

GROUP TERM LIFE INSURANCE SUMMARY OF COVERAGE



Consumer Driven Benefits Association of America
GLUG-AANP
Effective: May 1, 2008
All eligible members participating in Plan 3

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Guarantee Issue Limit	For You: All Amounts For Your Dependent Child: All Amounts Subject to any reductions, Guarantee Issue means the amount of insurance applied for which does not require Evidence of Good Health.
Life Insurance Benefit for You	Amount of Life Insurance: \$ 10,000 Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living benefits previously paid under the Policy.
Reductions	Your Life Insurance Benefits will reduce to: <ul style="list-style-type: none"> • 65% at age 65 • 50% at age 70 If You are age 65 or older on the day You become insured under the Policy, the reduction will be made in accord with Your attained age. Life Insurance Benefits end on the date of Your retirement.
Life Insurance Benefit for Your Dependent(s)	Child, six months to age 21 (age 25 if in school): \$500 Child, 14 days but less than six months: \$500 Child, less than 14 days: \$500

MEMBER ELIGIBILITY

Eligibility Waiting Period	<p>Present: None (\$1,000 Benefit)</p> <p>Future: 6 months (Increases to \$10,000 Benefit)</p>
When Member Insurance Begins	<p>When the Policyholder pays 100% of the cost of the Member's insurance under the Policy, the Member will become insured on the day of active membership:</p> <ul style="list-style-type: none"> • the Member satisfies the Eligibility Waiting Period; or • We approve Evidence of Good Health, if required; <p>provided the Member is Actively Employed on that date.</p> <p>When the Member and the Policyholder share in the cost of the Member's insurance or, when the Member pays 100% of the cost of Member insurance, the Member must request insurance by properly completing and signing an enrollment form acceptable to Us and submitting this form to the Policyholder.</p> <p>The Member will become insured on the day of active membership:</p> <ul style="list-style-type: none"> • the Member becomes eligible; or • the Member's enrollment form, acceptable to Us, is properly completed and signed; and, if required, We approve Evidence of Good Health provided the Member is Actively Employed on that date.
Changes in the Amount of Your Insurance	<p>Decrease in the Amount of Your Insurance</p> <p>Regardless of whether or not You are Actively Employed at the time, any decrease in the amount of insurance will take effect on the day of the decrease.</p> <p>The amount of insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of the Certificate. Any reductions due to age as shown in the Schedule in the Certificate will apply.</p> <p>Increase in the Amount of Your Insurance</p> <p>You cannot request an increase to the amount of Your insurance unless You are Actively Employed on the day You submit such request.</p> <p>Any increase in the amount of Your insurance will take effect on the later of the day:</p> <ul style="list-style-type: none"> • of the change; or • the first day of the month which coincides with or follows the day We approve Your Evidence of Good Health, if required by Us.
When Member Insurance Ends	<p>Insurance will end on the earliest of the day:</p> <ul style="list-style-type: none"> • the Policy terminates; • You are no longer Actively Employed; • You do not satisfy any other eligibility conditions described in the Certificate; • any applicable premium contribution is due and unpaid; or • You enter the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary active duty of two weeks or less).

DEPENDENT ELIGIBILITY

<p>Definition of Dependent</p>	<p>Dependent means a citizen, permanent resident, or lawful resident of the United States who, as indicated by evidence acceptable to Us, is:</p> <ul style="list-style-type: none"> • Your registered domestic partner as defined by California state law; • Your natural born or legally adopted child; • Your stepchild living in Your home; or • any other child who lives with the Member in a regular parent-child relationship and for whom You claimed as a Dependent on Your last filed federal income tax return. <p>All references to “spouse” shall include Your registered domestic partner. Any terms, conditions or limitations that apply to a spouse will also apply to Your registered domestic partner.</p> <p>A dependent does not include a child who has attained the Limiting Age defined in the Certificate.</p>
<p>Definition of Limiting Age</p>	<p>Limiting Age means a child’s 21st birthday or 25th birthday if the child is a Full-Time Student.</p>
<p>When Dependent Insurance Begins</p>	<p>When the Policyholder pays 100% of the cost and, if required We approve Evidence of Good Health, insurance for Your eligible Dependent will begin the later of the day You become insured, or the day You acquire the Dependent.</p> <p>When You and the Policyholder share in the cost of Dependent insurance or, when You pay 100% of the cost of Dependent insurance, You may request Dependent insurance by properly completing and signing an enrollment form acceptable to Us and submitting the form to the Policyholder.</p> <p>An eligible Dependent will be insured on the latest of the day:</p> <ul style="list-style-type: none"> • You become insured; • You acquire the eligible Dependent; or • You properly complete and sign an enrollment form acceptable to Us for Dependent insurance and submit it as described above. <p>If We do not receive Your request to insure Your Dependents within 31 days from the day the Dependent is eligible for insurance, We will require Evidence of Good Health for Your Dependent. If such evidence is acceptable to Us, Your Dependent will become insured on the date We approve the Dependent’s Evidence of Good Health.</p> <p>In order to insure an eligible Dependent child, You must insure all eligible Dependent children. You must also apply for the same amount of insurance for each eligible Dependent child.</p>
<p>Changes in the Amount of Your Dependent’s Insurance</p>	<p>Decrease in the Amount of Your Dependent’s Insurance</p> <p>Any decrease in the amount of Dependent insurance will take effect on the day of the decrease.</p> <p>The amount of Dependent insurance cannot be decreased to an amount less than any plan minimums shown in the Schedule of the Certificate.</p> <p>Increase in the Amount of Your Dependent’s Insurance</p> <p>Any increase in the amount of Dependent insurance will take effect the day of the change, if We do not require Evidence of Good Health. If Evidence of Good Health is required, any increase in the amount of Dependent insurance will take effect the day We approve Evidence of Good Health, if required.</p>

When Insurance for a Dependent Child Ends	<p>Insurance for a Dependent child will end on the earliest of the:</p> <ul style="list-style-type: none"> • day the Policy terminates; • day any premium contribution for Dependent child insurance is due and unpaid; • day a Dependent child enters active duty or training in the Armed Forces, National Guard or Reserves of any state or country (except temporary active duty of two weeks or less); • day Your insurance ends; or • day the Dependent child is no longer eligible.
FEATURES	
Living Benefits Option For You	<p>75% of the amount of the Life Insurance Benefit is available to You if You incur a Terminal Condition, but not to exceed \$ 250,000. Terminal Condition means an Injury or Sickness expected to result in Your death within 6 months and from which there is no reasonable prospect of recovery as determined by Us.</p>
Layoff or Leave of Absence	<p>You may be able to continue Life insurance until the last day of the month You are no longer Actively Employed in the event of an involuntary layoff or personal leave of absence approved by the Policyholder.</p> <p>If state law requires an employer to allow a leave of absence related to pregnancy, childbirth, or adoption, We will continue insurance during that leave period subject to the terms and conditions of the Policy. Contact Your employer to determine whether or not You are eligible for this type of leave.</p>
Conversion	<p>If any of Your Life insurance ends because Your employment or membership in a class ends, You may apply for an individual policy of life insurance (called a conversion policy) without giving information about Your health. Issuance of a conversion policy is subject to conditions described in Your Certificate.</p>

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