
**GROUP
BENEFIT
PLAN**

COUNTY OF SAN BERNARDINO

TABLE OF CONTENTS

Group Life Insurance Benefits

	PAGE
CERTIFICATE OF INSURANCE.....	3
SCHEDULE OF INSURANCE	4
Who is eligible for coverage?	4
When will You become eligible? (Eligibility Waiting Period)	4
What is the Guaranteed Issue Amount?.....	4
What is Evidence of Good Health?	4
When will Evidence of Good Health be required?.....	4
What Life benefits are available to You?.....	5
ELIGIBILITY AND ENROLLMENT	6
Must You contribute toward the cost of coverage?	6
What is the Deferred Effective Date provision for participants?.....	6
When are changes effective?.....	7
BENEFITS.....	7
Life Insurance Benefit	7
Accelerated Death Benefit.....	8
TERMINATION.....	9
When does Your coverage terminate?.....	9
Under what conditions can Your insurance be continued under the continuation provisions?	9
PORTABILITY	11
CONVERSION PRIVILEGE	12
GENERAL PROVISIONS	12
DEFINITIONS.....	13

INSURER INFORMATION NOTICE

NOTICE REQUIREMENT

IF YOU HAVE A COMPLAINT, AND CONTACTS BETWEEN YOU AND THE INSURER OR AN AGENT OR OTHER REPRESENTATIVE OF THE INSURER HAVE FAILED TO PRODUCE A SATISFACTORY SOLUTION TO THE PROBLEM, THEN YOU MAY CONTACT:

**STATE OF CALIFORNIA INSURANCE DEPARTMENT
CONSUMER COMMUNICATIONS BUREAU
300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013**

1-800-927-HELP

THE HARTFORD'S ADDRESS AND TOLL-FREE NUMBER IS:

**THE HARTFORD GROUP BENEFIT'S DIVISION
POLICYHOLDER SERVICES, P.O. BOX 2999
HARTFORD, CT 06104-2999
TELEPHONE: 1-800-572-9047**



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut
(Herein called Hartford Life)

CERTIFICATE OF INSURANCE

Under
The Group Insurance Policy
As of the
Effective Date
Issued by
HARTFORD LIFE
to
The Policyholder

This is to certify that We have issued and delivered the Group Insurance Policy (Policy) to the Policyholder. The Policy insures the Policyholder's participants who:

- are eligible for the insurance;
- become insured; and
- continue to be insured,

according to the terms of the Policy.

PARTICIPANT NAME: _____

SOCIAL SECURITY NUMBER: _____

The terms of the Policy which affect a participant's insurance are summarized in the following pages.

This Certificate of Insurance, and the following pages, will become Your Booklet-certificate. The Booklet-certificate is a part of the Policy. This Booklet-certificate replaces any other which We may have issued to the Policyholder to give to You under the Policy specified herein.

Richard G. Costello, Secretary

John C. Walters, President

Some of the terms used within this Booklet-certificate are capitalized and have special meanings. Please refer to the definitions at the end of this Booklet-certificate when reading about Your benefits.

SCHEDULE OF INSURANCE

Final interpretation of all provisions and coverages will be governed by the Group Insurance Policy on file with Hartford Life at its home office.

The Policyholder: COUNTY OF SAN BERNARDINO
The Policy Number: GL-674693
Policy Effective Date: July 26, 2003
Anniversary Date: August 1 of each year, beginning in 2009.

THE BENEFITS DESCRIBED HEREIN ARE THOSE IN EFFECT AS OF OCTOBER 1, 2008.

Who is eligible for coverage?

Eligible Class(es): All Active Full-time Participants who are U.S. citizens or U.S. residents, excluding temporary and seasonal employees

When will You become eligible? (Eligibility Waiting Period)

You are eligible on the later of:

1. the Policy Effective Date; or
2. Basic Life Insurance - the first day of the pay period following the pay period in which You work and receive pay for one-half plus one of the regularly scheduled hours; or
3. Voluntary Life Insurance - With respect to the Attorney Group, the first day of the pay period following completion of 160 hours of service in the eligible group; or
With respect to the Safety Unit, Safety Management and Supervisory Unit Employees, the first day of the pay period following completion of 13 pay periods of service; or
With respect to All Other Active Full-time Participants, the first day of the pay period following completion of 1,040 hours of service.

What is the Guaranteed Issue Amount?

This is the Amount of Insurance for which We do not require Evidence of Good Health. The Guaranteed Issue Amount is shown in the Schedule of Insurance.

What is Evidence of Good Health?

Evidence of Good Health is information about a person's health from which We can determine if coverage or increases in coverage will be effective. Information may include questionnaires, physical exams, or written documentation as required by Us.

Inquiries as to the status of Your submission of Evidence of Good Health should be addressed to Your Employer and/or Benefit Administrator. We, Your Employer and/or Benefit Administrator will notify You of approvals. We will notify You, in writing, of any disapprovals.

When will Evidence of Good Health be required?

Evidence of Good Health is also required if You elect to increase coverage for Yourself to any higher option or increment level.

Evidence of Good Health is required if the Amount of Insurance You request for Yourself exceeds the Guaranteed Issue Amount for any coverage.

If Evidence of Good Health is not approved in this situation, You are eligible for the amount You requested for which Evidence of Good Health was not required.

Additionally, once approved, Evidence of Good Health will be required again only if Your Amount of Life Insurance is greater than the Guarantee Issue Amount and You increase Your coverage election.

AMOUNT OF LIFE INSURANCE Participant Only

What Life benefits are available to You?

Basic Amount of Life Insurance:

(Please see Your Booklet-certificate Endorsement.)

Voluntary Amount of Life Insurance:

- a) a Guaranteed Issue Amount equal to an amount You elect in increments of \$10,000, subject to a maximum of \$250,000 without Evidence of Good Health; or
- b) a maximum amount equal to an amount You elect in increments of \$10,000, subject to a maximum of \$700,000 with Evidence of Good Health.

The Amount You elect is indicated on Your group enrollment form.

Your Amount of Life Insurance will be reduced by any life benefit:

- 1. paid to You under an accelerated death benefit in the Prior Plan; and
- 2. in force for You under any disability extension provision of the Prior Plan.

With respect to All Active Full-time Exempt and Safety Participants who elect Optional Life Plan C-25 prior to January 1, 1985:

An amount equal to \$25,000.

With respect to All Active Full-time Exempt and Safety Participants who elect Optional Life Plan C-75 prior to January 1, 1985:

An amount equal to \$75,000

With respect to All Active Full-time Exempt and Safety Participants who elect Optional Life Plan C-50 prior to April 1, 1988:

An amount equal to \$50,000

With respect to All Active Full-time Exempt and Safety Participants who elect Optional Life Plan C-100 prior to April 1, 1988:

An amount equal to \$100,000

If You convert, does it affect the Amount of Life Insurance benefit payable?

The Amount of Life Insurance under the Policy will be reduced by the amount of the individual life insurance issued in accordance with the Conversion Privilege for reasons other than reductions in coverage.

REDUCED AMOUNTS OF VOLUNTARY LIFE INSURANCE

What reductions in Your coverage will occur due to Your age?

Your Amount of Voluntary Life Insurance will decrease on the Birthday You attain any of the ages specified in the following table. The Amount of Voluntary Life Insurance in force immediately prior to the first reduction made according to the table below will be reduced by the percentage indicated in the following table.

Additionally, if:

1. You become insured under the Policy; or
2. Your coverage increases,

on or after the date You attain age 70, We reduce the amount of coverage for which You would otherwise be eligible in the same manner.

Age When Reduction Occurs	70	75	80
Percentage to which original amount of coverage will be reduced	65%	45%	30%

Reduced amounts of Life Insurance will be rounded to the next higher multiple of \$10,000, if not already such a multiple.

ELIGIBILITY AND ENROLLMENT

Must You contribute toward the cost of coverage?

With respect to Basic Life Insurance You do not contribute toward the cost.

With respect to Voluntary Life Insurance, You must contribute toward the cost.

How do You enroll?

To enroll You must:

1. complete and sign a group insurance enrollment form which is satisfactory to Us; and
2. deliver it to the Employer.

If You do not enroll within 31 days after becoming eligible, You may not enroll until the next Annual Enrollment Period.

The Annual Enrollment Period is determined by Your Employer on a yearly basis.

When does coverage start?

Your coverage will start on the first day of the pay period following the latest of the dates determined below:

1. the date You enroll if You enroll within 31 days of the date You are first eligible; or
2. the date We approve Evidence of Good Health which We may have required; or
3. the Annual Enrollment Period if You enroll during an Annual Enrollment Period.

All of the above effective dates are subject to the Deferred Effective Date provision.

What is the Deferred Effective Date provision for participants?

If You are absent from work due to a physical or mental condition on the date Your insurance, an increase in coverage or a new benefit added to the Policy would otherwise have become effective, the effective date of Your insurance, any increase in insurance or the additional benefit will be deferred until the date You return to work as an Active Full-time Participant.

Are there exceptions to the Deferred Effective Date provision?

If You were insured under the Prior Plan on the day before the Policy Effective Date and You would be eligible for coverage on the Policy Effective Date except that You are not able to meet the requirements of the Deferred Effective Date provision, then:

1. the Deferred Effective Date provision will not apply to the original effective date of coverage; and
2. the coverage amount shown in the Schedule of Insurance will not apply to You.

Instead, You will be considered to be insured and Your coverage amount will be the lesser of:

1. the Amount of Life Insurance under the Prior Plan; or
2. the Amount of Life Insurance shown in the Schedule of Insurance,

reduced by:

1. any coverage amount in force or otherwise payable due to any disability benefit extension under the Prior Plan; or
2. any coverage amount that would have been in force due to any disability benefit extension under the Prior Plan had timely election for the disability provision been made.

You will remain insured under this provision until the first to occur of:

1. the date You return to work as an Active Full-time Participant;
2. the date Your insurance terminates for a reason stated under the Termination provision;
3. the last day of a period of 12 consecutive months which begins on the Policy Effective Date; or
4. the last day You would have been covered under the Prior Plan, had the Prior Plan not terminated.

When are changes effective?

The provisions, terms and conditions of the Schedule of Insurance or this Booklet-certificate may be modified, amended or changed at any time; consent from any covered individual is not required.

If there is any type of change in Your class, the Schedule of Insurance or the Booklet-certificate which:

1. decreases an amount of coverage or deletes, limits or restricts the availability of a benefit or provision, then that decrease, deletion, limitation or restriction will be effective on the date the change in class, the Schedule of Insurance or the Booklet-certificate is effective;
2. increases an amount of coverage or adds, improves or increases availability of a benefit or provision, then that increase, addition or improvement will be effective on the date the change in class, the Schedule of Insurance or the Booklet-certificate is effective, subject to application of the Deferred Effective Date provision and Our approval where Evidence of Good Health is required.

BENEFITS

Life Insurance Benefit

To whom and how are benefits paid?

A completed claim form, a certified copy of the death certificate and Your enrollment form must be sent to the Employer or Us. When the required claim papers are received and approved by Us, the Amount of Life Insurance will be paid.

Your death benefit will be paid in a lump sum to the beneficiary(ies) designated by You in writing and on file with the Employer.

Unless You have requested something different, payment will be made as follows:

1. If more than one beneficiary is named, each will be paid an equal share.
2. If any named beneficiary dies before You, His share will be divided equally among the named surviving beneficiaries.

If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

1. up to \$500 of Your life insurance to any party that We deem is entitled because of their payment of burial expenses. We will be released from further liability for any amount so paid; and/or
2. the executors or administrators of Your estate; or
3. Your surviving relatives in the following order:
 - a) all to Your surviving spouse; or
 - b) if Your spouse does not survive You, in equal shares to Your surviving children; or
 - c) if no child survives You, in equal shares to Your surviving parents; or
 - d) if no parent survives You, in equal shares to Your surviving siblings.

If a minor does not have a legal guardian, We may, until such a guardian is appointed, pay the person We deem to be caring for and supporting him. Such payment will be in monthly installments of not more than \$200.

If a death benefit payable meets Our guidelines, then the benefit is payable into a checking account. Your beneficiary owns the checking account. A lump sum payment may be elected by writing a check for the full amount in the checking account.

What benefit is payable if Your death results from suicide?

No Voluntary Life benefit will be payable if death results from suicide, whether sane or insane, within 2 years of the effective date of Your coverage. Additionally, if death resulting from suicide, whether sane or insane, occurs within 2 years of the effective date of an increase in Your coverage, the death benefit payable is limited to the amount of coverage in force prior to the increase. The 2 year period includes the time coverage was in force under a Prior Plan.

Accelerated Death Benefit

What is the benefit?

If You are diagnosed as being Terminally Ill and proof of such diagnosis is provided by an attending physician licensed to practice in the United States, and You are:

1. less than age 60; and
2. insured for at least \$10,000,

then You may request that a portion of Your Amount of Life Insurance be paid to You prior to death.

The request cannot exceed 80% of the in force Amount of Life Insurance, and is subject to a minimum of \$3,000 and a maximum of \$500,000. You may exercise this option only once per person.

For example, if You have an Amount of Life Insurance equal to \$20,000 and You are Terminally Ill, You can request any portion of the life insurance between \$3,000 to \$16,000 to be paid to You now instead of to Your beneficiary at Your death. However, if You decide to request only \$3,000 now, You cannot request the additional \$13,000 in the future.

What does Terminal Illness/Terminally Ill mean?

Terminally Ill or Terminal Illness means that an individual has a life expectancy of 12 months or less.

RECEIPT OF ANY BENEFITS IN ACCORDANCE WITH THIS PROVISION WILL REDUCE LIFE INSURANCE BENEFITS PAYABLE UPON DEATH.

What if an individual is no longer Terminally Ill?

If diagnosed as no longer Terminally Ill, coverage may or may not remain in force. Coverage which remains in force will be reduced by any amount of Accelerated Death Benefits received and premium is due for this reduced amount. If coverage does not remain in force, then the reduced amount of coverage may be converted.

What limitations apply to this benefit?

The Accelerated Death Benefit provision will be subject to all applicable terms and conditions of the Policy.

No Accelerated Death Benefit will be paid if You are required by law to accelerate benefits to meet the claims of creditors, or if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement.

What if You made an assignment under this plan?

If You have executed an assignment of rights and interest with respect to Your Amount of Life Insurance, in order to pay benefits to You under this provision, We must receive a release from the individual to whom the assignment was made before any benefits are payable.

**TERMINATION
Participant Coverage**

When does Your coverage terminate?

Unless continued in accordance with the Exceptions to Termination section, Your insurance will terminate on the first to occur of:

1. the date the Policy terminates;
2. the last day of the pay period for which You made any required premium contribution, if You fail to make any further required contribution;
3. the last day of the pay period You are no longer in a class eligible for coverage;
4. the last day of the pay period immediately following the date Your Employer terminates Your employment; or
5. the last day of the pay period You are absent from work as an Active Full-time Participant.

EXCEPTIONS TO TERMINATION

Under what conditions can Your insurance be continued under the continuation provisions?

If You are absent from work as an Active Full-time Participant, Your insurance may be continued up to the maximum period of time stated. In each instance, such continuation shall be at the Employer's option, but must be according to a plan which applies to all participants in the same way. Continued coverage:

1. is subject to any reductions in the Policy;
2. is subject to payment of premium by the Employer; and
3. terminates when the Policy terminates.

If You are on a documented leave of absence, other than Family or Medical Leave, all of Your coverages may be continued for 12 consecutive month(s) following the month in which the leave of absence commenced.

If You are laid off due to lack of work, all of Your coverages may be continued until the last day of the month following the month in which the layoff commenced.

If You are granted a leave of absence according to the Family and Medical Leave Act of 1993, all of Your coverages may be continued for up to 12 weeks, or 26 weeks if You qualify for Family Military Leave, or longer if required by state law, following the date Your insurance would have terminated, subject to the following:

1. the leave authorization must be in writing;
2. the required premium for You must be paid;
3. Your benefit level will be that which was in effect on the day before said leave started, subject to any reductions included in the Policy;
4. the amount of Earnings upon which Your benefit may be based, will be that which was in effect on the day before said leave started; and
5. continued coverage will cease immediately if one of the following events should occur:
 - a) the leave terminates prior to the agreed upon date;
 - b) the Policy terminates;
 - c) You or the Policyholder fail to pay premium when due; or
 - d) the Policy no longer insures Your class.

In all other respects, the terms of Your insurance remain unchanged.

If You are absent from work due to sickness or injury, all of Your coverages may be continued until the last day of a period of 12 month(s) which begins on the date You were first absent from work as an Active Full-time Participant. If You feel that Your condition may continue for an extended period of time, You should request that Your Employer file a waiver of premium claim.

Can You Self-Pay?

In the event the Participant coverage terminates due to leave of absence or sick leave, the Participant can continue their coverage that was in force on the date leave commenced by paying premium. Coverage continues under this provision for a maximum of 6 month(s). Premium payments are due to the Policyholder and must be continuous from month to month.

What is Waiver of Premium?

Waiver of premium is a provision which allows for continued participant life insurance, without payment of premium, while You are Disabled. You may not exercise the rights under the Portability provision and qualify for waiver of premium.

To what coverages does the Waiver of Premium apply?

These provisions apply only to Your Basic Life and Voluntary Life Insurance.

What conditions must be satisfied before You qualify for Waiver of Premium?

1. You must be less than age 65, insured and Disabled; and
2. acceptable proof of Your condition must be furnished to Us within one year of Your last day of work as an Active Full-time Participant.

What does Disabled mean?

Disabled means that You have a condition that prevents You from doing any work for which You are or could become qualified by education, training or experience and it is expected that this condition will last for at least six consecutive months from Your last day of work as an Active Full-time Participant; or You have been diagnosed with a life expectancy of 12 months or less.

When will We waive premium?

We will waive premium after proof that You are Disabled is provided by an attending physician licensed to practice in the United States and We approve the proof. You will be notified by Us of the date We will begin to waive premium.

Continued coverage will be subject to any age reductions provided by any part of the Policy.

What if You die before You qualify for Waiver of Premium?

If:

1. You should die within one year of Your last day of work as an Active Full-time Participant but prior to qualifying for waiver of premium; and
2. You were Disabled,

We will pay the Amount of Life Insurance which is in force for You.

Can We have You examined for proof that You continue to be Disabled?

During the first two years following the date You qualify as Disabled, We may have You examined at reasonable intervals. Thereafter, We will only require an annual examination to confirm that You continue to be Disabled. If You fail to submit any required proof or refuse to be examined as required by Us, then Your coverage will terminate.

What if You are no longer Disabled?

If, for any reason, You are no longer Disabled, Your premium will no longer be waived. On that date, You may or may not return to work.

If You return to work in an Eligible Class, then all of Your coverages will be reinstated subject to the terms of the Policy in effect on the reinstatement date.

If You do not return to work within an Eligible Class, and You are not eligible for any other group life insurance, then You are entitled to the Conversion Privilege. You may convert the Amount of Life Insurance that is in force for You on the date it is determined that You are no longer Disabled.

On the date waiver of premium terminates, if You do not return to work, You will be entitled to convert Your coverage. You may convert no more than Your Amount of Life Insurance that is in force on the date waiver of premium terminates.

What if the Policy terminates before You qualify for waiver of premium?

If the Policy terminates before You qualify for waiver of premium, You may be eligible to convert. Additionally, You may later be approved for waiver of premium.

What if the Policy terminates after You qualify for waiver of premium?

Termination of the Policy will not affect Your coverage under the terms of this provision.

PORTABILITY

When can a person elect Portability?

You may elect portability if:

1. the Policy is still in force;
2. Your life insurance terminates because:
 - a. Your employment terminates for any reason prior to Retirement; or
 - b. You are no longer in an Eligible Class; and
3. You do not currently have coverage for the amount of life insurance You intend to continue under a certificate of insurance issued in accordance with a conversion, portability or other similar provision under this Policy.

What does Retirement mean?

Retirement means the date You attain normal retirement age under the 1983 United States Social Security Act, and any amendments thereto.

Will the Waiver of Premium provision be available if You elect to continue coverage under this Portability provision?

No.

Will Conversion be available if a person elects to continue coverage under this Portability provision?

If a person elects to continue all terminated coverage under this portability provision, then the Conversion provision is not available. If a person elects to continue only a portion of terminated coverage under this portability provision, then the Conversion privilege will be available for the remaining amount.

How is Portability elected?

A person must, within 31 days of the date group coverage terminates:

1. make written application to Us; and
2. pay the required premium.

If this is done, We will issue a certificate of insurance under a group portability policy. Such coverage will be:

1. issued without evidence of good health;
2. on one of the forms then being issued by Us for portability purposes; and
3. effective on the day following the date insurance terminates.

The terms and conditions of coverage under the group portability policy will be similar, but may not be identical, to coverage under this plan.

What limitations apply to this benefit?

A person may elect to continue 50%, 75% or 100% of his amount of life insurance being terminated. Such amount will be rounded to the next higher \$1,000, if not already an even multiple thereof. No participants amount of life insurance continued may exceed \$250,000.

If an election is made to continue 50% or 75% now, a person may not continue any portion of the remaining amount. In no event will a person be able to continue an amount of life insurance which is less than \$5,000.

How much does Portability cost?

See Your Employer for the cost.

CONVERSION PRIVILEGE

When can an individual convert?

If insurance, or any portion thereof, terminates, then any individual covered under the Policy may convert his life insurance to a conversion policy without providing Evidence of Good Health.

If the qualifying event is policy termination or termination of coverage for a class then the individual must have been insured for at least 5 years under the Policy in order to be eligible for this conversion privilege.

What is the conversion policy?

The conversion policy will:

1. be on one of the life insurance policy forms, except term insurance, then customarily issued by Us for conversion purposes;
2. contain no disability, supplementary or AD&D benefits; and
3. be effective on the 32nd day after group life insurance terminates.

How much can be converted?

If the qualifying event is policy termination or termination of coverage for a class, then the amount which may be converted is limited to the lesser of:

1. the amount of group coverage in force prior to the qualifying event, reduced by the amount of any other group coverage for which the individual becomes covered within 31 days of termination of group coverage; or
2. \$2,000.

If conversion is due to retirement or any other qualifying event, the full amount of coverage lost may be converted.

How does an individual convert coverage?

To convert life insurance, the individual must, within 31 days of the date group coverage terminates, make written application to the Us and pay the premium required for his age and class of risk.

What if death occurs during the conversion election period?

If the individual should die within the 31 day conversion election period, We will, upon receipt of acceptable proof of His death, pay the Amount of Life Insurance He was entitled to convert.

GENERAL PROVISIONS

When can this plan be contested?

Except for non-payment of premium, the Policy cannot be contested after two years from the Policy Effective Date.

No statement relating to insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the individual's lifetime. In order to be used, the statement must be in writing and signed by the affected individual.

Who interprets policy terms and conditions?

We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Policy.

Are there any rights of assignment?

You have the right to absolutely assign all of Your rights and interest under the Policy including, but not limited to, the following:

- 1. the right to make any contributions required to keep the insurance in force;
- 2. the privilege of converting; and
- 3. the right to name and change a beneficiary.

However, You may not assign rights to the Employer, and if You are terminally ill, You may not make an absolute assignment if the benefits under the Policy would be used as collateral for a loan.

No absolute assignment of rights and interest shall be binding on Us until and unless:

- 1. the original of the form documenting the absolute assignment; or
- 2. a true copy of it,

is received and acknowledged by Us at our home office.

We have no responsibility:

- 1. for the validity or effect of any assignment; or
- 2. to provide any assignee with notices which We may be obligated to provide to You.

How do You designate or change Your beneficiary?

You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.

Designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change from the Employer.

In no event may a beneficiary be changed by a Power of Attorney.

DEFINITIONS

Active Full-time Participant – An elected Official of the County of San Bernardino including Judges; or a Full-time Employee of the County of San Bernardino who is in one of the following units: Non-Court Participants who are Clerical, Craft, Labor and Trades, Professional and Special Districts Non-Represented, Special Districts Non-Represented Supervisory, Supervisory and Technical and Inspection, Specialized Peace Officers, Specialized Peace Officers-Supervisory, Administrative Services, Attorneys, Exempt Employees, Management, Special Districts Exempt, Contract Employees and Court Participants who are Support Services and Job-Share Employees, Court Investigators, Accounting Technicians, Automated Systems Technicians, Supervisory, Management, Administrative Analysts, Automated Systems Analysts I and II and Small Claims Advisement Program Supervisors. You must work at least 40 hours per pay period. You will be considered actively at work on a day which is one of Your Employer's scheduled work days if You are performing, in the usual way, all of the regular duties of Your job on a full-time basis on that day. You will also be considered actively at work on a paid vacation day or a day which is not one of Your Employer's scheduled work days only if You were actively at work on the preceding scheduled work day.

Amount of Life Insurance – This term means the Basic Life and Voluntary Life Amounts unless otherwise stated in specific provisions and benefits.

Employer – The Policyholder named in the Schedule of Insurance.

He/His – He or she. His or her.

Prior Plan – A plan of group term life insurance sponsored by the Employer which was in force on the day before the Policy Effective Date.

We/Us/Our – The Hartford Life and Accident Insurance Company.

You/Your – The participant to whom this Booklet-certificate is issued.



Hartford Life

Certificate of Insurance
HARTFORD LIFE INSURANCE COMPANY
Hartford, Connecticut

Policyholder: County of San Bernadino
Policy Number: 00-ADD-S05363
Policy Effective Date: July 26, 2003

We have issued a policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the policy which are important to you are summarized in this Certificate; consisting of this Certificate and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to you earlier for the policy. The policy alone is the only contract under which payment will be made. Any difference between the policy and this Certificate will be settled according to the provisions of the policy.

Christine Hayer Repasy, *Secretary*

Thomas M. Marra, *President*

Form PA-5427 A1 (HL) (00-S05363)
Printed in U.S.A.

SCHEDULE

Eligible Persons:

All Full-Time, active employees of the Policyholder.

Full-time Employee means a person who:

- a) is regularly employed by the Policyholder in the usual course of their business; and
- b) works at least 40 hours per pay period.

Principal Sum

The Principal Sum applicable to you is the amount for which:

- a) you are eligible to request as determined below;
- b) you have given us a Written Request; and
- c) the required premium is paid.

Principal Sum Amount:

Plan	Employee Amount	Spouse Amount	Child(ren) Amount
1	\$10,000	\$5,000	\$3,125
2	\$25,000	\$12,000	\$6,250
3	\$50,000	\$25,000	\$12,500
4	\$100,000	\$50,000	\$25,000
5	\$150,000	\$75,000	\$25,000
6	\$200,000	\$100,000	\$25,000
7	\$250,000	\$125,000	\$25,000

Eligible Dependents: Eligible Person's Spouse and Child(ren)

Policy Age Limit: Insured Person – None
Spouse - 70

Accidental Death and Dismemberment Reduction on and after Age 70: On the Premium Due Date on or next following your attainment of ages 70, 75 and 80, your amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum determined in the Enrollment Form on file with the Policyholder and applicable to you by the percentage shown below for your attained age:

Insured Person's Age	Percentage of Principal Sum
Age 70 – 74	65%
Age 75 – 79	45%
Age 80 or over	30%

If you are age 70 or over you will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for your attained age.

Education Benefit

Maximum Amount: \$5,000
Percent of Principal Sum: 5%
Minimum Amount: \$500

Spouse Education Benefit

Maximum Amount: \$5,000
Percent of Principal Sum: 5%
Minimum Amount: \$500

Conversion Privilege Benefit

Conversion Limit: \$100,000

Waiver of Premium Benefit

Day Care Benefit

Maximum Amount: \$5,000

Percent of Principal Sum: 12%

Minimum Amount: \$500

Coma Benefit

Waiting Period: 30 Days

Adaptive Home and Vehicle Benefit

Maximum Amount: \$5,000

Percent of Principal Sum: 5%

Seat Belt and Air Bag Coverage

Seat Belt Benefit Amount: 10% of Principal Sum to a maximum amount of \$10,000

Air Bag Benefit Amount: 10% of Principal Sum to a maximum amount of \$10,000

Repatriation Benefit

Maximum Amount: \$5,000

Percent of Principal Sum: 5%

DEFINITIONS

We, us or our means the insurance company named on the face page.

You, your or Insured Person means an Eligible Person while he or she is covered under the policy.

Spouse means your wife or husband who:

- a) is mentally competent; and
- b) was not legally separated from you at the time of your death.

Surviving Child(ren) includes children of Your California registered domestic partner.

With respect to California resident(s) only, "Spouse" will include an individual who is in registered domestic partnership with the employee in accordance with California Law. Reference in this form to an employee's marriage or divorce shall include his or her registered domestic partnership or dissolution of his or her registered domestic partnership.

Covered Person means you or your Eligible Dependent while you, he or she is covered under the policy.

Injury means bodily injury resulting directly from accident and independently of all other causes which occurs while the Covered Person is covered under the policy. Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- b) medical or surgical treatment of a sickness or disease;

is not considered as resulting from Injury.

On, when used with reference to any conveyance (land, water or air), means in or on, boarding or alighting from the conveyance.

Civil or Public Aircraft means an aircraft which:

- a) has a current and valid Airworthiness Certificate;
- b) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and

c) is not operated by the militia or armed forces of any state, national government or international authority.

Airworthiness Certificate means:

- a) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration; or
- b) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.

Military Transport Aircraft means a transport aircraft operated by:

- a) the United States Air Mobility Command (AMC); or
- b) a national military air transport service of any country.

Written Request means any form provided by us for the particular request.

INSURED PERSONS PERIOD OF COVERAGE

Effective Date: If you give us a Written Request, your coverage becomes effective on the later of:

- a) the Policy Effective Date; or
- b) the 1st day of the pay period following the pay period in which the employee works and receives pay for one-half plus one of the regular scheduled hours.

Termination: Your coverage terminates on the earlier of:

- a) the date the policy is terminated; or
- b) the date you:
 - 1) cease to be an Eligible Person;
 - 2) attain the Policy Age Limit, if any, shown in the Schedule; or
 - 3) fail to pay any required premium contribution.

Request For Change In Coverage: If you give us a Written Request for a change in your coverage, and if you:

- a) are not eligible for the coverage requested, the change will not become effective;
- b) are eligible for the coverage requested, the change will become effective on the date we receive the request.

DEPENDENTS PERIOD OF COVERAGE

You are insured with Dependents Coverage if it is indicated on the Enrollment Form on file with the Policyholder.

Eligibility: Eligible Dependents are defined below. In any event, you are not an Eligible Dependent.

Eligible Dependents:

1. **Spouse** means your spouse unless:
 - a) you and your spouse are legally separated or divorced; or
 - b) your spouse has attained the Policy Age Limit, if any, shown in the Schedule.
2. **Child** or **Children** means your unmarried child, stepchild, legally adopted child, or foster child:
 - a) who is less than age 19 and primarily dependent on you for support and maintenance; or
 - b) who is at least age 19 but less than age 23 who:
 - 1) regularly attends an institution of learning; and
 - 2) is primarily dependent on you for support and maintenance.

Effective Date: Each Eligible Dependent will become covered under the policy on the later of:

- a) the date you become an Insured Person;
- b) the date we receive your Written Request for coverage of Dependents; or
- c) the date the person qualifies as an Eligible Dependent.

Termination: Coverage of each Eligible Dependent terminates on the earlier of:

- a) the date you cease to be an Insured Person; or
- b) the date he or she ceases to qualify as an Eligible Dependent.

Incapacitated Child: Coverage of a child who, on the date he or she reaches age 19 or 23, is:

- a) covered under the policy;
 - b) mentally or physically incapable of earning his or her own living; and
 - c) unmarried and primarily dependent on you for support and maintenance;
- will not terminate solely due to age.

However, you must give us written notice of the incapacity within 31 days of the termination date.

Coverage will continue as long as:

- a) the incapacity continues; and
- b) the required premium is paid.

We may, from time to time, require proof of continued incapacity and dependency. After the first two years, we cannot require proof more than once each year.

Request For Change In Coverage: If you give us a Written Request for a change in the coverage of your Eligible Dependents, and if he or she:

- a) is not eligible for the coverage requested, it will not become effective; or
- b) is eligible for the coverage requested, the change will become effective on the date we receive the request.

EXCLUSIONS

The policy does not cover any loss resulting from:

1. intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. Injury sustained while full-time in the armed forces of any country or international authority;
4. Injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
5. Injury sustained while riding On any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner; or
 - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under the policy;
6. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
7. Injury sustained while committing or attempting to commit a felony;
8. Injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If a Covered Person's Injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. Your amount of the Principal Sum is determined in the Enrollment Form on file with the Policyholder. The amount of Principal Sum for each of your Covered Dependents is determined in the Enrollment Form on file with the Policyholder.

For Loss of:

Life	The Principal Sum
Both Hands or Both Feet	
or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
Speech and Hearing	The Principal Sum
Either Hand or Foot	
and Sight of One Eye	The Principal Sum
Movement of Both Upper	
and Lower Limbs	
(Quadriplegia).....	The Principal Sum
Movement of Both	

Lower Limbs (Paraplegia)Three-Quarters The Principal Sum
Movement of Both Upper
and Lower Limbs of
One Side of Body (Hemiplegia)One-Half The Principal Sum
Either Hand or FootOne-Half The Principal Sum
Sight of One EyeOne-Half The Principal Sum
Speech or HearingOne-Half The Principal Sum
Thumb and Index
Finger of Either Hand..... One-Quarter The Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual severance through or above the metacarpophalangeal joints;
- d) movement of limbs, complete and irreversible paralysis of such limbs.

EXPOSURE

Exposure to the elements will be presumed to be Injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which the Covered Person was an occupant at the time of the accident; and
- b) the policy would have covered Injury resulting from the accident.

DISAPPEARANCE

A Covered Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) the policy would have covered Injury resulting from the accident.

EDUCATION BENEFIT

If:

- a) You and your eligible child(ren) are covered under the policy; and
 - b) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of your death;
- we will pay an Education Benefit to each Student as provided below.

A Student is a person for whom we receive proof that he or she:

- a) is covered as your eligible child(ren) on the date of your death;
- b) is a full-time post-high school student in a school for higher learning on the date of your death; or
- c) became a full-time post-high school student in a school for higher learning within 365 days after your and was a student in the 12th grade on the date of your death.

He or she is not considered to be a Student after the first to occur of:

- a) our payment of the fourth Education Benefit to or on behalf of that person; or
- b) the end of the 12th consecutive month during which we have not received proof that he or she is a Student.

The Education Benefit is an amount equal to the lesser of:

- a) the Maximum Amount;
- b) an amount determined by applying the Percent to the amount of your Principal Sum.

We will not pay more than one Education Benefit to any one Student during any one school year.

The Education Benefit is payable to each person:

- a) on the date; and
 - b) for whom;
- we have received proof that he or she is a Student.

If he or she is a minor, we will pay the benefit to the Student's legal representative.

If:

- a) a Principal Sum is payable because of your death; and
 - b) no person qualifies as a Student;
- we will pay the Minimum Amount in accordance with the **Payment of Claims** provision for payment of benefits for loss of life.

Your Principal Sum is determined in the Enrollment Form on file with the Policyholder. The Maximum Amount, Percent and Minimum Amount are shown in the Schedule.

SPOUSE EDUCATION BENEFIT

If your Injury results in loss of life and:

- a) your Eligible Spouse is covered under the policy; and
- b) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit;

we will pay an Education Benefit to your Surviving Covered Spouse as provided below.

The Surviving Covered Spouse, to qualify for the Education Benefit, must enroll in an Occupational Training program:

- a) for the purpose of obtaining an independent source of income;
- b) within one (1) year of the date of your death.

The Education Benefit is an amount equal to the lesser of:

- a) the Expense Incurred for Occupational Training;
- b) a Percentage of your Principal Sum; or
- c) the Maximum Amount.

The expense must be incurred within two (2) years of the date of your death.

We will pay the Education Benefit due immediately after we receive proof that the Spouse has enrolled in an Occupational Training program.

Occupational Training means any:

- a) education;
- b) professional; or
- c) trade training;

program which prepares the Spouse for an occupation for which he or she otherwise would not have been qualified.

Expense Incurred means:

- a) the actual tuition charged, exclusive of room and board; and
- b) the actual cost of the materials needed;

for the Occupational Training program.

If a Principal Sum is payable because of your death and there is no Surviving Covered Spouse, we will pay the Minimum Amount in accordance with the **Payment of Claims** provision.

Your amount of the Principal Sum is determined in the Enrollment Form on file with the Policyholder.

The Maximum Amount, Minimum Amount, and Percentage of Principal Sum are shown in the Schedule.

CONVERSION PRIVILEGE

If you cease to be covered under the policy because you cease to be eligible for coverage and:

- a) the policy has not terminated; and
- b) you have not failed to pay any required premium;

you have a conversion privilege as provided below.

The conversion right allows you to request coverage under a conversion policy from the Insurer, without giving medical evidence of insurability, to cover yourself and your Eligible Dependents who are covered under the policy on the date your coverage ceases. Dependents who continue to be covered under the policy in the same or a different class cannot be covered under your converted policy.

Insurer, as used on this page, means us or another insurance company which has agreed with us to issue converted policies according to this conversion privilege.

You must:

- a) give the Insurer a Written Request for the converted policy; and
 - b) pay the Insurer the initial premium;
- within 31 days after you cease to be covered under the policy.

The converted policy:

- a) will have the provisions, limitations and exclusions on the form the Insurer is issuing for this purpose at conversion;
- b) will provide coverage on a twenty-four hour-a-day basis;
- c) will provide benefits for accidental death and dismemberment alone;
- d) will take effect on the date you cease to be covered under the policy;
- e) may exclude any condition excluded by the policy;
- f) will not pay for any loss covered by the policy;
- g) will provide a Principal Sum for yourself which will be:
 - 1) the amount of your Principal Sum under the policy on the date of conversion, rounded to the nearest \$1,000, subject to a minimum of \$25,000.00 and a maximum amount of \$250,000;
 - 2) \$25,000.00, if you are age 70 or older but less than age 75; or \$12,500.00, if you are age 75 or older; or
 - 3) the amount applicable to new applicants of your class and age at conversion, subject to a minimum of \$25,000.00 and a maximum of \$100,000.00;
- h) will have premiums based on the Insurer's rates in effect for new applicants of your class and age at conversion.

The Principal Sum amounts for your dependents who become covered under the converted policy will be the amounts we are offering for this purpose at conversion. The policy, as used on this page, means the group policy under which you and your dependents are covered.

WAIVER OF PREMIUM BENEFIT

Waiver of Premium: We will waive your payment of premium and continue your coverage and your Covered Dependent's coverage, if any, during a period of Total Disability as defined.

Total Disability means a disability which:

- a) begins while you are covered under the policy;
- b) is caused by bodily Injury or disease which continuously prevents you from doing any work for which You are or could become qualified by education, training or experience; and
- c) has existed continuously for a period of at least six months.

Proof of Disability must be sent to us at least nine months but not later than twelve months from the beginning of total disability (or within one year of death if proof was not furnished during your lifetime). We have the right to:

- a) require satisfactory proof of continuous Total Disability; or
- b) examine you at any time during the first two years after receiving initial proof of disability, but not more than once a year after that.

Refund of Premium: When proof of disability is received, we will refund to you or to your estate, if you have died, any premium paid during the period of continuous disability.

Waiver Ceases: The Waiver of Premium will cease on the Premium Due Date on or next following the first to occur of:

- a) the date you cease to be totally disabled;
- b) the date you fail to submit the required proof of continuous disability;
- c) the date you fail to submit to any physical examination;
- d) the date you attain age 65, if totally disabled before age 60;
- e) five years after the date your Total Disability began, if disabled on or after age 60; or
- f) the date the policy terminates.

DAY CARE BENEFIT

We will pay a Day Care Benefit for each eligible Child who is covered under the policy if:

- a) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of your death; and
- b) such child is under age 7 at the time of your death; and
- c) proof of enrollment in a Day Care Program is provided as described below.

Payment will be made to the person who has legal physical custody of the eligible Child(ren) and who has primary responsibility for the eligible Child(ren)'s Expenses. Payment will be made in accordance with the Claims provision of the Policy.

Proof of enrollment for each child in a Day Care Program may be in the form of, but will not be limited to, the following:

- a) a copy of the child's approved enrollment application in a Day Care Program; or
- b) cancelled check(s) evidencing payment to a Day Care facility or Day Care Provider; or
- c) a letter from the Day Care facility or Day Care provider stating that the child:
 - 1) is attending a Day Care Program; or
 - 2) has been enrolled in a Day Care Program and will be attending within 365 days of the date of your death or your Covered Spouse's.

Proof of enrollment must be sent to us prior to the last day of the 12th month on or next following the date of your death.

One Day Care Benefit payment will be made each year, for a maximum of 4 Day Care Benefit payments, for each Eligible Child.

The Day Care Benefit is the lesser amount of:

- a) the Maximum Amount; or
- b) an amount determined by applying the Day Care Percent to the amount of the deceased person's Principal Sum.

We will pay the Minimum Amount stated in the Schedule in accordance with the Claims Provision for payment of benefits for loss of life if:

- a) a Principal Sum is payable because of your death; and
- b) no person qualifies as an Eligible Child for a Day Care Benefit.

The Maximum Amount, Minimum Amount, and Percent are shown in the Schedule.

Your amount of Principal Sum is determined in the Enrollment Form on file with the Policyholder.

Day Care Program means a program of child care which:

- a) is operated in a private home, school or other facility; and
- b) provides, and makes a charge for, the care of children; and
- c) is licensed as a Day Care center or is operated by a licensed Day Care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- d) if licensing is not required, provides child care on a daily basis for 12 months a year.

COMA BENEFIT

If, as the result of an Injury, an Insured Person:

- a) becomes Comatose within 30 days from the accident; and
- b) remains continuously Comatose for at least the number of days shown as the Waiting Period;

we will pay 1% of the Comatose Maximum Benefit Amount for each month after the Waiting Period that the Insured Person remains in a Coma.

ADAPTIVE HOME AND VEHICLE BENEFIT

If Your Injury results in a covered loss, except loss of life, and a Principal Sum is payable under the Accidental Death and Dismemberment Benefit, we will pay the lesser of:

- a) a Percentage of your Principal Sum;
- b) the actual cost; or
- c) the Maximum Amount;

for the one-time cost of alterations incurred within two years from the date of the accident to your:

- a) principal residence; and/or
- b) private automobile;

to make the residence accessible or the private automobile drivable or rideable for you.

The benefit will be payable only if:

- a) such home alterations are:
 - i) made by a person or persons with experience in such alterations; and
 - ii) recommended by a recognized organization associated with the Injury;
- b) such vehicle modifications are:
 - i) carried out by a person or persons with experience in such matters; and
 - ii) approved by the Motor Vehicle Department.

Private Automobile means a four wheeled, private passenger car, station wagon, pick-up truck, van or jeep-type automobile which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

The Percentage of Principal Sum and the Maximum Amount are stated in the Schedule.

SEAT BELT AND AIR BAG COVERAGE

If an Your Injury results in a covered Loss while:

- a passenger riding in; or
- the licensed operator of;

an Automobile, and at the time of the accident he or she was:

- a) wearing a Seat Belt; or
- b) wearing a Seat Belt and was protected by an Air Bag which inflated on impact;

as verified on the police report, then the amount of the Principal Sum will be increased by the Seat Belt Benefit Amount or Air Bag Benefit Amount. We will not pay more than one Benefit Amount for all losses due to the same accident.

Air Bag means an inflatable supplemental restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the vehicle's manufacturer specifications.

Automobile means a duly registered, four-wheeled, private passenger: car, station wagon, pick-up truck, van or jeep-type vehicle which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Seat Belt means:

- a) a belt, lap restraint, or shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the vehicle's manufacturer specifications; or
- b) a child's car seat properly fastened in the Automobile.

Exclusions: This Benefit does not cover any loss if the Insured Person:

- a) is under the influence of any intoxicant, excitant, hallucinogen, or any narcotic or other drug, or similar substance as verified in the police accident report (unless administered under the advice of a physician); and
- b) is operating the Automobile.

The Seat Belt Benefit Amount and the Air Bag Benefit Amount are shown in the Schedule.

REPATRIATION BENEFIT

If your Injury results in loss of life payable under the policy within 365 days after the date of accident, we will pay the lesser of:

- a) the expense incurred for:
 - 1) preparation of your body for burial or cremation; and
 - 2) transportation of your body to the place of burial or cremation;
- b) a Percentage of your Principal Sum; or
- c) the Maximum Amount;

provided that your death occurred outside the territorial limits of the state or country of your place of permanent residence.

Your amount of Principal Sum is determined in the Enrollment Form on file with the Policyholder. The Percentage of Principal Sum and Maximum Amount are shown in the Schedule.

CLAIMS

Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary) must give us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include your name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of your life:

- a) according to the beneficiary designation in effect under the policy at the time of your death; or
- b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at time of death; otherwise
- c) to the survivors, in equal shares, in the first of the following classes to have a survivor at your death:
 - 1) spouse,
 - 2) children,
 - 3) parents,
 - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to your estate.

All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Benefits will be paid into a checking account which will be owned by:

- a) you; or
- b) the beneficiary or beneficiaries named in writing by you.

The checking account owner may elect a lump sum payment by writing a check for the full amount in the checking account. However, a checking account will not be established for a benefit payable to your estate or for a Principal Sum that is less than \$10,000.

If a benefit due is payable to:

- a) your estate; or
- b) you or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 of the benefit due to some other person.

The other person will be someone related to the minor or incompetent person by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Appealing Denial of Claims: If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to you. The written decision will:

- a) give the specific reason or reasons for denial;
- b) make specific reference to the policy provision on which the denial is based;
- c) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and
- d) provide an explanation of the review procedure.

On any denied claim, you or your representative may appeal to us for a full and fair review. The claimant may:

- a) request a review upon written application within 60 days of the receipt of claim denial;
- b) review pertinent documents;
- c) submit issues and comments in writing.

We will make a decision no more than 60 days after the receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after we receive the request for review. The written decision will include specific reasons on which the decision is based.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the person who has a loss examined by a physician when and as often as we feel is necessary; and
- b) to make an autopsy in case of death where it is not forbidden by law.

Legal Actions: You cannot take legal action against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

Naming a Beneficiary: You may name a beneficiary or change a revocably named beneficiary by giving your Written Request to the Policyholder. Your request takes effect on the date you execute it, regardless of whether you are living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received your request.

Assignment: We will recognize any assignment you make under the policy, provided:

- a) it is duly executed; and
- b) a copy is on file with us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

CALIFORNIA COMPLAINT NOTICE:

WHENEVER THE HARTFORD OR ITS AGENT HAS BEEN UNABLE TO RESOLVE A CONSUMER COMPLAINT AFFECTING THE POLICY OR CERTIFICATE, THE STATE AGENCY LISTED BELOW MAY BE CONTACTED TO ASSIST THE COMPLAINANT IN PURSUING A RESOLUTION OF THE COMPLAINT:

CALIFORNIA DEPARTMENT OF INSURANCE CONSUMER SERVICES DIVISION
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
TOLL FREE TELEPHONE: (800) 927-4357

Form PA-8292-1
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**The Plan Described in this Booklet
is Insured by the**

Hartford Life and Accident Insurance Company
Hartford, Connecticut

Member of The Hartford Insurance Group