



Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: November 28, 2023

Contract/Agreement Vendor: **Group Life Insurance and Jason Guy**
Name of Vendor & Contact Person
Jason.Guy@standard.com
Vendor Email Address
District Employees - Life Insurance Coverage
Describe Contract (Technology, program, consultant-prof Development, etc.)
Please use Summary below to fully explain the contract purchase, any titles, and details for the Board of Education to review.
Replacing Sun Life/District Employees
Reason/Audience to benefit
12/04/2023 **\$ 0.00**
BOE Date Amount of agreement'

Person Submitting Contract/Agreement for Review: **Lesley Self/Andrea Jackson** **HR-ESC**

PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK

Principal &/or Director or Administrator: 

Does this Contract/Agreement utilize technology? YES/NO **NO**

If yes, Technology Admin: _____

Cabinet Team Member: 

Funding Source: **General**

Fund/Project

OCAS Coding

☒ **Consent**

☐ **Action**

New district paid Group Life Insurance plan replacing Sun Life Policy for all certified employees. This also includes support employees which work 30 hours or more per week.

Accept and approve the New Agreement between Broken Arrow Public Schools and the District's Group Life Insurance Plan which will begin January 1, 2024.

Summary

This area must be complete with full explanation of contract

The Contract/Agreement should be received at least 2 weeks prior to a Board Meeting to ensure placement on the Agenda. The Contract Committee meets most Tuesdays at 8:00a.m. All Contracts/Agreements, regardless the amount, must be first approved by the Contract Committee and then presented to the Board of Education for approval and signature. The item will be placed on Electronic School Board for the board agenda by Janet Brown. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.

Self, Lesley B

From: Jason Guy <Jason.Guy@standard.com>
Sent: Monday, November 27, 2023 5:10 PM
To: Self, Lesley B
Cc: Jason Guy; Crystal Walker
Subject: RE: Broken Arrow Public Schools: Draft Policies for review (to BAPS/Kim)

CAUTION: This email originated from outside of the district. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Lesley – we don't require a signature, so we don't normally include a signature page. Crystal would need approval from our compliance team and we don't think we can get that done by 8 AM CT tomorrow. Could this be provided in the next few days prior to the meeting with the board?



Jason Guy | Sr Employee Benefits Consultant

The Standard
2745 Dallas Parkway, Suite 400 | Plano, TX 75093
Cell 214.403.1272
License: TX-962170, AR-104775, OK-136807, NY-962203
jason.guy@standard.com | www.standard.com

Life • LTD • STD • Guarantee Issue IDI • Dental • Vision • Accident • Critical Illness • Hospital Indemnity • FMLA •
ADA • Ben Tech Subsidy • Agility (2-9 lives)

From: Self, Lesley B <lself@baschools.org>
Sent: Monday, November 27, 2023 4:52 PM
To: Jason Guy <Jason.Guy@standard.com>
Subject: [External] RE: Broken Arrow Public Schools: Draft Policies for review (to BAPS/Kim)

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Thank you!

One last, a signature page for our board and Standard to sign. Contract committee will keep this document and take to board for signature.

From: Jason Guy <Jason.Guy@standard.com>
Sent: Monday, November 27, 2023 4:50 PM
To: Self, Lesley B <lself@baschools.org>
Subject: RE: Broken Arrow Public Schools: Draft Policies for review (to BAPS/Kim)

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Yes, we typically don't remove the draft watermark until the document is approved.



Jason Guy | Sr Employee Benefits Consultant
The Standard
2745 Dallas Parkway, Suite 400 | Plano, TX 75093
Cell 214.403.1272
License: TX-962170, AR-104775, OK-136807, NY-962203
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Life • LTD • STD • Guarantee Issue IDI • Dental • Vision • Accident • Critical Illness • Hospital Indemnity • FMLA •
ADA • Ben Tech Subsidy • Agility (2-9 lives)

From: Self, Lesley B <lsself@baschools.org>
Sent: Monday, November 27, 2023 4:48 PM
To: Jason Guy <Jason.Guy@standard.com>
Subject: [External] RE: Broken Arrow Public Schools: Draft Policies for review (to BAPS/Kim)

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Jason,

To take to committee, I see that the watermark "draft" remains. Is this usual and customary?

From: Jason Guy <Jason.Guy@standard.com>
Sent: Monday, November 27, 2023 4:46 PM
To: Kim Fulps <Kim.Fulps@relationinsurance.com>; Crystal Walker <Crystal.Walker@standard.com>
Cc: Schwab, Karen R <krschwab@baschools.org>; Marla McGlade <Marla.McGlade@standard.com>; Self, Lesley B <lsself@baschools.org>
Subject: RE: Broken Arrow Public Schools: Draft Policies for review (to BAPS/Kim)

CAUTION: This email originated from outside of the district. Do not click links or open attachments unless you recognize the sender and know the content is safe.

All kudos go to Crystal! 😊



**NOTICE OF
PROTECTION PROVIDED BY
OKLAHOMA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Oklahoma Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Oklahoma law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Oklahoma law, with funding from assessments paid by other insurance companies. (For purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMO's).)

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in health benefit plans (see definition below)
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$300,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except with regard to health benefit plans for which the maximum amount of protection is \$500,000 for each individual.

"Health benefit plan" is defined in 36 O.S. §2024(7) and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance (LTCI).

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Oklahoma law.

To learn more about the above protections, please visit the Association's website at www.oklifega.org or contact:

Oklahoma Life and Health Insurance
Guaranty Association
201 Robert S. Kerr, Suite 600
Oklahoma City, Oklahoma 73102

Oklahoma Department of Insurance
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
1-800-522-0071 or (405) 521-2828

Insurance companies and agents are not allowed by Oklahoma law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Oklahoma law, then Oklahoma law will control.



STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

GROUP LIFE INSURANCE POLICY

Policyholder:	Broken Arrow Public Schools
Policy Number:	762743-A
Effective Date:	January 1, 2024

The consideration for this Group Policy is the application of the Policyholder and the payment by the Policyholder of premiums as provided herein.

Subject to the **Policyholder Provisions** and the **Incontestability Of Group Policy**, this Group Policy (a) is issued for the Initial Rate Guarantee Period shown in the **Coverage Features**, and (b) may be renewed for successive renewal periods by the payment of the premium set by us on each renewal date. The length of each renewal period will be set by us, but will not be less than 12 months.

For purposes of effective dates and ending dates under this Group Policy, all days begin and end at 12:00 midnight Standard Time at the Policyholder's address.

This policy includes an Accelerated Death Benefit. Death benefits will be reduced if an Accelerated Death Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" in Internal Revenue Code section 101, your Accelerated Death Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Death Benefit.

All provisions on this and the following pages are part of this Group Policy. Unless defined differently within a particular provision, the terms "you" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in bold face type.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

STANDARD INSURANCE COMPANY

By

President and CEO

Corporate Secretary

GP1219-LIFE

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COVERAGE FEATURES

PREMIUM RATES AND RENEWALS

Premium Rates:

Life Insurance:

Plan 1: \$0.120 monthly per \$1,000 of Life Insurance

Plan 2: \$0.424 monthly per \$1,000 of Life Insurance

Dependent Life Insurance:

\$3.450 monthly per Member electing Dependents Life Insurance on their Dependents, regardless of the number of Dependents covered

AD&D Insurance:

Plan 1: \$0.020 monthly per \$1,000 of AD&D Insurance

Plan 2: \$0.020 monthly per \$1,000 of AD&D Insurance

Premium Due Dates:

January 1, 2024 and the first day of each calendar month thereafter.

Renewal Date:

January 1

Grace Period:

60 days

Initial Rate Guarantee Period:

January 1, 2024 to January 1, 2027

Notice of Rate Change:

180 days

Minimum Participation:

Life Insurance:

Number: 10 insured Members

Percentage:

Plan 1: 100% of Members eligible for Plan 1

Plan 2: The greater of 10 insured Members or 10% of Members eligible for Plan 2

Dependents Life Insurance:

10% of eligible Dependents

GROUP POLICY

Group Policy means the entire contract between the Policyholder and us. We will provide benefits according to the terms of the Group Policy. The Group Policy consists of the following:

1. This group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.
2. The Policyholder's attached application.
3. Group life insurance Certificates with the same Group Policy Number.
4. Any amendments to the Group Policy or Certificates.

The Policyholder's rights or the rights of any Member will only be affected by provisions that are part of the Group Policy. Only an executive of Standard Insurance Company may bind us by making a promise or a representation; or accept a representation that relates to the Group Policy.

LI.GP.OT.1

INCONTESTABILITY OF GROUP POLICY

Any statement made by the Policyholder to obtain the Group Policy or made by an Employer to obtain coverage under the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or your Employer will be used to deny a claim or to deny the validity of the Group Policy unless all of the following requirements are met:

1. The Group Policy would not have been issued if we had known the truth.
2. We have given the Policyholder or your Employer a copy of a Written instrument signed by the Policyholder or your Employer which contains the misrepresentation.

LI.IN.OT.1

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium.

The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us Written notice. The effective date of the termination will be the date stated in the notice. If no date is stated in the notice, then the effective date of termination will be the last day of the calendar month for which the premium was paid.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in Writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed, Written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups of Members.

LI.TA.OT.1

POLICYHOLDER PROVISIONS

A. Premiums

The premium due on each Premium Due Date is the sum of the premiums for all persons then insured. Premium Rates are shown in the **Coverage Features**.

B. Contributions From Members

The Policyholder determines the amount, if any, of each Member's contribution toward the cost of insurance.

C. Changes In Premium Rates

We may change Premium Rates at any time when:

1. A change or clarification in law or governmental regulation affects the amount payable under the Group Policy. Any such change in Premium Rates will reflect only the change in our obligations.
2. Factors material to underwriting the risk we assumed under the Group Policy, including, but not limited to, number of persons insured, age, Annual Earnings, gender and occupational classification, change by 25% or more.
3. We and the Policyholder mutually agree to change Premium Rates.

Except as provided above, Premium Rates will not be changed during the Initial Rate Guarantee Period shown in the **Coverage Features**.

Thereafter, except as provided above, we may change Premium Rates upon advance Written notice to the Policyholder. The minimum advance notice is shown in the **Coverage Features** as Notice of Rate Change. Any such change in Premium Rates may be made effective on any Premium Due Date, but no such change will be made more than once in any contract year. Contract years are successive 12 month periods computed from the end of the Initial Rate Guarantee Period.

D. Payment Of Premiums

All premiums are due on the Premium Due Date shown in the **Coverage Features**.

Each premium is payable on or before its Premium Due Date directly to us. The payment of each premium by the Policyholder as it becomes due will maintain the Group Policy in force until the next Premium Due Date.

E. Grace Period And Termination For Nonpayment

If a premium is not paid on or before its Premium Due Date, it may be paid during the following Grace Period. The length of the Grace Period is shown in the **Coverage Features**. The Group Policy will remain in force during the Grace Period.

If the premium is not paid during the Grace Period, the Group Policy will terminate automatically at the end of the Grace Period.

The Policyholder is liable for premium during the Grace Period. We may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

F. Termination For Other Reasons

The Policyholder may terminate the Group Policy by giving us Written notice. The effective date of termination will be the later of:

1. The date stated in the notice.
2. The date we receive the notice.

We may terminate the Group as follows:

1. On any Premium Due Date if the number of persons insured is less than the Minimum Participation Number or less than the Minimum Participation Percentage shown in the **Coverage Features**.
 2. On any Premium Due Date if we determine that the Policyholder has failed to promptly furnish any necessary information requested by us, or has failed to perform any other obligations relating to the Group Policy.
 3. On any Premium Due Date by giving the Policyholder not less than 31 days advance Written notice.
- The minimum advance notice of such termination by us is the same as the Notice Of Rate Change stated in the **Coverage Features**.

G. Premium Adjustments

Premium adjustments involving a return of unearned premiums to the Policyholder will be limited to the 12 months just before the date we receive a request for premium adjustment.

H. Certificates

We will issue printed or electronic Certificates to the Policyholder or Employer showing the coverage under the Group Policy. The Policyholder or Employer will distribute a certificate to each insured Member. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

I. Records And Reports

The Policyholder or Employer will furnish on our forms all information reasonably necessary to administer the Group Policy. We have the right at all reasonable times to inspect the payroll and other records of the Policyholder or Employer which relate to insurance under the Group Policy.

J. Agency and Release

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard Insurance Company. The Policyholder, Employer, and such individuals have no authority to alter, expand, or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy. The Policyholder and Employer are liable for their own negligent, intentional or wrongful acts or omissions, and those of any insurance broker/agent or administrator acting for or on behalf of either of them, arising from or connected with the administration of the Group Policy.

K. Notice Of Suit

The Policyholder and Employer shall promptly give us Written notice of any lawsuit or other legal proceedings arising under the Group Policy.

L. Entire Contract, Changes

The Group Policy constitutes the entire contract between the parties. A copy of the Policyholder's application is attached to the Group Policy when issued.

The Group Policy may be changed in whole or in part. No change in the Group Policy will be valid unless it is approved in Writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. No agent has authority to change the Group Policy or to waive any of its provisions.

M. Effect On Workers' Compensation, State Disability Insurance

The coverage provided under the Group Policy is not a substitute for coverage under a workers' compensation or state disability income benefit law and does not relieve the Policyholder or Employer of any obligation to provide such coverage.

L.I.P.H.O.T.1

**NOTICE OF
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OKLAHOMA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Oklahoma Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Oklahoma law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Oklahoma law, with funding from assessments paid by other insurance companies. (For purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMO's).)

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in health benefit plans (see definition below)
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$300,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except with regard to health benefit plans for which the maximum amount of protection is \$500,000 for each individual.

"Health benefit plan" is defined in 36 O.S. §2024(7) and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance (LTCI).

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Oklahoma law.

To learn more about the above protections, please visit the Association's website at www.oklifega.org or contact:

Oklahoma Life and Health Insurance
Guaranty Association
201 Robert S. Kerr, Suite 600
Oklahoma City, Oklahoma 73102

Oklahoma Department of Insurance
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
1-800-522-0071 or (405) 521-2828

Insurance companies and agents are not allowed by Oklahoma law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance or HMO coverage. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Oklahoma law, then Oklahoma law will control.



STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

CERTIFICATE

GROUP LIFE INSURANCE

Policyholder:	Broken Arrow Public Schools
Policy Number:	762741-A
Effective Date:	January 1, 2024
Revision Date:	Not applicable

The Group Policy has been issued to the Policyholder.

We certify that you will be insured as provided by the terms of your Employer's coverage under the Group Policy. If the terms of this Certificate differs from the terms of your Employer's coverage under the Group Policy, the latter will govern. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

This policy includes an Accelerated Death Benefit. Death benefits will be reduced if an Accelerated Death Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" in Internal Revenue Code section 101, your Accelerated Death Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Death Benefit.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

Unless defined differently within a particular provision, the terms "you" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in bold face type.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

President and CEO

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COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	762743-A
Type of Insurance Provided:	
Life Insurance:	Yes
Accidental Death And Dismemberment (AD&D) Insurance:	Yes
Dependent Life Insurance For Your Spouse:	Yes
Dependent Life Insurance For Your Child:	Yes
Policyholder:	Broken Arrow Public Schools
Employer(s):	Broken Arrow Public Schools
Group Policy Effective Date:	January 1, 2024
Revision Date:	Not applicable
State of Issue:	Oklahoma

BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Member means one of the following:

1. An active full-time Certified Teacher employee of the Employer who is Actively At Work at least 20 hours each week; or
2. Any other active full-time employee of the Employer who is Actively At Work at least 30 hours each week.

For the purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days.

You are not a Member if you are:

1. A temporary or seasonal employee.
2. A full-time member of the armed forces of any country.
3. A leased employee.
4. An independent contractor.

Class Definition:

Class 1: Superintendents

Class 2:	Assistant Superintendents, Associate Superintendents, Deputy Superintendents and Cabinet Members
Class 3:	Directors, Principals, and Assistant Principals
Class 4:	Full-time Teachers and Support Staff

Eligibility Waiting Period: You are eligible on one of the following dates, but not before the Group Policy Effective Date:

If you are a Member on the Group Policy Effective Date, you are eligible on the first day of the calendar month following the date you become a Member.

If you become a Member after the Group Policy Effective Date, you are eligible on the first day of the calendar month following the date you become a Member.

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.

PREMIUM CONTRIBUTIONS

Life Insurance:	
Plan 1:	Noncontributory
Plan 2:	Contributory
Dependent Life Insurance:	Contributory
AD&D Insurance:	
Plan 1:	Noncontributory
Plan 2:	Contributory

SCHEDULE OF INSURANCE

SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

You will become insured under Plan 1 if you meet the requirements to become insured under the Group Policy.

If you are insured under Plan 1, you may also become insured under Plan 2 if you meet the requirements to become insured under Plan 2 Life Insurance under the Group Policy. Plan 2 is a Contributory plan requiring premium contributions from Members.

Plan 1 (basic):

Class 1:	2 times your Annual Earnings, rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$375,000.
Class 2:	\$75,000

Class 3:	\$50,000
Class 4:	\$20,000
Plan 2 (additional):	Your Choice of one of the following Options
	Option 1:\$20,000
	Option 2: \$50,000
	Option 3: \$75,000
	Option 4: \$100,000
	Option 5: \$150,000
	Option 6: \$200,000

SCHEDULE OF DEPENDENT LIFE INSURANCE

If you are insured under Plan 1 Life Insurance, your Dependents are eligible for Dependent Life Insurance.

For your Spouse:

Spouse Life Insurance Benefit: \$10,000

The amount of Dependent Life Insurance for your Spouse may not exceed 100% of the amount of your Life Insurance.

For your Child:

Child Life Insurance Benefit: \$5,000

The amount of Dependent Life Insurance for your Child may not exceed 100% of the amount of your Life Insurance.

SCHEDULE OF AD&D INSURANCE

The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit for you. See AD&D Table Of Losses below.

For you:

AD&D Insurance Benefit: If you are insured for Plan 1 Life Insurance, the amount of your Plan 1 AD&D Insurance Benefit is equal to the amount of your Plan 1 Life Insurance Benefit.

If you are insured for Plan 2 Life Insurance, the amount of your Plan 2 AD&D Insurance Benefit is equal to the amount of your Plan 2 Life Insurance Benefit.

AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life:	100%
b. One hand or one foot:	50%**
c. Sight in one eye, speech, or hearing in both ears	50%
d. One arm or one leg	75%**
e. Two or more of the Losses listed above	100%

f. Thumb and index finger of the same hand	25%*
g. Four fingers of the same hand	20%*
h. All toes of the same foot	20%*
i. Thumb or the fifth finger (pinky)	15%*
j. Quadriplegia	100%
k. Triplegia	75%
l. Paraplegia	75%
m. Hemiplegia	50%
n. Uniplegia	25%
o. Coma	

For the first 11 months, 5% per month of the remainder of the AD&D Insurance Benefit payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. The unpaid portion of the remaining AD&D Insurance Benefit will be paid in month 12. Payments for coma will not exceed a maximum of 12 months.

No more than 100% of the AD&D Insurance Benefit will be paid for all Losses resulting from one accident.

* No AD&D Insurance Benefit will be paid for Loss of one or more fingers, the thumb, one or more toes, or the thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand or foot. No AD&D Insurance Benefit will be paid for Loss of a hand or foot, one or more fingers, the thumb, one or more toes, or the thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire arm or leg.

** If you lose an arm, leg, a hand or foot and an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, Uniplegia, Triplegia, or Paraplegia involving that same arm, leg, hand or foot, we will pay the higher of the AD&D Insurance Benefits for that Loss.

REDUCTIONS IN INSURANCE

If you reach an age shown below, the amount of insurance will be the amount determined from the Schedule Of Insurance, multiplied by the appropriate percentage below.

Life and AD&D Insurance

Age of Member	Percentage
70 or over	60%

OTHER AD&D BENEFITS

Air Bag Benefit:

For you:	The lesser of (1) \$10,000; or (2) 10% of the amount of AD&D Insurance Benefit otherwise payable for Loss of that life.
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Assault Benefit:

For you:	The lesser of (1) \$25,000; or (2) 50% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
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Bereavement Counseling Benefit:	\$250 per counseling session to a maximum of \$2,500.
Career Adjustment Benefit:	
For you:	The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Child Care Benefit:	
For you:	The total child care expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Helmet Benefit:	
For you:	The lesser of (1) \$25,000; or (2) 50% of the amount of AD&D Insurance Benefit otherwise payable for Loss of that life.
Higher Education Benefit:	
For you:	The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Public Transportation Benefit:	
For you:	The lesser of (1) \$200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for Loss of that life.
Seat Belt Benefit:	
For you:	The lesser of (1) \$25,000; or (2) 25% of the amount of AD&D Insurance Benefit otherwise payable for Loss of that life.

OTHER PROVISIONS

Repatriation Benefit:	The lesser of (1) \$5,000; or (2) 10% of the expenses incurred to transport your body to a mortuary near your primary place of residence including expenses to prepare the body for shipment.
Accelerated Death Benefit:	Yes
Insurance Eligible For Portability:	
For you:	
Life Insurance:	Yes
Minimum amount	\$10,000
Maximum amount	\$500,000

AD&D Insurance:	Yes
Minimum amount	\$10,000
Maximum amount	\$500,000
For your Spouse:	
Dependent Life Insurance:	Yes
Minimum amount	\$5,000
Maximum amount	\$250,000
For your Child:	
Dependent Life Insurance:	Yes
Minimum amount	\$1,000
Maximum amount	\$25,000
Suicide Exclusion:	Applies to:
	a. Plan 2 Life Insurance
	b. AD&D Insurance

See **Accidental Death And Dismemberment Insurance** for other exclusions

INSURING CLAUSE

If you, your Spouse or your Child die or have a loss while insured under the Group Policy, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us, subject to the **Claims** provision.

LI.IC.OT.1

EVIDENCE OF INSURABILITY

A. Evidence of Insurability will be required as follows:

1. If you apply for Contributory Life Insurance for yourself more than 31 days after you become eligible.
2. For reinstatements, if required.
3. For Members eligible, but not insured under the Prior Plan.
4. For any increase in Plan 2 Life Insurance resulting from a plan or option change you elect.
5. For becoming insured for any amount greater than the amount for which you were insured under the Prior Plan.

B. Evidence Of Insurability will not be required as follows:

1. Evidence Of Insurability is not required for a Spouse or Child.
2. If you were insured under the Prior Plan for an amount in excess of the Guarantee Issue Amount on the day before the Group Policy Effective Date, the Evidence Of Insurability requirement will be waived for you for that amount on the Group Policy Effective Date.

3. Family Status Change

If you experience a Family Status Change, you may make the following election changes without providing Evidence Of Insurability, provided an election or increase is made within 31 days of the status change.

You may apply for or increase your Plan 2 Life Insurance amount, including enrolling for the first time, provided the resulting amount of Plan 2 Life Insurance does not exceed \$200,000.

However, we will not waive the Evidence Of Insurability requirements if you previously submitted evidence of good health that was not approved by us under any group life insurance policy issued by us to the Policyholder covering your employer.

b. Family Status Change means any of the following events:

- i. The birth of your Child or the adoption of a Child by you.
- ii. Death of a Spouse or Child.
- iii. Divorce or legal separation from your Spouse or your Domestic Partnership is legally dissolved.
- iv. Marriage or creation of a Domestic Partnership.
- v. The commencement or termination of your Spouse's employment.
- vi. A change in employment from full-time to part-time by you or your Spouse.

LI.EOI.OT.1

LIFE INSURANCE

A. Amount Of Life Insurance

See **Coverage Features** for the Life Insurance schedule.

B. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance Subject To Evidence Of Insurability

Life Insurance subject to **Evidence Of Insurability** becomes effective on the date we approve your Evidence Of Insurability.

2. Life Insurance Not Subject To Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to **Evidence Of Insurability** becomes effective on the date you become eligible.

b. Contributory Life Insurance

You must apply in Writing for Contributory Life Insurance and agree to pay premiums.

Contributory Life Insurance not subject to **Evidence Of Insurability** becomes effective on:

- i. The date you become eligible if you apply on or before that date.
- ii. The date you apply if you apply within 31 days after you become eligible.
- iii. The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

C. Changes In Life Insurance

1. Increases

You must apply in Writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to **Evidence Of Insurability** becomes effective on the date we approve your Evidence Of Insurability.

b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to **Evidence Of Insurability** becomes effective as follows:

- i. The date of change in your classification.
- ii. The date of the change in your Annual Earnings.
- iii. The date you apply for an elective increase.
- iv. The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.
- v. The beginning of the next plan year following the date you apply, if you apply during the One Time Open Enrollment Period.

2. Decreases

- a. A decrease in your Life Insurance because of a change in your classification becomes effective on the date of the change.

- b. A decrease in your Life Insurance because of a change in your age becomes effective on the date of the change.
- c. A decrease in your Life Insurance because of a change in your Annual Earnings becomes effective on the date of the change.
- d. Any other decrease in your Life Insurance becomes effective on the date the Policyholder or your Employer receives your Written request for the decrease.

D. Suicide Exclusion: Life Insurance

The **Coverage Features** states which Life Insurance plan is subject to this suicide exclusion.

If your death results from suicide or other intentionally self-inflicted injury, while sane or insane, 1 and 2 below apply.

- 1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.
- 2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

E. When Life Insurance Ends

Your Life Insurance ends automatically on the earliest of:

- 1. The date the last period ends for which a premium was paid for your Life Insurance.
- 2. The date the Group Policy terminates.
- 3. The date your Employer's coverage under the Group Policy terminates.
- 4. The date your employment terminates.
- 5. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 4 above.
 - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
 - b. During the first 12 months while your ability to work is limited because of Sickness, accidental Injury, or Pregnancy.
 - c. During the first 90 days of a temporary layoff.
 - d. During the first 90 days of a strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
 - e. If you are on a leave of absence due to a family or medical leave and continuation of insurance is required by state-mandated family or medical leave act or law, your Life Insurance may be continued to the end of 24 months or, if later, the period required by state act or law.
 - f. During any other scheduled leave of absence approved by your Employer in advance and in Writing and scheduled to last 90 days or less.
 - h. During the period you are absent from Active Work due to a regularly scheduled school break or vacation.

F. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, the following will apply:

- 1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.

2. If your Life Insurance ends because you cease to be a Member, and you become a Member again within 90 days, your Life Insurance amounts in effect prior to your last day of Active Work will be reinstated without Evidence Of Insurability.
3. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
5. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

LILF.OT.1

DEPENDENT LIFE INSURANCE FOR YOUR SPOUSE

A. Amount Of Insurance

See **Coverage Features** for the Insurance amount.

B. Insuring Your Spouse

1. Eligibility

You become eligible to insure your Spouse on the later of:

- a. The date you become eligible for Life Insurance.
- b. The date you first acquire a Spouse.

A Member may be insured as both a Member and a Spouse.

2. Effective Date

The **Coverage Features** states whether your Dependent Life Insurance for your Spouse is Contributory or Noncontributory. Subject to the **Active Work Provisions** and the Dependent Deferred Effective Date If Confined section, your Dependent Life Insurance for your Spouse becomes effective as follows:

a. Contributory Insurance

You must apply in Writing for Contributory Dependent Life Insurance for your Spouse and agree to pay premiums. Contributory Dependent Life Insurance for your Spouse becomes effective on the latest of:

- * The date your Life Insurance becomes effective if you apply on or before that date.
- * The date you become eligible to insure your Spouse if you apply on or before that date.
- * The date you apply if you apply within 31 days after you become eligible.

b. Dependent Deferred Effective Date If Confined

Dependent Life Insurance for your Spouse and increases in Dependent Life Insurance for your Spouse will not become effective for your Spouse who is confined to a Hospital or Nursing Home on the day before the scheduled effective date of your Spouse's Insurance or the effective date of the increase in Dependent Life Insurance for your Spouse.

You may apply in Writing and agree to pay premiums for Contributory Insurance for your Spouse within 31 days of the date you are eligible to apply for Insurance for your Spouse without submitting Evidence Of Insurability. Coverage will become effective on the date the Spouse is released from a Hospital or Nursing Home. If you do not apply within this period, you must submit Evidence Of Insurability with your application.

This section will not apply to Dependent Life Insurance for your Spouse equal to the amount of dependent life insurance in effect under the Prior Plan on the date before the Group Policy Effective Date.

C. Changes In Insurance

1. Increases

You must apply in Writing for any elective increase in your Dependent Life Insurance for your Spouse.

Subject to the **Active Work Provisions** and the Dependent Deferred Effective Date If Confined section, an increase in your Insurance for your Spouse becomes effective as follows:

- a. The date of the change in your classification.
- b. The date of the change in your Annual Earnings.
- ci. The date you apply for an elective increase.

2. Decreases

- a. A decrease in the Spouse Life Insurance Benefit because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.
- b. A decrease in the Spouse Life Insurance Benefit because of a change in age becomes effective on the date of the change in age.
- c. A decrease in the Spouse Life Insurance Benefit because of a change in your classification becomes effective on the date of the change in your classification.
- d. Any other decrease in the Spouse Life Insurance Benefit becomes effective on the date the Policyholder or Employer receives your Written request for the decrease.

D. When Insurance Ends

Insurance ends automatically on the earliest of:

1. Five months after you die. (No premium will be charged for your Dependent Life Insurance for your Spouse during this time.)
2. The date your Life Insurance ends.
3. The date Dependent Life Insurance for your Spouse terminates under the Group Policy, unless your Insurance continues under item 1 above.
4. The date the Group Policy terminates, or the date Employer's coverage under the Group Policy for your Spouse terminates, unless Insurance continues under item 1 above.
5. The date the last period ends for which a premium was paid for your Dependent Life Insurance for your Spouse, unless it continues under item 1 above.
6. The last day for which premium contributions have been paid following your Written request to terminate your Dependent Life Insurance for your Spouse.
7. For your Spouse, the date of your divorce or legal separation or termination of your Domestic Partner relationship.

LI.SP.OT.1

DEPENDENT LIFE INSURANCE FOR YOUR CHILD

A. Amount Of Insurance

See **Coverage Features** for the Insurance amount.

B. Insuring Your Child

1. Eligibility

You become eligible to insure your Child on the later of:

- a. The date you become eligible for Life Insurance.
- b. The date you first acquire a Child.

A Member may be insured as both a Member and a Child. A Child may be insured by more than one Member. For purposes of insurance under the Group Policy, Child does not include a person who is a full-time member of the armed forces of any country.

2. Effective Date

The **Coverage Features** states whether your Dependent Life Insurance for your Child is Contributory or Noncontributory. Subject to the **Active Work Provisions** and the Dependent Deferred Effective Date If Confined section, your Dependent Life Insurance for your Child becomes effective as follows:

a. Insurance Not Subject To Evidence Of Insurability

i. Noncontributory Insurance

Noncontributory Insurance not subject to **Evidence Of Insurability** becomes effective on the later of:

- * The date your Life Insurance becomes effective.
- * The date you first acquire a Child.

ii. Contributory Insurance

You must apply in Writing for Dependent Life Insurance for your Child and agree to pay premiums. Contributory Insurance for your Child not subject to **Evidence Of Insurability** becomes effective on the latest of:

- * The date your Life Insurance becomes effective if you apply on or before that date.
- * The date you become eligible to insure your Child if you apply on or before that date.
- * The date you apply if you apply after you become eligible.

Except as provided above, your first eligible newborn Child is automatically covered for the minimum Child Life Insurance Benefit amount shown in the **Coverage Features** up to the date you apply, if you apply within 31 days from the Child's live birth.

b. Dependent Deferred Effective Date If Confined

Dependent Life Insurance and increases in Dependent Life Insurance for your Child will not become effective for your Child who is confined to a Hospital or Nursing Home on the day before the scheduled effective date of your Child's Insurance or increases to your Child's Insurance.

You may apply in Writing and agree to pay premiums for Contributory Insurance for your Child. Coverage will become effective on the date the Child is released from a Hospital or Nursing Home.

This section will not apply to a newborn Child. This section will not apply to Dependent Life Insurance for your Child equal to the amount of dependent life insurance in effect under the Prior Plan on the day before the Group Policy Effective Date.

c. While your Dependent Life Insurance for your Child is in effect, each new Child becomes insured immediately.

C. Changes In Insurance

1. Increases

You must apply in Writing for any elective increase in your insurance for your Child.

Subject to the **Active Work Provisions** and the Dependent Deferred Effective Date If Confined section, an increase in your Child's Insurance becomes effective as follows:

a. Increases Not Subject To Evidence Of Insurability

An increase in your Dependent Life Insurance for your Child not subject to **Evidence Of Insurability** becomes effective as follows:

- i. The date of the change in your classification.
- ii. The date of the change in your Annual Earnings.
- iii. The date you apply for an elective increase.

2. Decreases

- a. A decrease in the Child Life Insurance Benefit because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.
- b. Any other decrease in the Child Life Insurance Benefit becomes effective on the date the Policyholder or Employer receives your Written request for the decrease.

D. When Insurance Ends

Insurance ends automatically on the earliest of:

1. Five months after you die. (No premium will be charged for your Dependent Life Insurance for your Child during this time.)
2. The date your Life Insurance ends.
3. The date Dependent Life Insurance for your Child terminates under the Group Policy, unless your Insurance continues under item 1 above.
4. The date the Group Policy terminates, or the date Employer's coverage under the Group Policy for your Child terminates, unless Insurance continues under item 1 above.
5. The date the last period ends for which a premium was paid for your Dependent Life Insurance for your Child, unless it continues under item 1 above.
6. The last day for which premium contributions have been paid following your Written request to terminate your Dependent Life Insurance for your Child.
7. For any Child, the date the Child ceases to be a Child.

LI.CH.OT.1

REPATRIATION BENEFIT

The amount of the Repatriation Benefit is shown in the **Coverage Features**.

We will pay a Repatriation Benefit if all of the following requirements are met:

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence, including expenses to prepare the body for shipment.

LI.RB.OT.1

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

A. Insuring Clause

If you have an accident including accidental exposure to adverse weather conditions, while insured for AD&D Insurance under the Group Policy, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us, subject to the **Claims** provision.

B. Becoming Insured For AD&D Insurance

1. Eligibility

a. Noncontributory AD&D Insurance

You become eligible for Noncontributory AD&D Insurance on the date your Noncontributory Life Insurance is effective.

b. Contributory AD&D Insurance

You are eligible for Contributory AD&D Insurance on the date your Contributory Life Insurance is effective.

2. Effective Date

The **Coverage Features** states whether AD&D Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, AD&D Insurance becomes effective as follows:

a. Noncontributory AD&D Insurance

Noncontributory AD&D Insurance becomes effective on the date you become eligible.

b. Contributory AD&D Insurance

You must apply in Writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

- i. The date you become eligible if you apply on or before that date.
- ii. The date you apply, if you apply after you become eligible.

C. Changes In AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes.

D. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, sight, speech, hearing in both ears, arm, leg, thumb, thumb and index finger of the same hand, fingers, toes, coma, Quadriplegia, Hemiplegia, Uniplegia, Triplegia, and Paraplegia which meets all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. Occurs within 365 days after the accident.
4. With respect to Loss of life, is evidenced by Proof Of Loss satisfactory to us.
5. With respect to all other Losses, is certified by a Physician in the appropriate specialty as determined by us.

With respect to Loss of life, death will be presumed if you disappear and the disappearance meets all of the following requirements:

1. Is caused solely and directly by an accident that reasonably could have caused Loss of life.
2. Occurs independently of all other causes.

3. Continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint, whether or not surgically reattached.

With respect to an arm or leg, Loss means actual and permanent severance from the body at or below the shoulder or hip joint, whether or not surgically reattached.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

With respect to speech, Loss means entire, uncorrectable, and irrecoverable loss of audible speech.

With respect to hearing, Loss means entire, uncorrectable, and irrecoverable loss of hearing in both ears.

With respect to thumb and index finger of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to 4 fingers of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to the fifth finger (pinky finger) or thumb, Loss means the actual and permanent severance from the body at or above the metacarpophalangeal joint.

With respect to all toes of the same foot, Loss means actual and permanent severance from the body at or above the metatarsophalangeal joint.

With respect to coma, Loss means profound state of mental unconsciousness with no evidence of appropriate responses to stimulation, lasting for at least 21 consecutive days. Benefits payable because of a coma will end the earliest of the time period shown in the **Coverage Features**, or you or your Dependent regain consciousness, or you or your Dependent die.

With respect to Quadriplegia, Hemiplegia, Uniplegia, Triplegia, and Paraplegia, Loss must be permanent, complete, and irreversible.

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs. Uniplegia means the complete and irreversible paralysis of one limb. Triplegia means the complete and irreversible paralysis of three limbs.

E. AD&D Insurance Exclusions

No AD&D Insurance Benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary intake by any means of any poison, gas, fumes, prescription drugs, non-prescription drugs or illegal drugs, unless prescribed or taken under the direction of a Physician and taken in accordance with the Physician's instructions, or alcoholism.
5. Alcohol – if your blood alcohol content is in excess of the legal limit for operating a motor vehicle as defined by the jurisdiction where the accident or Loss occurred. This exclusion applies regardless of whether the accident or Loss involved the operation of a motor vehicle.
6. Sickness or Pregnancy existing at the time of the accident or a heart attack or stroke.
7. Medical or surgical treatment for any of the above.

F. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.

G. Other AD&D Benefits

Air Bag Benefit

The amount of the Air Bag Benefit is shown in the **Coverage Features**.

We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag System manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by Proof Of Loss satisfactory to us.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways.

Assault Benefit

The amount of the Assault Benefit is shown in the **Coverage Features**.

We will pay an Assault Benefit if a Loss occurs that is the result of an act of physical violence against you that is punishable by law and is evidence by a police report and the following requirement is met: while Actively At Work, you suffer a Loss for which an AD&D Insurance Benefit is payable.

Bereavement Counseling Benefit

The amount of the Bereavement Counseling Benefit is shown in the **Coverage Features**.

We will pay a Bereavement Counseling Benefit to the person who incurs the counseling expenses if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. Your Spouse, your Child, or both, receive counseling within 12 months after the date of your death.
3. Counseling is provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

Career Adjustment Benefit

The amount of the Career Adjustment Benefit is shown in the **Coverage Features**.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.

2. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving Spouse.

Child Care Benefit

The amount of the Child Care Benefit is shown in the **Coverage Features**.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child under age 13 within 36 months of your death.
3. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving Spouse.

Helmet Benefit

The amount of the Helmet Benefit is shown in the **Coverage Features**.

We will pay a Helmet Benefit if you meet all of the following requirements:

1. An AD&D Loss of life occurs while operating or riding a motorcycle or bicycle for which an AD&D Insurance Benefit is payable.
2. Wearing a Helmet at the time of the Loss as evidenced by a police accident report, medical examiner report, or coroner's report.
3. The operator of the motorcycle has a current and valid driver's license at the time of the Loss.

Helmet means protective headgear that meets or exceeds the standards established by the Code of Federal Regulations (CFR) in Title 16 Part 1203, Snell Memorial Foundation Standards M-95 or M2000, the American National Standards Institute specification Z 90. 1, or the United States Department of Transportation's Federal Motor Vehicle Safety Standard No. 218, as amended and updated.

Higher Education Benefit

The amount of the Higher Education Benefit is shown in the **Coverage Features**.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. Your Child is, within 12 months after the date of your death registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid annually to each Child who meets the requirements of item 2 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

Public Transportation Benefit

The amount of the Public Transportation Benefit is shown in the **Coverage Features**.

We will pay a Public Transportation Benefit if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.

2. The accident occurs while you are riding as a fare-paying passenger on Public Transportation. Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regular passenger routes with a definite schedule of departures and arrivals.

Seat Belt Benefit

The amount of the Seat Belt Benefit is shown in the **Coverage Features**.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. The deceased is wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by Proof Of Loss satisfactory to us.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

H. When AD&D Insurance Ends

AD&D Insurance for you ends automatically on the earliest of:

1. The date your Life Insurance ends.
2. The date AD&D Insurance terminates under the Group Policy.
3. The date the last period ends for which a premium was paid for your AD&D Insurance.
4. The last day for which premium contributions have been paid following your Written request to terminate your AD&D Insurance for you

LI.AD.OK.1

ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean actively at work for your Employer and performing with reasonable continuity the Material Duties of your Own Occupation at your usual place of business, for your Employer. You will be deemed to be Actively At Work if all of the following requirements are met:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day.
2. You were Actively At Work on your last scheduled work day before the date of your absence.
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but may also look at the way the occupation is generally performed in the national economy.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted.

LI.AW.OT.1

CONTINUITY OF COVERAGE

A. Waiver Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work requirement. See **Active Work Provisions**.

B. Payment Of Benefit

The benefits payable for your death or dismemberment before you meet the Active Work requirement will be:

1. The benefits which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

LI.CC.OT.1

PORTABILITY OF INSURANCE

A. Portability Of Insurance

1. You may be eligible to buy portable group insurance coverage as shown in the **Coverage Features** for yourself and your Dependents without submitting Evidence Of Insurability if your insurance under the Group Policy ends because of one of the following Portable Events.

Portable Event means any of the following:

- a. Your employment with your Employer terminates.
 - b. Your employment with your Employer terminates due to termination of the Group Policy because the Policyholder or your Employer goes out of business.
2. To be eligible, you must satisfy all of the following requirements:
 - a. On the date of your Portable Event, you must be able to perform with reasonably continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.

If you are unable to meet this requirement, see the **Right To Convert and Waiver Of Premium** provisions for other options that may be available to you under the Group Policy.
 - b. On the date of your Portable Event, you are under age 75.
 - c. On the date of your Portable Event, you have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time you were insured under the Prior Plan.
 - d. You must apply in Writing and pay the first premium directly to us within 31 days after the date of your Portable Event. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

B. Amount Of Portable Insurance

You may be eligible to buy the amount of your Insurance that is ending subject to the minimum and maximum amounts of Insurance eligible for portability as shown in the **Coverage Features**. You may buy less than the maximum amounts in increments of \$1,000.

The combined amounts of insurance purchased under this **Portability Of Insurance** provision and the **Right To Convert** provision cannot exceed the amount in effect under the Group Policy on the day before your Portable Event.

C. When Portable Insurance Becomes Effective

If you apply within 31 days after the date of your Portable Event, and are otherwise eligible, then Portable group insurance will become effective on the date after your Portable Event.

D. Death During The Portable Event Period

If death occurs within 31 days after the date of your Portable Event, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date of your Portable Event, and not the terms of the Group Life Portability Insurance Policy. If an Accidental Death And Dismemberment Loss occurs within 31 days after the date of your Portable Event, Accidental Death And Dismemberment benefits will be paid according to the AD&D Benefit Amount in effect under the Group Policy on the day before your Portable Event, not to exceed the maximum Portability amount as shown in the Coverage Features, provided you meet the requirements as stated in item 2 above. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your Portable Event.

If you apply for portable group insurance, and death occurs during the Portable Event Period, and if you name a Beneficiary in your application that is different from the last Beneficiary you named under the Group Policy, then it will be considered a change of Beneficiary to the person named in the application. The change will take effect on the date of the application.

LI.TGP.OT.1

ACCELERATED DEATH BENEFIT

A. Accelerated Death Benefit

If you give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Death Benefit. You must have at least \$10,000 of Insurance in effect to be eligible.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Death Benefit. Any such examination will be conducted by one or more Physicians of our choice.

B. Application For Accelerated Death Benefit

You must apply for an Accelerated Death Benefit. To apply you must give Proof Of Loss satisfactory to us on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

C. Amount Of Accelerated Death Benefit

You may receive an Accelerated Death Benefit of up to 80% of your Life Insurance. The maximum Accelerated Death Benefit is \$500,000. The minimum Accelerated Death Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

If the amount of your Insurance is scheduled to reduce within 12 months following the date you apply for the Accelerated Death Benefit, your Accelerated Death Benefit will be based on the reduced amount.

The Accelerated Death Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Death Benefit, we will not ask you for a refund.

D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Death Benefit will be the amount of your Insurance as if no Accelerated Death Benefit had been paid; minus the amount of the Accelerated Death Benefit.

Your AD&D Insurance, if any, is not affected by payment of the Accelerated Death Benefit.

E. Payment Of Premium

Premiums will be based on the amount of your Insurance in effect before payment of the Accelerated Death Benefit and premium payment must be continued based on the full amount of your Insurance after the payment of the Accelerated Death Benefit.

F. Exclusions

No Accelerated Death Benefit will be paid if any of the following apply:

1. All or part of your Insurance must be paid to your child, or your Spouse or former Spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state, unless you give us a Signed Written consent from your Spouse.
3. You have made an assignment of your Insurance, unless you give us a Signed Written consent from the assignee.
4. You have filed for bankruptcy, unless you give us Written approval from the Bankruptcy Court for payment of the Accelerated Death Benefit.
5. You are required by a government agency to use the Accelerated Death Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Death Benefit under the Group Policy.

G. Definitions For Accelerated Death Benefit

Insurance means your insurance under the Group Policy identified in the Other Provisions section of the **Coverage Features** as eligible for the Accelerated Death Benefit.

You and your mean the Member.

LIADB.OT.1

RIGHT TO CONVERT

A. Right To Convert

You and your Dependents may buy an individual policy of life insurance without Evidence Of Insurability if all of the following requirements are met:

1. Your or your Dependents Insurance ends or is reduced due to a Qualifying Event.
2. You or your Dependents apply in Writing and pay us the first premium during the Conversion Period.

The maximum amount you and your Dependents have a Right To Convert is the amount of your Insurance which ended, except as limited under C. Limits On Right To Convert.

B. Definitions For Right To Convert

1. Conversion Period means the 31-day period after the date of any Qualifying Event.

2. Insurance means your Life Insurance and your Dependent Life Insurance under the Group Policy, excluding AD&D Insurance.
3. Qualifying Event means termination or reduction of your or your Dependents' Insurance for any reason except:
 - a. The Member's failure to make a required premium contribution.
 - b. Payment of an Accelerated Death Benefit.

C. Limits On Right To Convert

If your or your Dependents' Insurance ends or is reduced because of termination or amendment of the Group Policy, the following will apply.

1. You and your Dependents may not convert Insurance which has been in effect for less than 5 years.
2. The maximum amount that may be converted is the lesser of:
 - a. The amount of Insurance which ended, minus any other group life insurance for which you and your Dependents become eligible during the Conversion Period.
 - b. \$2,000.

D. The Individual Policy

You and your Dependents may select an individual whole life insurance policy we issue to persons of your or your Dependents age, except:

1. A policy with disability, accidental death, or other additional benefits.
2. A policy in an amount less than the minimum amount we issue.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

E. Death During The Conversion Period

If you or your Dependents die during the Conversion Period, we will pay a death benefit equal to the maximum amount you or your Dependents had a Right To Convert, whether or not you or your Dependents applied for an individual policy. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your or your Dependent's Qualifying Event.

If you or your Spouse apply for an individual policy of life insurance, and death occurs during the Right To Convert Period, and if you or your Spouse name a Beneficiary in your or your Spouse's application that is different from the last Beneficiary you or your Spouse named under the Group Policy, then it will be considered a change of Beneficiary to the person named in the application. The change will take effect on the date of the application.

LI.RC.OT.1

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

For **Accelerated Death Benefit**, the letter should include the character and the extent of the occurrence or loss which are being claimed, as required in item C. Proof Of Loss. Subject to the time period in item B. Time Limits On Filing Proof Of Loss, such letter will constitute notice.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after the 90-day period.

With respect to coma, we will require Proof Of Loss of the comatose condition at reasonable intervals. If proof is not given within 90 days, benefits payable for coma will end.

If Proof Of Loss is filled outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means Written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in Writing and must be provided at the expense of the claimant.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after the latest date shown below:

1. The date Proof Of Loss is satisfied.
2. The date we receive sufficient information to determine liability, the extent of liability and the appropriate payee legally entitled to benefits.
3. The date that legal impediments to payment of benefits that depend on the action of parties other than us are resolved and sufficient evidence of resolution is provided to us. Legal impediments to payment include, but are not limited to:
 - a. The establishment of guardianships or conservatorships.
 - b. The appointment and qualification of trustees, executors and administrators.
 - c. The submission of information required to satisfy state or federal reporting requirements.

Interest, if applicable, will accrue 30 days from the latest of the dates shown above, continuing up to the date of payment.

Payment made in good faith shall discharge us of liability to the extent of such payment.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. Within 90 days after we receive the claim we will send the claimant: (a) a Written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a Written notice of denial containing the following:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.
5. Information concerning the claimant's right to a review of our decision.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in Writing within 60 days after receiving notice of the denial of any other claim.

The claimant may send us Written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any Written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. Within 60 days after we receive the request for review we will send the claimant: (a) a Written decision on review; or (b) a notice that we are extending the review period for 60 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

If we deny any part of the claim on review, the claimant will receive a Written notice of denial containing the following:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

LI.CL.OT.1

ASSIGNMENT

The rights and benefits under the Group Policy cannot be assigned.

LI.AS.OT.1

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 5 below, benefits payable because of your death will be paid to the Beneficiary you named. Benefits payable because of coma will be paid to the Beneficiary you name. See B through E of this section.
2. AD&D Insurance Benefits payable for Losses other than Loss of Life or coma will be paid to the person who suffers the Loss for which the benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. The benefits below will be paid to you if you are living:
 - a. Spouse and Child Life Insurance Benefits.
 - b. Accelerated Death Benefit.
4. Spouse and Child Life Insurance Benefits payable to you because of the death of your Dependent which were unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.
5. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your surviving Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid annually to each eligible Child. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

B. Naming A Beneficiary

Beneficiary means a person you name to receive your death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provided otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- You may name or change Beneficiaries at any time without the consent of a Beneficiary.
- Your Beneficiary designations must be the same for Life Insurance and AD&D Insurance death benefits.

Your designation must meet all of the following requirements:

1. You must name or change Beneficiaries in Writing. Writing includes a form Signed by you or a verification from us or our designated agent, the Policyholder or the Policyholder's designated agent, or the Employer or the Employer's designated agent of an electronic or telephonic designation made by you.
2. Must be dated.
3. Must be delivered to us or our designated agent, the Policyholder or the Policyholder's designated agent, or the Employer or the Employer's designated agent, during your lifetime.
4. Must relate to the insurance provided under the Group Policy.

Your designation will take effect on the date it is received by us or our designated agent, the Policyholder or the Policyholder's designated agent, or the Employer or the Employer's designated agent.

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your or your Spouse's death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your spouse/Spouse.
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Method Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$25,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$25,000 or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest at a rate equal to the 13-week Treasury Bill (T-Bill) auction rate, but not to exceed 5%.
- b. Is owned by the Recipient.
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient.
- d. Is fully guaranteed by us.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

LI.BB.OT.1

RIGHT TO RECOVERY

If benefits have been overpaid on any claim then full reimbursement to us is required within 60 days of notification to you, your Beneficiary or your estate. If reimbursement is not made then we have the right to do any of the following:

1. Reduce future benefits until full reimbursement is made.
2. Recover such overpayments from you, your Beneficiary or your estate.

Such reimbursement is required whether the overpayment is due to fraud, our error in processing a claim or any other reason.

LI.RR.OT.1

CLAIMANT COOPERATION

If you or your Beneficiary fails to cooperate with us in the administration of your claim, we may close or deny the claim. Such cooperation includes, but is not limited to, providing any information or documentation needed to determine if benefits are payable or the actual benefit amount due.

LI.CLC.OT.1

AGENCY AND RELEASE

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard Insurance Company. The Policyholder, Employer and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy. The Policyholder and Employer are liable for their own negligent, intentional or wrongful acts or omissions, and those of any insurance broker/agent or administrator acting for or on behalf of either of them, arising from or connected with the administration of the Group Policy.

LI.AR.OT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the adverse decision date.

LI.TL.OT.1

INCONTESTABILITY OF INSURANCE

Any statement made to obtain or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim unless all of the following requirements are met:

1. The insurance would not have been approved for you, your Spouse or your Child if we had known the truth.
2. We have given you or any other person claiming benefits a copy of the Signed Written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim after your, your Spouse's or your Child's insurance has been in effect for two years during the lifetime of the insured, your Spouse or your Child.

LI.IN.OT.1

CLERICAL ERROR, MISSTATEMENT AND AGENCY

A. Clerical Error And Agency

Clerical error by us, the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured.
2. Invalidate insurance under the Group Policy otherwise validly in force.
3. Continue insurance under the Group Policy otherwise validly terminated.

The Policyholder and your Employer act on their own behalf as your agent, and not as our agent. The Policyholder and your Employer have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

B. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age.
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LI.CE.OT.1

DEFINITIONS

AD&D Insurance means accidental death and dismemberment insurance, if any under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work.

Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 Plan.

Annual Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay.
4. Shift differential pay.
5. Stock options or stock bonuses.
6. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.

7. Any other extra compensation.

Child means:

1. Your child from live birth through age 25.
2. Your disabled child who is 26 years of age or older, is your qualifying child as defined by the Internal Revenue Service for whom you or your Spouse claims as a dependent on Federal Income Taxes filed for the preceding calendar year and meets one of the following requirements:
 - a. Has been insured continuously under the Group Policy prior to reaching age 26.
 - b. Who is 26 years of age or older at the time of your initial eligibility under the Group Policy.
3. Child includes any of the following, if they otherwise meet the definition of Child:
 - a. Your adopted child.
 - b. Your stepchild if living in your home.

Contributory means you pay all or part of the premium for insurance.

Dependent means your Spouse or Child.

Dependent Life Insurance means Dependent Life Insurance For Your Spouse and/or Dependent Life Insurance For Your Child, if any, under the Group Policy. It may also be referred to as Spouse Life Insurance Benefit and/or Child Life Insurance Benefit as applicable.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Employer means an employer for which coverage under the Group Policy is approved in Writing by us. See **Coverage Features**.

Evidence Of Insurability means an applicant must do all of the following:

1. Complete and sign our medical history statement.
2. Sign our form authorizing us to obtain information about the applicant's health.
3. Undergo a physical examination, if required by us, which may include blood testing.
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy means this group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number, the Policyholder's attached application, group life insurance Certificates with the same Group Policy Number, and any amendments to the Group Policy or Certificates.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed Physicians.

Injury means an injury to the body.

Life Insurance means life insurance under the Group Policy.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

Nursing Home means a licensed institution operated for the purpose of providing nursing care and treatment for individuals which provides 24-hour nursing services under the direction and supervision of a Physician.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your Spouse, or the brother, sister, parent or child of either you or your Spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness or disease.

Signed means any symbol or method executed or adopted by you with the present intention to authenticate a record, and which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law, and authorized or accepted by us.

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership, submitted that affidavit to the Employer, and filed that affidavit for public record if required by law.

However, for the purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced or legally separated.

Writing or Written means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law, and authorized or accepted by us.

L.I.D.F.OT.1



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Broken Arrow Public Schools.

Eligibility

Definition of a Member	You are a member if you are a regular full-time certified teacher employee of Broken Arrow Public Schools and actively working at least 20 hours each week OR all other regular full-time employees of Broken Arrow Public Schools and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - Superintendents
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	2 times your annual earnings to a maximum of \$375,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 60 percent at age 70.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Assault Benefit
- Family Benefits Package
- Helmet Benefit
- Public Transportation Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Broken Arrow Public Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Broken Arrow Public Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22165-D-OK-762743-C1 (11/23)
7473201-1106317



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Broken Arrow Public Schools.

Eligibility

Definition of a Member

You are a member if you are a regular full-time certified teacher employee of Broken Arrow Public Schools and actively working at least 20 hours each week **OR** all other regular full-time employees of Broken Arrow Public Schools and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Class Definition

Class 2 - Assistant Superintendents, Associate Superintendents, Deputy Superintendents and Cabinet Members

Eligibility Waiting Period

You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount

Your Basic Life coverage amount is \$75,000.

Basic AD&D Coverage Amount

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

Life Age Reductions

Basic Life and AD&D insurance coverage amount reduces to 60 percent at age 70.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Assault Benefit
- Family Benefits Package
- Helmet Benefit
- Public Transportation Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Broken Arrow Public Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Broken Arrow Public Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22165-D-OK-762743-C2 (11/23)
7473201-1106316



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Broken Arrow Public Schools.

Eligibility

Definition of a Member

You are a member if you are a regular full-time certified teacher employee of Broken Arrow Public Schools and actively working at least 20 hours each week **OR** all other regular full-time employees of Broken Arrow Public Schools and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Class Definition

Class 3 - Directors, Principals, and Assistant Principals

Eligibility Waiting Period

You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount

Your Basic Life coverage amount is \$50,000.

Basic AD&D Coverage Amount

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

Life Age Reductions

Basic Life and AD&D insurance coverage amount reduces to 40 percent at age 70.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Assault Benefit
- Family Benefits Package
- Helmet Benefit
- Public Transportation Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Broken Arrow Public Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Broken Arrow Public Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22165-D-OK-762743-C3 (11/23)
7469274-1104280



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Broken Arrow Public Schools.

Eligibility

Definition of a Member	You are a member if you are a regular full-time certified teacher employee of Broken Arrow Public Schools and actively working at least 20 hours each week OR all other regular full-time employees of Broken Arrow Public Schools and actively working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 4 - Full-time Teachers and Support Staff
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$20,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 60 percent at age 70.

Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Assault Benefit
- Family Benefits Package
- Helmet Benefit
- Public Transportation Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Broken Arrow Public Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Broken Arrow Public Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22165-D-OK-762743-C1 (11/23)
7473201-1108320



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).

This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

② About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For?	For You:	\$20,000, \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000
Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings.		
NOTE: You are only required to be insured under Basic Life in order to elect coverage for your Dependents.	For Your Spouse/Children:	\$10,000 / \$5,000
AD&D Insurance		
The benefit is paid if you are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide?	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

See the Important Details section for more information, including requirements, exclusions, limitations, age reductions and definitions.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Broken Arrow Public Schools. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

NOTE: You are only required to be insured under Basic Life in order to elect coverage for your Dependents.

If you buy coverage for your Dependents, your monthly premium is \$3.45, no matter how many children you're covering.

Use this formula to calculate your premium payment:

$$\frac{\text{Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).}}{1000} = \text{_____} \times \frac{\text{Enter your rate from the rate table.}}{\text{_____}} = \text{_____}$$

This amount is an estimate of how much you would pay each month.

Age (as of today)	Your Rate (per \$1,000 of Total Coverage)
All Ages	\$0.444

*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit.

Group Additional Life and AD&D Insurance

Employee Life with AD&D Monthly Premiums		
Coverage Amount	Employee's Age as of today	
	<70	70+*
\$20,000	8.88	5.33
\$50,000	22.20	13.32
\$75,000	33.30	19.98
\$100,000	44.40	26.64
\$150,000	66.60	39.96
\$200,000	88.80	53.28

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Important Details

Here's where you'll find the details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard
- An active full-time certified teacher employee of Broken Arrow Public Schools and actively working at least 20 hours each week **OR** all other regular full-time employees of Broken Arrow Public Schools and actively working at least 30 hours each week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

NOTE: You are only required to be insured under Basic Life in order to elect coverage for your Dependents.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Medical Underwriting approval is not required for your dependents.

Visit <https://myeoi.standard.com/762743> to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),

- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependent Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

If your dependent is confined to a hospital or nursing home on the scheduled effective date of your dependent's insurance, your dependent's insurance will not become effective until the day the dependent is released.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependent Life insurance.

*Defined as date you become a member

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 60 percent at age 70. If you are age 70 or over, ask your Human Resources representative or plan administrator for the amount of coverage available.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your spouse are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your Life benefit on the date of the accident. For all other covered losses, the amount is shown as a

Group Additional Life and AD&D Insurance

percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. Satisfactory proof of loss is required for loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
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Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
One arm or one leg ³	75%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ⁴	25%
Four fingers of the same hand ⁴	20%
Thumb or the fifth finger (pinky) ⁴	15%
All toes of the same foot ⁵	20%
Quadriplegia	100%
Triplegia	75%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

Coma – for you – 5% per month of the remainder of the AD&D insurance benefit payable for loss of life after reduction by any AD&D insurance benefit paid for any other loss as a result of the same accident. Payments for coma will not exceed a maximum of 12 months.

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached.

3 No AD&D Insurance Benefit will be paid for loss of a hand, foot, one or more fingers, one or more toes, or the thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire arm or leg. If you lose an arm, leg, hand or foot and an AD&D insurance benefit is payable for quadriplegia, hemiplegia, uniplegia, triplegia or paraplegia involving that same arm, leg, hand or foot, the benefit will be the higher of the AD&D benefit for that loss.

4 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

5 This benefit is not payable if an AD&D benefit is payable for the loss of the entire foot.

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot

- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, fumes or drug, unless used or consumed according to the directions of a physician
- Alcohol – if your blood alcohol content is in excess of the legal limit for operating a motor vehicle as defined by the jurisdiction where the accident or loss occurred
- Sickness, pregnancy, heart attack or stroke existing at the time of the accident
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependent Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP1219-LIFE, GP1219-LIFE-ASSOC, GP1219-LIFE-TRUST

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