Term Life and Accident Insurance

Developed for the Employees of Hobart and William Smith Colleges
Life Insurance

Who Needs Life Insurance?
You do. Single or married. Buying your first home or preparing for retirement. Raising children or sending them off to college. No matter where you are in life, insurance should be part of your financial plan.

By purchasing this insurance product through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction
- Access to knowledgeable service representatives.

Who Is Eligible For Coverage?

You — If you are an active, full-time employee and work at least 20 hours per week for your employer.

Your Spouse* — Is eligible provided that you apply for and are approved for coverage for yourself.

Your Unmarried, Dependent Children — Under age 19 (or under age 25 if they are full-time students), as long as you apply for and are approved for coverage for yourself. One low premium will insure all your eligible children, regardless of the number of children you have.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

How Much Coverage Can You Buy?

You — You can select life insurance coverage of 1, 2, 3 or 4 times your salary rounded to the next higher $1,000. The maximum for any employee is the lesser of 4 times your annual salary or $450,000. The guaranteed coverage amount for you is $200,000.

Your Spouse — You may choose one of the following options for your spouse.

<table>
<thead>
<tr>
<th>Option</th>
<th>Benefit Amounts for Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spouse-$10,000 or $25,000</td>
</tr>
<tr>
<td>2</td>
<td>Spouse-50% of your benefit to $100,000</td>
</tr>
</tbody>
</table>

Your Unmarried, Dependent Children — You may select $4,000 of coverage for your unmarried, dependent children. The maximum benefit for children birth to 14 days is $500. The guaranteed coverage amount for your child(ren) is $4,000.

The guaranteed coverage amount for your spouse is $25,000.

Guaranteed Coverage

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for you and your dependents, you are entitled to choose any of the offered amounts of coverage up to the guaranteed coverage amount, as shown on your application, without having to provide evidence of good health.

If you apply for an amount of coverage for yourself or your spouse greater than the guaranteed coverage amount, coverage in excess of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician’s statement.

If you apply for coverage for yourself or your spouse more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician’s statement.
Calculating the Cost of Your Coverage

**Follow These Steps**

| Step 1 | $ _______ Your Yearly Salary  
| - |  
| - | $ _______ Amount of Coverage You Want  
| Step 2 | Round to the Next Higher $1,000 e.g. $214,300 becomes $215,000  
| Step 3 | _______ / 1,000 = Employee Units  
| Step 4 | Employee Units x $ _______  
| Step 5 | Spouse Units x $ _______ (+)  
| Step 6 | Children Units x $ _______ (+)  
| Step 7 | $ _______ Total Monthly Cost  

**Employee/Spouse Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>Employee Monthly Cost per $1,000 Unit</th>
<th>Spouse Monthly Cost per $10,000 Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>.06</td>
<td>.60</td>
</tr>
<tr>
<td>30 to 34</td>
<td>.08</td>
<td>.80</td>
</tr>
<tr>
<td>35 to 39</td>
<td>.09</td>
<td>.90</td>
</tr>
<tr>
<td>40 to 44</td>
<td>.12</td>
<td>1.20</td>
</tr>
<tr>
<td>45 to 49</td>
<td>.20</td>
<td>2.00</td>
</tr>
<tr>
<td>50 to 54</td>
<td>.34</td>
<td>3.40</td>
</tr>
<tr>
<td>55 to 59</td>
<td>.51</td>
<td>5.10</td>
</tr>
<tr>
<td>60 to 64</td>
<td>.69</td>
<td>6.90</td>
</tr>
<tr>
<td>65 to 69</td>
<td>1.27</td>
<td>12.70</td>
</tr>
<tr>
<td>70 &amp; over</td>
<td>2.06</td>
<td>20.60</td>
</tr>
</tbody>
</table>

The monthly cost for children is $0.60 for $4,000 of coverage. One premium will insure all your eligible children, regardless of the number of children you have.

Costs are subject to change.

**When You Reach Age 70**

By the time you reach age 70, chances are that your children will be grown and your mortgage paid. At age 70, providing you are still employed, your coverage will decrease to 65% of the benefit amount. It will decrease to 50% at age 75.

Maximum coverage: Employee—is the lesser of 4 times annual salary or $450,000; Spouse—50% of your benefit or $100,000; Children—$4,000 (birth to 14 days) $500.

*See Table.*
How Much Life Insurance Do You Need?

We have provided this worksheet to help you calculate how much life insurance you may need for a surviving spouse and dependents. When calculating annual amounts, be sure to multiply the annual income or cost by the number of years you expect to receive that income, or incur that cost.

1. Living Costs

Day-to-day Living Expenses (Use 75% of current net income)
$_______ annually x _______ years = $_______
Child Care Expenses
$_______ annually x _______ years = + _______
Education Funding
$_______ annually x _______ years = + _______
Major Purchases (cars, home repair)
$_______ annually x _______ years = + _______
Estate and Funeral Expenses
= + _______
TOTAL LIVING COSTS (A) = $_______

2. Available Resources

Cash and Savings = $_______
Retirement Savings (IRA, 401(k), etc.) = + _______
Stocks and Bonds (at current market value) = + _______
Spouse Income (multiply by 60%)*
$_______ annually x _______ years = + _______
Other Assets = + _______
TOTAL AVAILABLE RESOURCES (B) = $_______

3. Life Insurance Need

TOTAL LIVING COSTS (A) = $_______ (A)
LESS TOTAL AVAILABLE RESOURCES (B) = $_______ (B)
EQUALS LIFE INSURANCE NEED = $_______

Naturally a worksheet like the above is only an aid to determining life insurance needs. It cannot predict all of your expenses, economic conditions, inflation, investment performance or other factors which may alter your needs. For a more accurate plan, you should consider consulting an investment advisor.

* Estimate likely spouse income as sole provider. Include your estimate of Social Security benefits to surviving spouse and dependents. The 60% factor above is used to account for taxation so that a net income figure can be derived. Vary this factor if you feel combined federal, state and local taxes, and FICA will be different for your situation.

Other Benefit Features

Accelerated Death Benefit — Terminal Illness
If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for you for terminal illness provides for up to 75% of the life insurance coverage amount in force or $337,500, whichever is less, to be paid to the insured.
You have 2 options to choose from for your spouse coverage.
Option 1: the accelerated payment benefit for terminal illness provides for up to 75% of the life insurance coverage amount in force or $18,750 or Option 2: the accelerated payment benefit for terminal illness provides for up to 75% of the life insurance coverage amount in force or $75,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.
The terminal illness benefit may be taxable. As with all tax matters, an insured should consult with a personal tax advisor to assess the impact of this benefit. Receipt of the accelerated death benefits may affect eligibility for public assistance programs.

Annual Enrollment Period
Each year, during your re-enrollment period, you have the opportunity to enroll in the plan or increase your voluntary coverage. We require no evidence of good health for additional amounts equal to one times your annual salary up to the guaranteed issue, whichever is less, subject to the group policy guaranteed coverage amount. We do require evidence of good health for amounts above the guaranteed coverage amount. We also require evidence of good health for those employees who do not currently participate in the plan.

Automatic Increase Feature
In the event of an increase in salary, your voluntary life insurance coverage will increase accordingly.
Your new coverage amount will become effective on the date of change. We do not require evidence of good health for salary increases that do not exceed $25,000.

Continuation for Disability for Employees Age 60 or over
If your active service ends due to disability, this plan provides a continuation of coverage feature. If you are disabled at age 60 or over, your coverage will continue while you are disabled. This benefit will remain in force until the earliest of the following dates: the date you are no longer disabled, the date the policy terminates, the date you are disabled for 9 consecutive months, or the day after the last period for which premiums are paid.
You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer’s plan. “Regular Occupation” means your occupation, as routinely performed at the time your disability begins.
Other Benefit Features (cont’d)

Extended Death Benefit with Waiver of Premium

Extended Death Benefit
If you become Disabled — The extended death benefit ensures that if you become disabled prior to age 60, and die before you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. A waiting period is required before life insurance benefits are extended. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended.

You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer’s plan. “Regular Occupation” means your occupation, as routinely performed at the time your disability begins.

Waiver of Premium
If you become totally disabled — To make sure you can keep the life insurance protection you need during a difficult period of your life, this plan provides a waiver of premium feature. If you are totally disabled prior to age 60 and can’t work for at least 6 months, you won’t need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until Social Security Normal Retirement Age, subject to proof of continuing disability each year. If you qualify for this benefit and have insured your spouse or children, the premium for their coverage is also waived.

What Is Not Covered
The plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

Apply Today
In order to apply for coverage, you must complete an application form. Be sure to answer all questions accurately, and indicate how much coverage you wish to have.

Payroll Deduction
You pay your premiums through payroll deduction. The total depends on how much coverage you select, your age, your spouse’s age and the amount of coverage you buy for your spouse and children.

Designating Your Beneficiary
Your term life benefit will automatically be paid to the first beneficiary listed below who is living at the time of your death if you do not designate a specific beneficiary:

1) Your Spouse*  2) Your Child(ren)  3) Your Parents
4) Your Siblings  5) Your Estate

If you wish to designate different beneficiaries, or to indicate percentages, you may do so on your application. If the listed beneficiary is a trustee or a trust, you will need to indicate the trustee’s name, the name of the trust and the date of the trust agreement. The trust document must be presented in order for the claim to be processed.

* Benefits will not be paid to your Domestic Partner if he or she is not specifically designated.

How Your Claims Are Paid
Your employer has all the forms your beneficiary will need and can provide assistance in completing them.

When Your Coverage Begins and Ends
The date your coverage begins is called its “effective date.” Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work.

For coverage for your spouse and/or children to be effective, they must not be hospitalized or confined at home under the care of a doctor. Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force.

For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.

If You Leave Your Employer
To help you keep your life insurance coverage during the years when your family needs financial protection, the plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children. As long as the group policy remains in force, the option of continuing this coverage is available.

Converting Your Coverage to Permanent Life Insurance
If group life coverage ends for any reason except nonpayment of premiums, you can convert to an individual policy. You may also apply if your life insurance benefit is reduced due to a change in age, class or policy up to the amount of the reduction. No medical certification is needed. To convert coverage, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may also convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. The converted insurance may not be term insurance, except for the first year after your insurance ends. For that year, you may elect term insurance to precede the permanent plan. Premiums may change at this time.

Questions?
Cigna Group Insurance has courteous, knowledgeable customer service representatives who can assist you with the completion of your enrollment form by calling 1-800-732-1603 toll-free anytime from Monday through Friday, 8 a.m. to 6 p.m. Eastern time. Cigna does not have your coverage election information on file. For specific benefit/account inquiries on what is available under your plan, please contact your Human Resources department.

This portion of the plan provides life insurance only.
Who Needs Personal Accident Insurance?
You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn’t take both an emotional and a financial toll on your family.

By purchasing this insurance through your employer, you benefit from:
- Affordable group rates
- Convenient payroll deduction

Who Is Eligible For Coverage?
You — You are eligible for coverage if you are an active, full-time employee of the sponsoring employer, working 20 hours per week. You will be eligible to elect insurance for yourself and your dependents immediately.
Your Spouse* — You may elect coverage for a lawful spouse.
Your Children — You may elect coverage for your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students). Children must be dependent upon you for support and maintenance.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

* Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner and Domestic Partners registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

How Much Coverage Can You Buy?
You — Accident coverage is available in amounts of 1 to 4 times your salary. Select the salary multiple you desire from 1 to 4 and calculate your benefit amount.

1. Your Coverage

Select Multiple of Salary × Benefit Amount = [$]
Round to $[Round]

Cost per Unit $[Cost per Unit]

Total Monthly Cost $[Total Monthly Cost]

Your Spouse — You have 2 options to choose from for your spouse coverage.

Select a plan option and benefit amount. Option 1: select $10,000 or $25,000 or Option 2: elect units of $5,000 to a maximum of $100,000.

2. Your Spouse’s Coverage

Select Multiple of Salary × Benefit Amount = [$]
Round to $[Round]

Cost per Unit $[Cost per Unit]

Total Monthly Cost $[Total Monthly Cost]

Your Children — You may select child coverage of $4,000. The premium is the same regardless of the number of children covered.

Note: Your children’s benefit amount cannot be greater than your own.

3. Your Children’s Coverage

Select a benefit amount of $4,000.

Select Multiple of Salary × Benefit Amount = [$]
Round to $[Round]

Cost per Unit $[Cost per Unit]

Total Monthly Cost $[Total Monthly Cost]

4. Total Monthly Cost

Add the cost for you, your spouse and child(ren).

Total Monthly Cost $[Total Monthly Cost]

See Benefit Reductions. Costs are subject to change.
**Benefit Reductions**

When the covered person reaches age 70, his or her benefits will be reduced to 65% of the benefit amount selected and at age 75, 50%; These reductions also apply if you elect coverage after age 69.

**A Valuable Combination of Benefits**

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

<table>
<thead>
<tr>
<th>Bodily Injuries Resulting in</th>
<th>We Will Pay This % of the Benefit Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears</td>
<td>100%</td>
</tr>
<tr>
<td>Total paralysis of both lower or upper limbs</td>
<td>75%</td>
</tr>
<tr>
<td>Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech, or Loss of hearing in both ears, or Severance and Reattachment of one hand or foot</td>
<td>50%</td>
</tr>
<tr>
<td>Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand</td>
<td>25%</td>
</tr>
<tr>
<td>Loss of all toes of the same foot</td>
<td>20%</td>
</tr>
<tr>
<td>Coma</td>
<td>1%</td>
</tr>
</tbody>
</table>

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

*Loss of a hand or foot* means complete severance through or above the wrist or ankle joint. *Loss of sight* means the total, permanent loss of all vision in the eye. *Loss of speech* means total, permanent and irrecoverable loss of audible communication. *Loss of hearing* means total and permanent loss of the ability to hear any sound in both ears. Loss of sight, speech and hearing must be irreversible by natural, surgical or artificial means. *Loss of a thumb and index finger or four fingers* means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). *Paralysis* means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. *Loss of Toes* means complete severance through the metatarsalphalangeal joint. *Severance* means complete and permanent separation and dismemberment of the limb from the body.

**Additional Benefits**

**For Exposure and Disappearance**

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your or an insured family member’s body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

**For Comas**

If you, your spouse, or your children have been in a coma for one full month as a result of a covered accident, we will pay a coma benefit, as shown in A Valuable Combination of Benefits. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

*Coma* means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the insured 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.

**For Child Care Expenses**

Personal Accident Insurance pays an additional benefit to help pay for your children’s child care expenses.

If you have elected to cover your family members and you die as a result of a covered accident and you have a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward, we will pay a child care center benefit. This benefit will be an annual sum for each covered child of up to 2% of your benefit amount but not more than $2,000 per year for 4 years or until the child turns 13, whichever occurs first.

We will make the payment to the child’s surviving custodial parent or legal guardian.

Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.
Additional Benefits (cont’d)

For Traveling on Public Transportation
If you or an insured family member are accidentally killed or dismembered while a fare-paying passenger in or being struck by or while getting on or off of public transportation, such as a bus or plane, licensed for hire to carry fare-paying passengers or a transport aircraft operated by the U.S. Air Mobility Command or a similar air transport service of another country, we will increase the benefit amount by 100%, to a maximum of $450,000.

For Wearing a Seatbelt and Protection by an Airbag
This benefit is payable if an insured person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile*, while wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by state law and approved by the National Highway Traffic Safety Administration). That person’s death benefit will be increased by 10% but not more than $10,000. If the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System ** (Airbag), we will increase that person’s death benefit by an additional 10% but not by more than $10,000.

Verification of the actual use of the seatbelt and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s) and submitted with the claim.

If it is unclear whether the insured had been wearing a seatbelt or that the person was positioned in a seat protected by a properly functioning and properly deployed airbag, the plan will pay a benefit of $1,000.

*Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes but is not limited to a sedan, station wagon, sport utility vehicle or a motor vehicle of the pickup, van, motor home or camper type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

**Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.

For Furthering Education and Spouse Training
The education benefit provides training or education as follows:

• For your children: If you die in a covered accident, we will pay an extra benefit for each insured child who is enrolled in a school of higher learning or is in the 12th grade and enrolls as a full-time student within one year of the accident. To help pay expenses, we will increase your benefit amount by 2% up to $2,000 for each qualifying child. This benefit is payable each year for four consecutive years as long as your children continue their education and incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.

• For your spouse: If you die in a covered accident and your insured spouse enrolls in an accredited school to gain skills needed for employment within one year of the covered accident, we will pay the actual cost of this education or training program for not more than 4 years after enrollment begins, 5% up to a maximum of $5,000.

If you have no spouse or child who qualifies within one year of your death, we will pay an additional $1,000 to your beneficiary.
**What Is Not Covered**

Plan benefits are not payable for injury or loss caused or resulting, directly or indirectly, in whole or in part, from intentionally self-inflicted injuries; suicide or attempted suicide; any felony or attempted felony committed by the insured; any act of war, declared or undeclared; sickness, disease, physical or mental impairment, or bacterial or viral infection or medical or surgical treatment thereof, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any narcotic, drug, poison, gas or fumes, except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the covered accident occurred) 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; traveling in any aircraft, except as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; bungee jumping; parachuting; skydiving, parasailing; or hang-gliding.

In addition, benefits will not be paid for services or treatment rendered by a physician, nurse or any other person who is employed or retained by the policyholder or who is a parent, sibling, spouse or child of the insured.

**Signing Up Is Easy**

No medical examination is required to apply!

Just follow these steps.

1. Choose the benefit amount and coverage options that are right for you.
2. Fill out the enrollment form and return it to your Human Resource Department.

Don’t forget to…

Use the full name of your beneficiary. For example, use ’Mary Jones Smith’ not ’Mrs. John A. Smith.’

If you have any questions about the plan, please contact your Human Resources Department.

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**When Your Coverage Begins and Ends**

Current employees can sign up during this enrollment period. New employees have 31 days from the date they become eligible to enroll. Coverage becomes effective on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins. If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

For insurance for your spouse and/or children to become effective, he/she must not be an inpatient in a hospital, receiving chemotherapy or radiation therapy on an outpatient basis, confined at home and under the care of a physician for sickness or injury or totally disabled.

Your coverage will continue as long as you remain an eligible employee, pay your premium when due and we agree with your employer to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid or when he or she is no longer eligible, whichever occurs first.

**Totally disabled** means, if the covered person is employed, he/she is unable to perform any work for which he/she is (or may reasonably become) qualified by education, training or experience. If the covered person is not employed, totally disabled means he/she is unable to perform all the activities of daily living without human supervision or assistance.

**Changing from the Group Plan to Individual Coverage**

If this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.
This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLY-960386, on Policy Form TL-005150, issued in New York. Terms and conditions of coverage are set forth on Policy Form GA-00-1000.33 issued in New York. The policy provides ACCIDENT ONLY coverage. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Insurance Department. The group policy is subject to the laws of the state in which it is issued. The availability of this offer may change. Please keep this material as a reference.

Coverage is underwritten by
CIGNA Life Insurance Company of New York
140 East 45th Street
New York, NY 10017-3144

03/15
Class 1