

Life Insurance Plan

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**THE TEXAS A&M
UNIVERSITY SYSTEM**

Introduction

The Texas A&M University System offers several life insurance plans to protect you and your family financially in case of your death or the death of a dependent.

Financial protection for our families in case of our death or the death of a family member is important. The Texas A&M University System recognizes this need and offers Basic Life/Alternate Basic Life and Optional Life coverage for you and Dependent Life coverage for your family.

Basic Life/Alternate Basic Life and Optional Life pay benefits to your beneficiary if you die while covered by the plans. Dependent Life pays you a benefit if one of your covered dependents dies. Basic Life coverage is included with all System health plans. Optional Life, Alternate Basic Life and Dependent Life are voluntary coverages.

These protections are provided as term insurance. Term insurance doesn't build up a value as does whole life insurance. Term insurance covers you for a specific term – in this case, your employment and retirement with the A&M System.

This booklet describes your Basic/Alternate Basic, Optional and Dependent Life coverages. It provides a summary of plan provisions in everyday language. While this booklet does not contain every detail about your plans, most of your questions are answered by referring to this booklet.

All plan details are included in the policy between The Texas A&M University System and The Hartford. The policy is the final word on all plan provisions. In case of any discrepancy between this booklet and the policy, the policy will govern.

This booklet is neither a policy of current or future employment nor a guarantee of payment of benefits. The System reserves the right to change or end the benefits described in this booklet at any time for any reason. Enrollment or clerical errors do not obligate the plan to pay benefits. If you or your dependents enroll in a coverage that you are not eligible for according to the policy and the error is not detected until a claim is incurred or filed, benefits will be paid according to the policy. Clerical errors, when discovered, will be corrected according to the provisions of the plan policy and published procedures. The Texas A&M University System offers several life insurance plans to protect you and your family financially in case of your death or the death of a dependent.

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Participation

All full-time and some part-time employees and retirees and their eligible dependents are eligible for life insurance coverage. Coverage can begin on your first day of work. Participation is voluntary.

You and your dependents are eligible to participate in the life insurance plans if you:

- are eligible to participate in the Teacher Retirement System of Texas (TRS) or Optional Retirement Program (ORP), and
- work at least 50% time for at least 4½ months.

You and your dependents are also eligible if you are a graduate student employee who works at least 50% time for at least 4½ months, or if you are a postdoctoral fellow (Basic Life only). To be eligible for coverage as a retiree, you must meet the criteria listed in the chart on the next page.

Eligibility for this plan is subject to change by the A&M System or the Texas Legislature.

Eligible Dependents

You may choose to buy Dependent Life coverage on your eligible dependents. You may choose to enroll some eligible dependents and not others. Only those dependents you list on your enrollment form will be covered.

Eligible dependents include:

- your spouse, and
- your dependent children younger than 26.

Dependent children include:

- a natural child,
- an adopted child,
- a stepchild who has a regular parent/child relationship with you,
- a foster child under a legally supervised foster care program,
- a child for whom you are the legal guardian or legal managing conservator and with whom you have a regular parent/child relationship,
- a grandchild covered on your annual tax return,
- and a dependent for whom you have received a court order to provide life insurance coverage.

You will be asked to provide legal papers to verify your relationship to any dependent. A stillborn child is not eligible for coverage or benefits.

If the child is mentally or physically unable to earn a living and is dependent on you for support you must notify your Human Resources office of the child's disability before the child's 26th birthday. Periodically, you may be required to provide evidence of the child's continuing disability and your support.

If You and Your Spouse Work for the A&M System

If your spouse works for the A&M System, you may choose:

- to be covered as an employee on Alternate Basic Life or Optional Life, or
- to be covered as a dependent of your spouse on Dependent Life.

You may not be covered under both Alternate Basic Life or Optional Life and Dependent Life. If you wish to transfer coverage from your policy to your spouse's policy, or vice versa, after your first 31-days of eligibility and the change would result in a higher coverage amount, you must submit evidence of insurability (see explanation under Enrolling in the Plan). Children may be covered by only one parent if both parents work for the A&M System.

Enrolling in the Plan

Coverage for you and your dependents can take effect either on your hire date or on your employer/state contribution eligibility date (the first of the month after your 60th day of employment) if you enroll before, on or within seven days after your hire date.

If you enroll beyond the seventh day after your hire date, but during your 31-day enrollment period, your coverage will take effect on your employer/state contribution eligibility date. You may also choose to have your Life coverage begin before you employer/state contribution eligibility date, but have your dependents' coverages begin on your employer/state contribution eligibility date.

If you do not enroll yourself and your dependents within the timeframes above and you choose to enroll at a later date, in most cases you must provide evidence of insurability and your enrollment must be approved by The Hartford. Providing evidence of insurability means you fill out a form available from your Human Resources office, and send it to The Hartford. Or, you can complete an evidence of insurability questionnaire on The Hartford's web site.

Your coverage will become effective on the first of the month that falls on or after the day The Hartford approves your evidence of insurability. Approval is not guaranteed.

Under certain circumstances, The Hartford may require that you or a dependent be examined by a doctor. If you are an active employee and have a qualified Life Event, as described on page 6, you may enroll in some life coverage after your first 31-days of eligibility without providing evidence of insurability as long as you turn in your enrollment form to your Human Resources office within 31-days of the Life Event. You may enroll in Alternate Basic Life, or enroll in or increase Optional Life coverage by ½ or 1 times pay, increase Optional Life coverage by ½ or one increment up to 3 times pay, and/or enroll one or more dependents in Dependent Life.

You must be actively at work on the day your coverage begins or increases. If you are not, coverage will be delayed until you return to work.

Retiree Eligibility

If you were retired from or employed in a benefits-eligible position with the A&M System on August 31, 2003, you are eligible for health coverage as a retiree when:

- you are at least age 55 and have at least 5-years of service credit, or your age plus years of service equal at least 80, or you have at least 30-years of service, and
- you have 3-years of service with the A&M System, and
- the A&M System is your last state employer.

If you left A&M System employment before September 1, 2003, but you met the above criteria as of August 31, 2003, you qualify for retiree benefit coverage under these criteria.

If you are in TRS and you retire after August 31, 2003, you must also provide documentation that you are receiving or have applied to receive your TRS annuity payments.

If you were hired by the A&M System in a benefits-eligible position after August 31, 2003, or if you left A&M System employment before August 31, 2003, and did not meet the criteria listed at left as of August 31, 2003, you are eligible for health coverage as a retiree when:

- you are at least age 65 and have at least 10-years of service credit, or your age plus years of service equal at least 80 and you have 10-years of service credit, and
- you have 10-years of service with the A&M System, and
- the A&M System is your last state employer.

If you are in TRS, you must also provide documentation that you are receiving or have applied to receive your TRS annuity payments.

Former Employees

You are eligible for coverage as a retiree if you are a former employee who meets the eligibility criteria listed on the previous page. You may apply for coverage within 60-days of meeting the eligibility criteria on the previous page or within 60-days of leaving a TRS-eligible position with another state employer after meeting the eligibility criteria. If you are enrolling in an A&M System health plan, you will also be enrolled in Basic Life coverage without having to go through E of I. E of I is required to enroll in Alternate Basic Life, Optional Life, or Dependent Life. In these cases, you may choose to have your coverage become effective on the first of the month following the date the Human Resources office receives your application, on your employer contribution eligibility date (the first of the month that falls at least 60-days days after the Human Resources office receives your application), or the first of the month following approval of E of I, if the E of I approval is later. If you do not enroll on one of these dates, you may enroll during a later Annual Enrollment period. In that case, you can choose to have your coverage become effective on the next September 1 or December 1, or the first of the month following approval of E of I, if the E of I approval is later.

Changing Your Coverage

Once you enroll in Alternate Basic or Optional Life and/or Dependent Life insurance, you can reduce your coverage amount or drop your coverage at any time. If you wish to increase Optional Life coverage after your first 31 days of employment, you must provide evidence of insurability, unless you are an active employee and make the change within 31-days of a Life Event (see the following section). You also must provide evidence of insurability to change from Dependent Life Plan B to Plans A or C.

If you are enrolled in Optional Life, you may switch to Alternate Basic Life without providing evidence of insurability. In this case, you can have \$50,000 or the amount of your Optional Life coverage, whichever is less. You must provide evidence of insurability to increase your coverage.

Changes in coverage become effective on the first of the month that falls on or after the date your Benefit Change Form is received in the Human Resources office or your evidence of insurability is approved by The Hartford, whichever is later.

If your pay increases during the plan year (any time other than September 1), your coverage amount will increase immediately and premiums will increase the following September 1.

If you increase the amount of your life coverage, you must be actively at work on the day the increased coverage becomes effective. If you are not, the increase in coverage will be delayed until you return to work. This is also the case when your coverage increases as the result of a pay raise.

Qualifying Life Events

Qualifying Life Events include:

- employee's marriage or divorce or death of employee's spouse,
- birth, adoption or death of a dependent child,
- change in employee's, spouse's or dependent child's employment status that affects benefit eligibility,
- employee's receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a child,
- changes made by a spouse or dependent child during his/her annual enrollment period with another employer,
- child becoming ineligible for coverage due to reaching age 26,
- changes in the employee's, spouse's or a dependent child's residence that would affect eligibility for coverage,
- significant employer- or carrier- initiated changes in or cancellation of the employee's, spouse's or dependent child's coverage.

Changes in coverage must be consistent with the Life Event. For example, if you have a baby, you may add that child to your coverage, but you may not drop your other children.

A divorce is considered official when the trial court announces its decision in open court or by written memorandum filed with the clerk. You must provide dependent documentation to add or change coverage for dependents.

If Your Work Hours are Reduced

If your work hours are reduced to between 50% and 99% time, you may keep the same level of benefits you had before the reduction and continue to receive the employer contribution (see Coverage Cost on page 8) toward the cost of your Basic Life or Alternate Basic Life coverage. Should you prefer to have your benefits and premiums reduced, contact your Human Resources office.

Leave of Absence

If you take a paid leave of absence, your coverage will continue and premiums will be deducted from your pay. However, if you take an unpaid leave, you must make arrangements with our billing vendor, P&A Group, to continue your premium payments or to cancel your coverage.

If you continue your coverage during an unpaid leave, the coverage amount and premium will be the same as before your leave, but you will not receive the employer contribution toward your Basic Life or Alternate Basic Life premium.

Should you decide to discontinue your life coverage, you will need to provide E of I to reinstate any coverage other than Basic Life.

If your Basic Life or Alternate Basic Life premium is paid by the employer contribution and you take an unpaid leave under the Family and Medical Leave Act, the employer contribution will continue to pay your premium during the leave.

Coverage Cost

Basic Life or Alternate Basic Life is generally paid for by your employer. You pay for Optional and Dependent Life if you choose to take these coverages.

Your employer pays the full cost of Basic Life coverage if you enroll in an A&M System health plan. You must pay for any Optional or Dependent Life coverage you elect.

If you waive A&M System health coverage but have other health insurance, you may apply part of the employer contribution toward Alternate Basic Life coverage.

If coverage for you or your dependents begins in the middle of a month, you must pay your full premium for the month.

Basic Life

The premium is an amount set each year based on plan costs. It is the same for all employees and retirees, regardless of age or tobacco use.

Optional Life

The cost of your Optional Life coverage is based on your age, the amount of coverage you choose and whether you use tobacco products. Your premium will increase each time you move into a higher age category. Age categories are broken into five-year bands (for example, 45-49 and 50-54). This is determined by your age as of September 1.

You are considered a tobacco user if you have used any tobacco products in the last 3 months. This includes chewing tobacco as well as smoking products. You can change your tobacco use category at any time. You must be tobacco-free for at least 3 months to be considered a non-tobacco user.

Alternate Basic Life

The cost of your Alternate Basic Coverage is based on the Basic Life Rate which is a flat rate per \$1,000. The amount is usually a flat \$50,000 but can be less if you had a lesser amount of Optional Life coverage and moved it to Alternate Basic Life coverage.

Waiver of Premium

If you become disabled, your premiums for Basic Life/Alternate Basic Life, Optional Life and Dependent Life may be waived. To qualify for waiver of premium, you must be:

- an active employee,
- younger than 60,
- totally and permanently disabled, and
- able to submit proof of disability within 12 months of becoming disabled.

You must continue to pay your premiums until waiver of premium is approved. Then the System will pay your premiums until the earliest of:

- the date you stop being disabled,
- the date your life coverage ends, or
- the date you reach age 65.

While you are receiving waiver of premium, your life insurance will continue at the same coverage level as you had when you became disabled. You cannot voluntarily increase or decrease your coverage. However, involuntary changes may be made. For example, if a covered child turns age 26 and therefore becomes ineligible for coverage, that child will be dropped from the Dependent Life plan.

You may enroll a new dependent in Dependent Life while you are receiving waiver of premium. However, you will be responsible for paying the premium. While you are disabled, your life insurance and waiver of premium must be renewed each year. You may be required to submit proof of your continued disability each year within three months before the renewal date. You do not have to have Long-Term Disability coverage to qualify for waiver of premium.

Basic Life/Alternate Basic Life

Basic Life/Alternate Basic Life pays a benefit to your beneficiary if you die while covered by the plan. The plan includes accidental death and dismemberment benefits.

The Basic Life/Alternate Basic Life plan pays a benefit to your beneficiary if you die from any cause while covered by the plan. The plan also pays you a benefit if you have certain losses as a result of an accident.

Basic Life

You are automatically covered by Basic Life while you are covered by any System health plan. The plan provides \$7,500 in life coverage and \$5,000 in accidental death and dismemberment (AD&D) coverage.

Alternate Basic Life

If you do not enroll in A&M System health coverage but certify that you have other health coverage, you may purchase Alternate Basic Life coverage. Alternate Basic Life provides life coverage of \$50,000, and \$5,000 in AD&D coverage.

If you are a retiree or you are an employee transferring your Optional Life coverage to Alternate Basic Life coverage, your Alternate Basic Life coverage amount cannot exceed the amount of Optional Life coverage you had immediately before enrolling in Alternate Basic Life unless you provide evidence of insurability.

Basic Life at a Glance		
If you have A&M System health coverage:		
	Life	AD&D
Employees	7,500	\$5,000
Retirees	7,500	\$5,000
Children	7,500	\$0

Alternate Basic Life at a Glance		
If you do not have A&M System health coverage but certify that you have other health coverage:		
	Life	AD&D
Employees	\$50,000	\$5,000
Retirees	\$50,000	\$5,000
Children	\$5,000	\$0

If you drop System health coverage and certify that you have other health coverage and you do not have Optional Life coverage, you must provide evidence of insurability to enroll in Alternate Basic Life. If you are a retiree enrolled in Alternate Basic Life your coverage will automatically be reduced to \$30,000 when you reach age 80.

You may pay for Alternate Basic Life using the employer contribution. If you purchase Alternate Basic Life coverage, you may not purchase Optional Life coverage.

Children's Basic Life

If you have Basic or Alternate Basic Life coverage, your eligible dependent children (see page 5) will automatically be covered for \$5,000 in Basic Life insurance (subject to certain coverage limitations). You do not have to enroll your children. Your spouse is not eligible for Basic Life insurance.

Basic AD&D

Basic Life/Alternate Basic Life includes Basic AD&D coverage. Basic AD&D coverage pays your beneficiary a \$5,000 benefit if you die as a result of an accident and within 90 days after the accident. This is in addition to your Basic Life/Alternate Basic Life benefit. AD&D pays \$2,500 to you if you lose a hand, foot or sight of an eye as a result of an accident and within 90 days of the accident.

Loss of a hand or foot means severance at or above the wrist or ankle joints. Loss of sight means entire and irrecoverable loss of sight. If you have two losses resulting from the same accident, the plan may pay benefits for both, but in no case will you receive more than your full coverage amount from the AD&D benefits for all losses from a single accident. For example, if you are an active employee and you die as a result of an accident while covered by the Basic Life plan, the plan will pay your beneficiary a total of \$7,500 in Basic Life benefits and \$5,000 in Basic AD&D benefits.

If you lose a hand and a foot in an accident, the plan will pay you a total of \$2,500 for the hand and \$2,500 for the foot. However, if you lost both feet and both hands, your benefit would still be \$5,000 because you cannot receive more than your full coverage amount for all losses from a single accident. Benefits added beginning September 1, 2014 include:

- Uniplegia (25%)
- Coma (1% per month for 100-months)
- Disappearance (Benefit paid) and,
- Exposure (Benefit paid).

AD&D benefits will not be paid for any loss resulting from or caused by:

- intentionally self-inflicted injury or self-destruction, whether sane or insane; or
- suicide or attempted suicide, whether sane or insane; or
- the insured's participation in or attempt to commit a crime, assault, felony, or any illegal activity, regardless of any legal proceedings, or the absence of any legal proceedings, thereto; or
- bodily or mental infirmity, illness
- or disease; or
- the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage;
- motor vehicle collision or accident where the insured is the operator of the motor vehicle and this insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings, or the absence of any legal proceedings thereto; or
- infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; or
- medical or surgical treatment or diagnostic procedures or any resulting complications; or

- travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a li-censed passenger aircraft carrier; or
- war or any act of war, whether declared or undeclared; or
- service in the military of any nation.

Optional Life

Optional Life pays a benefit to your beneficiary if you die while covered by the plan. You choose the amount of coverage to buy. You decide whether to buy optional coverage and, if so, how much coverage to buy.

Employees

You can buy coverage of ½, 1, 2, 3, 4, 5 or 6 times your annual pay. For example, if you earn \$20,000 a year, you could buy \$10,000, \$20,000, \$40,000, \$60,000, \$80,000, \$100,000 or \$120,000 in Optional Life coverage. The maximum coverage you can buy is \$1 million. To buy coverage of four, five or six times your pay, you must always provide evidence of insurability.

Annual pay means your annual budgeted pay on September 1 of each year. (See page 6 for information regarding midyear changes in annual budgeted pay.) It does not include commissions, bonuses, overtime, longevity or hazardous duty pay or other fringe benefits. If you are a less than-12-month employee, your annual pay will be calculated by multiplying your monthly budgeted pay by 12.

Coverage will be rounded to the next lower multiple of \$1,000 if your multiple of pay is not an even multiple of \$1,000. You may not purchase Optional Life coverage if you purchase Alternate Basic Life coverage.

Retirees

If you are younger than 70, you may choose Optional Life coverage of any multiple of \$1,000 up to \$100,000 or the amount of coverage you had at retirement, whichever is less. Once you choose your initial coverage amount, you may not increase your coverage beyond that amount or \$100,000, whichever is more. If you keep coverage of more than \$60,000, your coverage will automatically be reduced to \$60,000 when you reach age 70 and \$30,000 when you reach age 80. Changes go into effect on the 1st of the month following your 70th or 80th birthday.

If you are between ages 70 and 80, you may choose Optional Life coverage of any multiple of \$1,000 up to \$60,000 or the amount of coverage you had at retirement, whichever is less.

You can buy more coverage than you had just before you retired or later increase your coverage if you provide evidence of insurability. You must choose a coverage amount in multiples of \$1,000, and you may increase up to \$100,000 if you are younger than age 70 and \$60,000 if you are between ages 70 and 80. If you did not have Optional Life coverage when you retired, you must provide evidence of insurability to enroll.

Benefit Payment

The plan will pay your coverage amount to your beneficiary if you die from any cause while covered by the plan. A benefit will not be paid for a death claim as a result of suicide within two years of the effective date of insurance or within two years after an increase in the amount of insurance for which an insured was required to apply or for which The Hartford required evidence of insurability.

Incontestability

The Hartford will not contest the validity of your insurance after your insurance has been in force for two years during your lifetime.

Dependent Life

Dependent Life pays you a benefit if a dependent dies while covered by the plan. You can choose one of three Dependent Life plans.

You may choose to cover your dependents under the Dependent Life plan. You choose from Plans A, B or C. In all cases, the plan pays you a benefit if a covered dependent dies. You may choose to enroll some of your eligible dependents and not others. Only those dependents specifically enrolled by you will be covered. If an employee's first eligible child dies within 31-days of birth, but prior to the employee enrolling for child life coverage, a benefit of \$5,000 will be paid.

Plan A

You may elect Plan A coverage in an amount as shown below for your dependents only if you purchase Optional Life insurance on yourself. Plan A does not include Accidental Death and Dismemberment (AD&D) benefits.

Plan B

You may elect Plan B coverage for your dependents if you have Basic Life, Alternate Basic Life or Optional Life insurance on yourself.

Plan B provides \$5,000 in life insurance on your spouse and each enrolled child. Plan B also includes \$5,000 of AD&D coverage. However, if you are retired, AD&D benefits are available to your dependents only if the dependents were covered under Plan B when you retired.

For example, if you have \$5,000 in Dependent Life coverage on your spouse, your spouse also has AD&D coverage of \$5,000. This means that if your spouse dies as a result of an accident, the benefit will be \$10,000. This AD&D coverage works the same way and is subject to the same limitations as the AD&D coverage under Basic Life/Alternate Basic Life.

Dependent Life at a Glance	
Plan A	
*Spouse:	\$25,000, \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000
Child:	\$10,000
Plan B	
Spouse and each child:	\$5,000 Life/\$5,000 AD&D
Plan C	
Spouse:	50% of your Alternate Basic Life amount
Child:	10% of your Alternate Basic Life amount
*Not to exceed Optional Life Coverage amount	

Plan C

You may elect Plan C coverage for your dependents only if you purchase Alternate Basic Life insurance on yourself. Plan C covers your spouse, if enrolled, for 50% of your Alternate Basic Life coverage amount and each enrolled child for 10% of your Alternate Basic Life coverage amount. Plan C does not include AD&D benefits.

At Retirement

When you retire, the maximum coverage amount for your spouse is \$50,000. When you turn age 70, the spouse maximum is \$30,000, and the maximum is \$15,000 when you reach age 80.

If you already have one or more children covered at a grandfathered amount and you wish to add a new child, you may choose to keep the grandfathered coverage amount for each child, or choose coverage of \$10,000 for each child. Whichever you choose, all children must have the same amount of coverage.

Special Provisions

An Accelerated Death Benefit and counseling services are available under all life insurance plans.

In addition to the benefits previously described in this booklet, the life plan includes an Accelerated Death Benefit and access to grief, financial planning and legal counseling services.

Accelerated Death Benefit

The Accelerated Death Benefit allows you or a dependent to receive payment of part of your or the covered dependents' life benefit while terminally ill. This benefit helps those who need extra money to pay the costs generally associated with terminal illnesses. Receiving the Accelerated Death Benefit is voluntary for those who qualify.

If a doctor certifies that you have less than 24 months to live, you may apply for immediate payment of 50% of your total life amount not to exceed \$1,000,000. The Accelerated Death Benefit will be paid to you in a lump sum, and your beneficiary will receive the remaining benefit after your death.

The Accelerated Death Benefit is also available for dependents that have Dependent Life coverage. The Accelerated Death Benefit for Dependent Life insurance will be paid to you in a lump sum.

If you file a claim for an Accelerated Death Benefit, you may not increase the amount of your life coverage once your application has been received by The Hartford.

The Accelerated Death Benefit may be taxable. As with all tax matters, you may want to consult a tax advisor to assess the effect of this benefit on your tax status.

You will no longer have to pay your Basic and Optional Life or Alternate Basic Life and Dependent Life premiums once an Accelerated Death Benefit claim due to your illness or a covered dependent's illness has been approved.

The Accelerated Death Benefit will not be paid if:

- the terminal illness is a result of the covered person's attempted suicide, while sane or insane, or self-inflicted injury,
- the terminally ill person's life insurance benefit has been assigned, or
- the person's life insurance benefit is payable to an irrevocable beneficiary.

Counseling Services

If you or a covered dependent dies while covered by the plan, grief, financial planning and legal counseling will be available to the beneficiary(ies).

This service includes:

- Access to a 24-hour, 365-days-a-year toll-free telephone number that is answered by a counselor who will assess the caller's needs and coordinate referrals with trained professionals.
- Five face-to-face working sessions with a grief counselor, financial planner and/or legal advisor.

Benefits are available for up to one year from the date of the initial contact.

Filing a Claim

You or your beneficiary must file a claim for life insurance benefits. If your claim is denied, you or your beneficiary may follow a review process.

If you or your beneficiaries have a claim for life or AD&D benefits, you or a beneficiary should contact your Human Resources office within 20 days or as soon as reasonably possible after the death or accident. That office will give you the forms you need to apply for Basic Life/ Alternate Basic Life, Optional Life or Dependent Life benefits.

Your employer will complete the Employer Statement and the beneficiary will complete the Beneficiary Statement. Your Employer will submit claim forms, along with copy of Beneficiary Designation Form, Death Certificate, and plan year as of date last worked and the prior 2 plan years Enrollment Documentation for any voluntary coverage to process your claim.

How to Appeal a Claim

If your claim for benefits is denied in whole or in part, The Hartford will notify you in writing. The written notice will give specific reasons for the denial and reference the specific plan provisions on which the denial is based. It will also describe any additional material you must submit and explain the claim review procedures.

You or your authorized representative may submit a written request for reconsideration to The Hartford within 90 days of receiving the denial.

Be sure to state why you believe the claim should not have been denied and submit any data, questions or comments you think are appropriate. You may also review any pertinent plan documents. Your appeal will be reviewed by the claims administrator. The Hartford's decision on your appeal will be sent to you in writing and will include the specific reasons for the decision, as well as specific references to the appropriate plan provisions on which the decision is based. This is the final decision on your claim.

Claim Payments

All benefits for your dismemberment or the death or dismemberment of a covered family member will be paid to you. However, you may name a secondary beneficiary to receive the proceeds of Dependent Life insurance. Should you die, your life benefits will be paid to your beneficiary.

Benefits are normally paid directly to the beneficiaries in a lump sum via check or direct deposit into the beneficiary's checking or savings account.

If you die and have not named a beneficiary or all beneficiaries die before or at the same time as you, payment will be made to your spouse, children, parents, siblings or estate.

Benefits payable to a minor will be paid to the legally appointed guardian or to another adult who has assumed the custody and principal support of the minor.

The Hartford may pay up to \$250 to any person(s) who has incurred funeral expenses for you. This will be deducted from the benefit paid. In addition, the beneficiary may have benefits paid to a funeral home to cover funeral expenses.

Naming a Beneficiary

You are automatically the beneficiary for dismemberment benefits on yourself. You must name a beneficiary to receive Basic, Alternate Basic and Optional Life benefits in case of your death. You are the primary beneficiary of all benefits payable for a covered family member. The beneficiary designation(s) must be made on a form provided by your Human Resources office in paper or in Workday.

You may name one or more primary beneficiaries. If you name more than one person as a primary beneficiary, you should also designate the percentage of the benefit each should receive. Otherwise, benefits will be divided equally. For example, you might direct that your spouse receive 50% of the benefit and each of your two children receive 25%. Benefit percentages must equal 100%.

You may also name one or more secondary beneficiaries to receive your benefit in case your primary beneficiary(ies) dies before or at the same time as you do. If you name more than one, you must designate the percentage of the benefit each is to receive. Secondary beneficiaries are paid benefits only if all primary beneficiaries die before or at the same time as you. Dependent Life benefits will be paid to you, and if you die before or at the same time as your dependent, will be paid to the estate.

You may name the same or different beneficiaries for your Basic, Alternate Basic and Optional Life benefits. You may change your beneficiary designation at any time using Workday at sso.tamus.edu. If your beneficiary dies, you should change your designation immediately. You may want to review your designation if you marry or divorce. In no event may a beneficiary designation be changed by a power of attorney.

When Coverage Ends

Coverage normally ends on the last day of the month in which your employment ends. In some cases, coverage may be extended.

As long as the plan remains in effect, you may be covered by the plan if you continue to meet the eligibility requirements. Your Basic Life coverage will end on the earliest of the following dates:

- the day this policy ends,
- the last day of the plan year if you drop health coverage during Open Enrollment unless you elect to pay the premium to continue Basic Life coverage,
- the last day of the month in which you ask that your health coverage be dropped unless you elect to pay the premium to continue Basic Life coverage,
- the last day of the month in which your employment ends or you become ineligible for coverage, or
- the day the A&M System stops participating in the plan.

Your Alternate Basic Life or Optional Life coverage (and your Basic Life coverage if you pay the premiums because you do not have A&M System health coverage) will generally end on the earliest of the following dates:

- the day this policy ends,
- the end of the last month for which you paid the required premium,
- the last day of the plan year if you drop coverage during Open Enrollment,
- the last day of the month in which you ask that your coverage be dropped,
- the last day of the month in which your employment ends or you become ineligible for coverage, or
- the day the A&M System stops participating in the plan.

Your Alternate Basic Life coverage will also end if you enroll in Optional Life, and vice versa. Dependent Life coverage ends on the earliest of the following dates:

- the day this policy ends,
- the end of the last month for which you paid the required premium,
- the last day of the plan year if you drop coverage during Open Enrollment,
- the last day of the month in which you ask that your dependents' coverage be dropped,
- the last day of the month in which the dependent stops meeting the definition of an eligible dependent (see page 3),
- the last day of the month in which you die,
- the last day of the month in which your employment ends or you become ineligible for coverage, or
- the day the A&M System stops offering Dependent Life coverage.

A divorce is considered official when the trial court announces its decision in open court or by written memorandum filed with the clerk. You must provide documentation to drop your divorced spouse.

Extension of Benefits

If you or a covered dependent dies within 31 days after coverage ends, that loss will be covered. The plan will pay the benefit based on the amount of coverage you or the dependent was eligible for under the conversion policy.

Portability

When your Basic, Optional and Dependent Life coverages end, you may convert your coverage to an individual policy (as explained in the next section) or you may elect the portability benefit.

To elect portability, your coverage must have ended because:

- your employment ended,
- you are no longer eligible for coverage, or
- you are retiring and experiencing a decrease in coverage.

If you elect portability, The Hartford will bill you directly on a quarterly, semi-annual or annual basis, and your life insurance will continue under the terms of the group policy, except for Waiver of Premium and the Accelerated Death Benefit. Waiver of Premium is not available if your total and permanent disability begins after coverage under portability becomes effective. The Living Access Benefit is not available if you become terminally ill after coverage under portability becomes effective.

You may elect conversion or portability, but not both. You may buy portability coverage for yourself and your covered dependents in any amount up to the amount of coverage you lost. The premiums for coverage continued under portability will generally be lower than premiums for coverage continued under conversion but generally greater than premiums for active employees. Portability is available to you only until you reach age 70.

The application for portability of life insurance must be made within 31 days of the date life insurance would otherwise end. Life insurance continued under the portability benefit will end on the earliest of the following:

- the date you return to work with the A&M System while the A&M System's policy with The Hartford is still in force,
- the date you fail to pay the required premiums when due,
- the date you reach age 70, or
- the premium due date following the date a dependent stops meeting the definition of a dependent.

Portability for a dependent is only available if the employee's coverage is ending for the reasons mentioned above and, therefore, the dependent life coverage is ending. If the dependent him/herself is losing coverage for one of the reasons above, only conversion is available.

If life insurance under portability ends because you have reached age 70, the covered individual no longer qualifies for coverage as a dependent, or the group policy is terminated, you or your covered dependent may convert to an individual policy of life insurance in accordance with the terms of the conversion provision. No evidence of insurability will be required. The amount of the conversion policy may not exceed the amount of life insurance you had under the portability benefit.

Conversion

When your Basic, Alternate Basic, Optional and Dependent Life coverages end, you may convert your coverage to an individual policy if your coverage ended because:

- your employment ended,
- you are no longer eligible for coverage,
- you are retiring and experiencing a decrease in coverage,
- you are no longer eligible for Waiver of Premium and are experiencing a decrease in coverage, or
- the plan ended.

A dependent may convert coverage to an individual policy if the dependent's coverage ended because:

- your employment ended,
- you are no longer eligible for coverage,
- the plan ended,
- you died, or
- the dependent no longer meets the definition of an eligible dependent.

You must apply for conversion of your coverage within 31 days of the date your coverage under this policy ends. The amount and terms of the conversion policy may differ from those of this policy.

Administrative Information

Plan Name

The official name of this plan is The Texas A&M University System Group Life Benefits Program. The more familiar names for these plans are the Life plan and Basic, Alternate Basic, Optional and Dependent Life plans.

Plan Sponsor

The Texas A&M University System
c/o Director of Benefits Administration
Moore/Connally Building
301 Tarrow Dr., 5th Floor
College Station, TX 77840
Mail Stop: 1117 TAMU
(979) 458-6330
<http://www.tamus.edu/business/benefits-administration/>

Plan Administrator

The plan administrator is Benefits Administration at The Texas A&M University System. Contact at the address shown for the Plan Sponsor.

Type of Plan

The Life plan is a group welfare plan providing life and dismemberment benefits. It is an insured plan funded through employer and employee contributions.

Insurance Carrier and Claims Administrator

Life plan benefits are insured through a policy with The Hartford. Claims are also administered by The Hartford.

Management

The Hartford

Claims

The Hartford Group Life/AD&D Claims Unit
P. O. Box 14299
Lexington, KY 40512-4299
Phone: 1-888-563-1124 Fax: 1-866-954-2621
E-Mail to: gbclaimcslife@thehartford.com

The plan policy governs all plan benefits. You may examine a copy of the policy or obtain a copy for a copying fee by contacting the Plan Sponsor.

Questions and Complaints

If you have a question or a complaint, call The Hartford or write to The Hartford. If your problem is not resolved, write to:

Texas Department of Insurance
P.O. Box 149104 Austin, TX 78714-9104 FAX: 1-512-475-1771

Policy Numbers

681794 Basic Life
681794 Optional Life
ADD-S09128 SAADD

Plan Year

Plan records are kept on a plan-year basis. The plan year begins each September 1 and runs through the next August 31.

Employer Identification Number

74-2648747

Agent for Service of Legal Process

Plan Administrator

Assignment of Benefits

This plan is intended to pay benefits only to you or your beneficiaries. Your benefits cannot be used as collateral for a loan.

Future of the Plan

While The Texas A&M University System intends to continue these plans indefinitely, it may change, suspend or end the plans at any time for any reason.

System Benefits Administration
Moore/Connally Building
The Texas A&M University System
301 Tarrow Dr., 5th Floor
College Station, TX 77840