition
- Fitness club memberships
- Vision and hearing care
- Complementary and alternative medicine
- Health and wellness products

To find out more about Healthy Rewards or for a list of participating providers, call 800-258-3312 or visit Cigna.com/rewards (password: savings).

Accidental Death & Dismemberment (AD&D) Insurance Benefits

DESCRIPTIONS OF AD&D COVERAGES AND BENEFITS

Covered Loss

The Insurance Company will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision. Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

Loss of a Hand or Foot

Complete Severance through or above the wrist or ankle joint.

Loss of Sight

The total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

Loss of Speech

Total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing

Total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand

Complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes

Complete Severance through the metatarsalphalangeal joint.

Paralysis or Paralyzed

Total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

Quadriplegia

Total Paralysis of both upper and both lower limbs.

Hemiplegia

Total Paralysis of the upper and lower limbs on one side of the body.

Paraplegia

Total Paralysis of both lower limbs or both upper limbs.

Uniplegia

Total Paralysis of one upper or one lower limb.

Coma

A profound state of unconsciousness which resulted directly and independently from all other causes from a Covered Accident, and from which the Covered Person is not likely to be aroused through powerful stimulation. This condition

must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.

Severance

The complete and permanent separation and dismemberment of the part from the body.

Exclusions

The exclusions that apply to the AD&D benefit are in the *Common Exclusions* section.

ADDITIONAL AD&D BENEFITS

Accidental Death and Dismemberment benefits are provided under the following coverage. Any benefits payable under it is shown in the Schedule of Covered Losses and are not paid in addition to any other Accidental Death and Dismemberment benefits.

Exposure and Disappearance Coverage

Provides the AD&D Insurance benefit multiplied by the benefit percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses in the *Schedule of Benefits* section.

Benefits for Accidental Death and Dismemberment, as shown in the *Schedule of Covered Losses*, will be payable if a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these Additional Accident Benefits shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

Accidental Burn and Disfigurement Benefit

The Insurance Company will pay the benefit shown below if a Covered Person suffers a Covered Injury that leaves him Disfigured, and that Covered Injury resulted directly and independently of all other causes from a Covered Accident. The Disfigurement must satisfy all of the conditions below.

1. reconstructive or cosmetic surgery is required to restore the Covered Person's physical abilities or correct Disfigurement, and must be performed within twelve months of the Covered Accident;
2. a Physician must determine that the burn satisfies all of the following:
 - a. involves the minimum percentage shown below;
 - b. be classified as shown below; and
 - c. results in Disfigurement or loss of physical abilities.

| | |
|----------------------------|---------------|
| 75-100% Body Disfigurement | 100% |
| 50-74% Body Disfigurement | 75% |
| 25-49% Body Disfigurement | 50% |
| Burn Classification | second degree |

For purposes of this benefit, Disfigurement or Disfigured means spoiled or deformed appearance that can be corrected by means of reconstructive or cosmetic surgery.

Child Care Center Benefit

The Insurance Company will pay the following benefits or the care of each surviving Dependent Child in a Child Care Center if death of the covered Employee results directly and independently of all other causes from a Covered Accident and all of the following conditions are met:

1. coverage for his Dependent Children was in force on the date of the Covered Accident causing his death; and
2. one or more surviving Dependent Children is under Age 13 and:
 - a. was enrolled in a Child Care Center on the date of the Covered Accident; or
 - b. enrolls in a Child Care Center within 90 days from the date of the Covered Accident.

| | |
|------------------------|---|
| Benefit Amount | 3%, subject to a maximum of \$3,000 per year |
| Maximum Benefit Period | the earlier of 4 years or until the child turns 13 for each surviving Dependent Child |

This benefit will be payable to the Surviving Spouse if the Spouse has custody of the child. If the Surviving Spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. Payments will be made at the end of each 12 month period that begins after the date of the covered Employee's death. A claim must be submitted to Us at the end of each 12 month period. A 12 month period begins:

1. when the Dependent Child enters a Child Care Center for the first time, within the period specified in (1b) above, after the covered Employee's death; or
2. on the first of the month following the covered Employee's death, if the Dependent Child was enrolled in a Child Care Center before the covered Employee's death.

Each succeeding 12 month period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

For purposes of this benefit, Child Care Center is a facility which:

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

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.

Seatbelt and Airbag Benefit

The Insurance Company will pay the following benefit, subject to the conditions and exclusions described below, when the Covered Person dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, the Insurance Company will pay a default benefit shown in the chart to the Covered Person's beneficiary.

| | |
|------------------|---|
| Seatbelt Benefit | 10%, subject to a Maximum Benefit of \$25,000 |
| Airbag Benefit | 5%, subject to a Maximum Benefit of \$10,000 |
| Default Benefit | \$1,000 |

For purposes of this benefit, Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas. Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highway of any state, province or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Special Education Benefit

The Insurance Company will pay the benefit, up to the Maximum Benefit shown below, for each qualifying Dependent Child and a surviving Spouse. The Covered Person's death must result, directly and independently of all other causes from a Covered Accident for which an Accidental Death Benefit is payable under this Policy. This benefit is subject to the conditions and exclusions described below.

| | |
|---|---|
| Surviving Dependent Child Benefit | 6%, subject to a Maximum Benefit of \$6,000 |
| Surviving Spouse | 6%, subject to a Maximum Benefit of \$6,000 |
| Maximum Number of Annual Payments For Each Surviving Dependent Child | 4 |
| For Surviving Spouse | 3 |
| Default Benefit | \$1,000 |

A qualifying Dependent Child must:

1. enroll as a full-time student at an accredited school of higher learning before reaching the limiting Age for dependent eligibility stated in this Policy;
2. continue his education as a full-time student; and
3. incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.

A qualifying surviving Spouse must:

1. enroll in any accredited school for the purpose of retraining or refreshing skills needed for employment within one year of the date of the covered Employee's Covered Accident;
2. remain enrolled in such accredited school; and
3. incur expenses payable directly to, or approved by, such school.

Payments will be made to each qualifying Dependent Child or to the child's legal guardian, if the child is a minor at the end of each year for the number of years shown in the chart above. The Insurance Company must receive proof satisfactory to Us of the Dependent Child's enrollment and attendance within 31 days of the end of each year. The first year for which a Special Education Benefit is payable will begin on the first of the month following the date the covered Employee died, if the surviving Dependent Child was enrolled on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he enrolls in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.

If no Dependent Child qualifies for Special Education Benefits within 365 days of the covered Employee's death, the Insurance Company will pay the default benefit shown in the chart to the covered Employee's beneficiary.

Payments will be made to the surviving Spouse at the end of each year for the number of years shown in the chart. The Insurance Company must receive proof satisfactory to Us of the Spouse's enrollment and attendance within 31 days of the end of each year. The first year for which a Special Education Benefit is payable will begin on the date the surviving Spouse enrolls in an accredited school for the first time following the date the Employee died. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.

If a surviving Spouse does not qualify for Special Education Benefits within 365 days of the covered Employee's death, the Insurance Company will pay the default benefit shown in the chart to the covered Employee's beneficiary.

Waiver of Premium Benefit

| | |
|---|-----------------------|
| Benefit Waiting Period | 12 months |
| Benefit Period | |
| <u>Age when Total Disability Begins</u> | <u>Benefit Period</u> |
| Less than 60 | to 65th birthday |
| 60 or more but less than 65 | 60 months |

The Insurance Company will waive premiums, beginning with those due on and after the end of the Benefit Waiting Period, for a covered Employee who: (a) becomes Totally Disabled within 30 days of a Covered Loss that results directly and independently of all other causes from a Covered Accident; and (b) satisfies all of the following conditions:

1. Total Disability must begin before the covered Employee's 65th birthday;
2. The Insurance Company must receive proof satisfactory to Us that Total Disability was continuous during the Benefit Waiting Period;
3. insurance under this Policy remains in force during the Benefit Waiting Period.

The covered Employee must submit satisfactory proof of continuous Total Disability to the Insurance Company no more than three months after the date he satisfies the Benefit Waiting Period. Proof of continuing Total Disability must be submitted to the Insurance Company during the last three months of each year. The Insurance Company may have the covered Employee examined as often as reasonably necessary while Totally Disabled, but not more than once a year after two years.

The amount of insurance for which premiums will be waived is the amount in force on the date the covered Employee became Totally Disabled. This amount will be subject to any age reductions applicable during the Benefit Period. Any increases in coverage that would have occurred if the covered Employee were not Totally Disabled will be deferred.

Premiums will cease to be waived on the earliest of the following dates:

1. the premium due date following the date the covered Employee ceases to be Totally Disabled;
2. the date the covered Employee refuses to be examined or fails to provide required proof of continuing Total Disability;
3. the premium due date following the end of the Benefit Period shown in the chart.

When premiums cease to be waived as described above, insurance provided under this Policy will continue as long as premiums are paid when due.

COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of AD&D Benefits Section:

1. intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
 - a. except as a passenger on a regularly scheduled commercial airline;
 - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
 - c. being used for:
 - i. crop dusting, spraying or seeding, giving and receiving flying instruction, firefighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);

- d. designed for flight above or beyond the earth's atmosphere;
 - e. an ultra-light or glider;
 - f. being used for the purpose of parachuting or skydiving;
 - g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
 8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be 'controlled' by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
 9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days.
 10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
 11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
 12. in addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Subscriber;
 - b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
 - c. living in the Covered Person's household;
 - d. a parent, sibling, spouse or child of the Covered Person.

CONVERSION PRIVILEGE

If the Covered Person's insurance or any portion of it ends for any of the following reasons:

- a. employment or membership ends;
- b. eligibility ends (except for age for the Employee or Covered Spouse);
the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:
 - a. in \$1,000 increments;
 - b. not less than \$25,000, regardless of the amount of insurance under the group policy; and
 - c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of \$250,000.

The Covered Person must be under age 70 to get a converted policy.

If the Covered Person's insurance or any portion of it ends for non-payment of premium, he may not convert. If the Covered Person's insurance ends for a reason described in 2. below, conversion is subject to that section.

The converted policy or certificate will cover accidental death and dismemberment. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show the Insurance Company that he is insurable.

If the Covered Person has converted his group coverage and later becomes insured under the same group plan as before, he may not convert a second time unless he provides, at his own expense, proof of insurability or proof the prior converted policy is no longer in force.

The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on the table of rates for such policies, his age and class of risk. If the Covered Person has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

If the Covered Person suffers a Covered Loss or dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, Cigna will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended; or, if later, the date application is made.

Exclusions

The converted policy may exclude the hazards or conditions that apply to the Covered Person's group coverage at the time it ends. We will reduce payment under the converted policy by the amount of any benefits paid under the group policy if both cover the same loss.

If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy or, any group accident insurance issued to the Employer which the Group Policy replaced, for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:

- a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
- b. \$10,000.

Extension of Conversion Period

If the Covered Person is eligible to convert and is not notified of this right at least 15 days prior to the end of the 31 day conversion period, the conversion period will be extended. The Covered Person will have 15 days from the date notice is given to apply for a converted policy or certificate. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to the Covered Person by the Subscriber or mailed to the Covered Person's last known address as reported by the Subscriber.

If the Covered Person sustains a Covered Loss or dies during the extended conversion period, but more than 31 days after his coverage under the Group Policy terminates, benefits will not be paid under the Group Policy. If the Covered Person's application for a converted policy or certificate is received by Us and the required premium is paid, benefits may be payable under the converted policy or certificate.

Claim Provisions

NOTICE OF CLAIM

Written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by the Insurance Company, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's Name, the Policy Number and the claimant's name and address.

Written notice or any other electronic/telephonic means authorized by the Insurance Company of a diagnosis of a Terminal Illness under Life Insurance Benefits on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice or any other electronic/telephonic means authorized by the Insurance Company was given as soon as reasonably possible.

CLAIM FORMS

When the Insurance Company receives notice of claim, the Insurance Company will send claim forms for filing proof of loss. If claim forms are not sent within 15 days after notice is received by the Insurance Company, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by the Insurance Company, of the nature and extent of the loss.

CLAIMANT COOPERATION PROVISION

Failure of a claimant to cooperate with the Insurance Company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

INSURANCE DATA (LIFE)

The Employer is required to cooperate with the Insurance Company in the review of claims and applications for coverage. Any information the Insurance Company provides in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

PROOF OF LOSS

Written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given to the Insurance Company within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, must be given not more than one year after that 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, is provided outside of these time limits, the claim will be denied. These time limits will not apply while the person making the claim lacks legal capacity.

Written proof, or any other electronic/telephonic means authorized by the Insurance Company, of loss for Accelerated Life Insurance Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, the Insurance Company will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

TIME OF PAYMENT

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

MANNER OF PAYMENT OF CLAIMS

The Policyholder authorizes that any benefit payment due as a lump sum of \$5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

TO WHOM PAYABLE (LIFE)

Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. The Insurance Company may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits, unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at the Insured's death may, at the Insurance Company's option, be paid either to the Insured's beneficiary or to the executor or administrator of the Insured's estate.

If the Insurance Company pays benefits to the executor or administrator of the Insured's estate or to a person who is incapable of giving a valid release, the Insurance Company may pay up to \$1,000 to a relative by blood or marriage that it believes is equitably entitled. This good faith payment satisfies the Insurance Company's legal duty to the extent of that payment.

PAYMENT OF CLAIMS (AD&D)

All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the *Beneficiary* provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the covered Employee or to his estate.

If the Insurance Company is to pay benefits to the estate or to a person who is incapable of giving a valid release, the Insurance Company may pay \$1,000 to a relative by blood or marriage that the Insurance Company believes is equitably entitled. Any payment made by the Insurance Company in good faith pursuant to this provision will fully discharge the Insurance Company to the extent of such payment and release the Insurance Company from all liability.

TIME OF PAYMENT OF CLAIMS (AD&D)

The Insurance Company will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to the Insurance Company.

CHANGE OF BENEFICIARY

The Insured may change the beneficiary at any time by submitting a life event in my-peoples. The beneficiary's consent is not required for this or any other change which the Insured may make unless the designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the life event is submitted in my-peoples. When event is submitted, it will take effect as of the date submitted. If the Insured dies before the life event is submitted, the Insurance Company will not be liable for any payment that was made before receipt of the form.

PHYSICAL EXAMINATION AND AUTOPSY

The Insurance Company, at its expense, will have the right to examine any person for whom a claim is pending as often as it may reasonably require. The Insurance Company may, at its expense, require an autopsy unless prohibited by law.

LEGAL ACTIONS

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by the Insurance Company, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

TIME LIMITATIONS

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which the Employee lives when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

PHYSICIAN/PATIENT RELATIONSHIP

The Insured will have the right to choose any Physician who is practicing legally. The Insurance Company will in no way disturb the Physician/patient relationship.

RECOVERY OF OVERPAYMENT

If benefits are overpaid, the Insurance Company has the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when You die, the Insurance Company may recover the overpayment from Your estate.

Termination of Coverages

Coverage will end on the earliest of the following dates:

1. the date the Employee is eligible for coverage under a plan intended to replace this coverage;
2. the date the Policy is terminated by the Insurance Company;
3. the date the Insured is no longer in an eligible class;
4. the date coinciding with the end of the last period for which premiums are paid;
5. the date an Employee is no longer in Active Service;
6. for an Employee, Spouse and Dependent Child, the date the Employer cancels participation under the Policy; and
7. the date coverage for the Employee ends, for any insured Spouse and Dependent Child.

REINSTATEMENT

If you again become eligible due to a change in your employment status within 12 months after your insurance ended, your coverage will be reinstated as of the first day of the month following your change.

Supplemental Group Universal Life (GUL) and Personal Accident Insurance (PAI)

You also have the opportunity to purchase:

- Supplemental Group Universal Life (GUL) Insurance
- Supplemental Personal Accident Insurance (PAI)

People's United Bank does not sponsor supplemental GUL or PAI. However, it provides access to these coverages through Cigna and payroll deduction. Employees must contact Cigna directly for information regarding these coverages at 800-828-3485 or go to www.cignatruustedadvisor.com/peoplesunited .

For More Information

Contact Cigna at 855-648-5934 or log into the member secure site www.mycigna.com.