

Employee Basic Life/AD&D Benefit Summary

Benefit Amount: \$ 30,000

Basic life insurance provided by UnitedHealthcare Insurance Company. The Accidental Death and Dismemberment (AD&D) portion is automatically included with Basic Life and provides the employee with additional insurance coverage for the loss of life or injuries sustained in an accident on or off the job.*

Coverage	Definition
Age Reduction Schedule	The Benefits will be reduced to 65% of original amount at age 65 and 50% of the original amount at age 70.
Accelerated Benefit	This benefit provides an advanced payout of benefits for covered persons who are terminally ill and not expected to live for more than one year. The benefit pays 50% not to exceed \$50,000 of life insurance amount to employee.
Waiver of Premium	If eligible employee becomes totally disabled before age 60, life premiums will be waived and life coverage continued until age 65 (annual proof of disability required).

Accidental Death & Dismemberment (AD&D) Benefit Schedule

Loss must occur within 90 days of the accident. Only one amount, the highest, will be paid if you suffer more than one loss in one accident.

Coverage	Benefit
Loss of Life	100%
Loss of Both hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand or One Foot and Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Loss of One Hand or One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	25%
Loss of Hearing	25%

Insurance underwritten by United HealthCare Insurance Company or Unimerica Life Insurance Company of New York,

Benefit provisions, exclusions and limitations may vary as a result of state specific requirements.

* Limitations for AD&D Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of a n assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.

Additional Value Added services are included at no cost to the employee. These include:

- Beneficiary Services
- Travel Assistance Services
- Will and Trust Services

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage that you will receive upon enrollment in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.



LIFE INSURANCE

Why you should consider Life Insurance

One of the most important things about life insurance is the financial peace of mind it gives you and your loved ones. UnitedHealthcare offers basic life insurance that allows you to provide for others if you pass away.

You also have the option to increase your coverage with supplemental life insurance and/or expand your coverage to include your spouse and/or dependents.

Basic life insurance

With this policy, we make a payment to your beneficiaries if you die. The proceeds can be used to pay funeral costs, outstanding debt or future educational needs.

Optional supplemental life insurance

You have the option to purchase supplemental life insurance if you want to increase your life insurance coverage.

Optional dependent coverage

You have the option to expand your life insurance coverage to include dependent coverage for your spouse and/or dependent children.

Also part of your Life Insurance Policy

Accidental death and dismemberment insurance (AD&D): AD&D, provides an additional benefit if you suffer death or dismemberment in an accident.¹

Seat belt benefit: If you are in a fatal car accident in a private passenger vehicle while wearing a seat belt, your AD&D benefit may pay an extra 10%. However, the benefit is not payable to either a driver or passenger if the driver was legally intoxicated or under the influence of drugs at the time of the accident.

How much life insurance do you need?

- To determine your need for life insurance, consider these questions:
- What would your family need financially if you couldn't be there?
- How much is needed to pay for funeral expenses and estate costs?
- What would it take to pay off debts such as a mortgage or car payment?
- What would be required to replace your income and sustain the household?



These services are also available.

Beneficiary Services

We provide surviving family members grief consultation and financial and legal assistance to help them get through this difficult time.

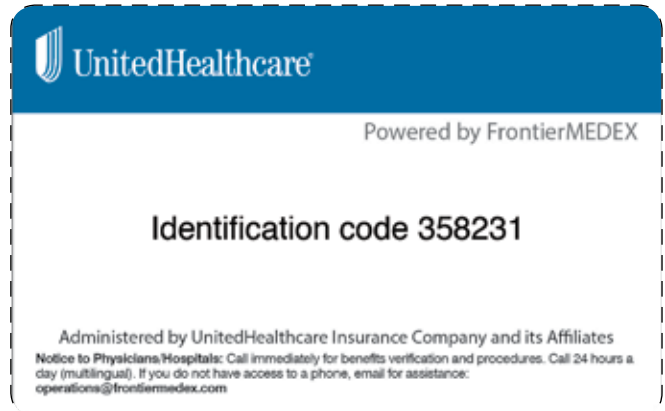
Trust Preparation

Access estate planning information, use financial calculators, download legal forms and use a will-preparation tool that allows you to prepare your own official legal documents.

Travel Assistance

Travel assistance is available 24/7 for emergency situations anywhere in the world.

Travel Assistance ID Card: Front



¹ Limitations: The AD&D policy does not typically pay out under the following situations: disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by a physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.



Will and Trust Preparation Services

Preparing a will is one of the most important things you can do for your loved ones. But some people don't consult with an attorney because of the cost. And they're not sure how else to handle their estate planning responsibilities.

Will and trust preparation assistance is an added benefit of your UnitedHealthcare life insurance plan.

Travel Assistance

Travel can be one of life's most exciting and fulfilling experiences. But when an emergency strikes far from home, your dream trip can quickly become stressful, frightening and expensive. Travel assistance is an added benefit of your UnitedHealthcare life insurance plan.



Easy online access to a wealth of information

Will and trust preparation assistance

is an added benefit of your UnitedHealthcare life insurance plan. To access the will and trust preparation services, visit:

- **clcmembers.com**
 - Username: uhc
 - Password: legal

The CLC Legal Resource Center will be displayed, allowing you to access articles, forms, legal and financial tools and more.

Travel assistance is an added benefit of your UnitedHealthcare life insurance plan.

- Assistance is available 24/7 for emergency situations anywhere in the world
- Travel assistance services are offered by FrontierMEDEX.
- To access, call the Emergency Response Center collect at 1-410-453-6330 or visit the online Member Center at **members.medexassist.com**. You will need to provide policy identification number 358231.

Travel Assistance ID Card: Back

Emergency Response Center: United States, Baltimore, MD +1-410-453-6330 (COLLECT)			
TOLL FREE ACCESS - The numbers below must be dialed from within the country If your location is not listed or the call will not go through, call the 24-hour Emergency Response Center COLLECT			
Australia	1 800 127 907	Mexico	001 800 101 0061
Brazil	0800 891 2734	Philippines	1 800 1 111 0503
China (northern)	108888*800 527 0218	Singapore	800 1100 452
China (southern)	10811*800 527 0218	South Africa	0800 9 92379
Dominican Republic	1 888 567 0977	Spain	900 98 4467
France	0800 90 8505	Switzerland	0800 55 6029
Germany	0800 1 811401	Thailand	001 800 11 471 0661
Hong Kong	800 96 4421	U.K.	0800 252 074
Israel	1 809 41 0172	U.S. & Canada	1 800 527 0218
Italy	800 877 204	Or Call Collect	+1 410 453 6330
Japan	00531 11 4065		

* Dial the first portion of phone number, wait for tone, and then dial remaining numbers.
For a complete list, go to the Member Center: <https://members.medexassist.com>



Beneficiary Form

Group Term Life Insurance



Policy Holder: _____

Individual Covered Person: _____

SS#: _____

Note: This Beneficiary Designation cancels any prior beneficiary designation and shall be effective on the date received by the Company.

THE BENEFICIARY FOR THE POLICY SHALL BE:

a)	Primary Beneficiary	Percentage	Relationship to Insured	Address
b)	Contingent Beneficiary	Percentage	Relationship to Insured	Address

INSURED: _____

Signature: _____

Date: _____