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BENEFITS AT A GLANCE

<u>ACTIVE EMPLOYEES</u>	
<u>Basic and Supplemental Life Benefits</u>	
SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS
<p>Employee Basic Life Benefit</p> <p>Benefits coverage provided for all active, regular benefits eligible employees who are scheduled to work a minimum of 20 hours per week.</p>	\$25,000
<p>Employee Basic Accidental Death and Dismemberment (AD&D) Benefits</p>	<p>\$25,000</p> <p>(See Basic & Supplemental AD&D Benefits Payment Schedule on page 5.)</p>
<p>Employee Supplemental Life Benefit Options</p> <p>If you elect Supplemental Life, you will be issued a matching amount of Supplemental AD&D (Accidental Death and Dismemberment)</p>	<p>1, 2 or 3 times your annual pay. This is calculated by rounding your annual salary up to the next \$1,000, then multiplying by 1, 2 or 3.</p>
<p>Plan Maximum amount of Coverage (Combined Basic and Supplemental for employees)</p>	<p>\$1,000,000</p> <p>(New hires can enroll up to their coverage maximum within 31 days of the date of hire without providing evidence of insurability).</p>
<p>Dependent Supplemental Life Spouse Benefit:</p> <p>Child Benefit:</p> <p>Spouse/Child(ren) of newly hired employees can be enrolled within 31 days of their date of hire without providing evidence of insurability.</p>	<p>Flat \$10,000</p> <p>Flat \$10,000</p> <p>To be eligible, your child must be at least 14 days old and under 19 years of age. An unmarried child may continue to be eligible up to age 26 if a full-time student, or if proven to be incapacitated before age 19 or prior to age 26 if a full-time student. Child(ren) age 14 days old, but less than 6 months the benefit is \$2,000.</p>

ACTIVE EMPLOYEES (Continued)

Basic and Supplemental Life Benefits

SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS
Reduction of Benefits	<p>At age 67, coverage reduces to 65% of the combined Basic and Supplemental benefit, or \$25,000, whichever is greater.</p> <p>AD&D coverage also reduces to 65% at age 67.</p> <p>At age 70, coverage reduces to 50% of the combined Basic and Supplemental Life benefit, or \$25,000, whichever is greater, with a maximum of \$40,000.</p> <p>Basic and Supplemental AD&D is cancelled at age 70.</p>
Permanent & Total Disability (PTD) Benefit Amounts (You will be considered totally and permanently disabled when you are completely unable to engage in any occupation for wage or profit due to sickness or injury for the rest of your life. You must submit proof of disability to the insurance company no later than one year from the date your Active Service ends because of total and permanent disability.) An Employee must be permanently and totally disabled for 9 straight months and must be insured under the policy for at least 6 months prior to the date the disability begins.	Benefit eligible Employees who were hired ON OR AFTER November 1, 1980 Employees who become disabled prior to age 60 who were insured under the Basic Program for the first time on or after 11/01/1980 , the employee coverage will be reduced to 50% of the combined Basic and Supplemental benefit or \$40,000 whichever is less . Dependent coverage is reduced to 50% of the coverage in effect prior to the employee's disability. Basic and Supplemental AD&D coverage is discontinued upon disability.

ACTIVE EMPLOYEES (Continued)

Basic and Supplemental Life Benefits

SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS
<p>Permanent & Total Disability (PTD) Benefit Amounts (continued)</p>	<p style="text-align: center;">Benefit eligible Employees who were hired PRIOR TO November 1, 1980</p> <p>Employees who become disabled prior to age 60, who were insured under the Basic Program for the first time prior to 11/01/1980, will receive the first \$20,000 in benefits in 60 monthly installments. PTD benefits end on the date the 60th monthly benefit is paid. Insurance amounts above the \$20,000 will continue at no cost and are subject to the age-based reductions as outlined in ‘Reduction of Benefits’ section.</p> <p>Dependent coverage is reduced to 50% of the coverage in effect prior to the employee’s disability.</p> <p>Basic AD&D is discontinued upon disability.</p> <p>Supplemental AD&D coverage is continued at the new coverage amount and is reduced at age 67 to 65% and terminates at age 70.</p>
<p>Permanent & Total Disability (PTD)-Waiver of Premium</p> <p>An application for Waiver of Premiums must be submitted to the Insurance Company for review and approval prior to becoming effective.</p> <p>There is a 9 month waiting period for the Waiver of Premium.</p>	<p style="text-align: center;">Benefits eligible Employees with UP TO 10 Years of Service</p> <p>Your Basic and Supplemental Life coverage reduced under the PTD provision, will be continued for up to 24 months from the date of disability.</p> <p>Dependent Life coverage is excluded from Waiver of Premium.</p>

ACTIVE EMPLOYEES (Continued)

Basic and Supplemental Life Benefits

SELECTED PLAN FEATURES

PLAN PROVISIONS & BENEFITS

**Permanent & Total Disability (PTD)-
Waiver of Premium** (continued)

There is a 9 month waiting period for the Waiver of Premium.

**Benefits eligible Employees with
10 OR MORE Years of Service**

Your Basic, Supplemental and Dependent Life coverage reduced under the PTD provision, will be continued subject to the age based reductions as outlined in the 'Reduction of Benefits' section as long as you remain disabled.

Disability Benefit Period

Age at Disability	Benefit Period
Less than age 60	To 65 th birthday
Age 60 or more, but less than age 65	60 months

Dependent life coverage is reduced to 50% of the coverage in effect prior to the employee's disability. Dependent coverage is included in the Waiver of Premium.

Basic AD&D is discontinued upon disability.

Supplemental AD&D coverage is continued at the PTD coverage amount, reduces to 65% at age 67 and terminates at the end of the disability period or at age 70, whichever comes first.

ACTIVE EMPLOYEES

Basic & Supplemental Accidental Death and Dismemberment Benefits

(Benefits designated by an asterisk (*) apply to both Basic and Supplemental Accidental Death and Dismemberment plans.)

SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS
Employee Basic AD&D Benefit	\$25,000 (see Benefit Payment Schedule listed below)
Employee Supplemental AD&D Benefit Option (If you elect Supplemental Life, you will be issued a matching amount of Supplemental AD&D.)	1, 2 or 3 times your annual pay. This is calculated by rounding your annual salary up to the next \$1,000, then multiplying by 1, 2 or 3. Maximum Supplemental AD&D employee benefit is \$1,000,000.
*Loss of Life	100% of the Principal Sum in the event of accidental loss of life occurring within 365 days of a Covered Accident.
*Dismemberment <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">One limb</p> <p style="text-align: center;">Two limbs</p> <p style="text-align: center;">Thumb & Index of the same hand</p> <p style="text-align: center;">All 4 fingers of the same hand</p> </div> <div style="width: 50%;"> <p>50% of Principal Sum</p> <p>100% of Principal Sum</p> <p>25% of Principal Sum</p> <p>50% of Principal Sum</p> </div> </div>	
*Paralysis -Total paralysis of upper & lower limbs (Quadriplegia): -Total paralysis of both lower limbs (Paraplegia): -Total paralysis of upper & lower limbs on one side of the body (Hemiplegia): -Total paralysis of one upper or one lower limb (Uniplegia):	100% 50% 50% 25%

ACTIVE EMPLOYEES

Basic & Supplemental Accidental Death and Dismemberment Benefits (Continued)

(Benefits designated by an asterisk (*) apply to both Basic and Supplemental Accidental Death and Dismemberment plans.)

SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS
<p>*Speech/Hearing/Sight</p> <p>Speech and Hearing: Speech or Hearing: Sight in One Eye: Sight in Both Eyes:</p>	<p>100% 50% 50% 100%</p>
<p>*Coma</p>	<p>Loss results directly and independently of all other causes; 1% of Principal Sum per month for 11 months, then 100% of Principal Sum beginning on the 12th month.</p>
<p>*Conversion</p>	<p>Conversion of Supplemental AD&D is available up to age 70.</p>
<p>*Seatbelt/Airbag</p>	<p>Loss of Life occurs while riding in a private passenger car and properly worn seatbelt fails to protect. If seatbelt benefit is payable, additional benefit if positioned in a seat protected by a Supplemental Restraint System that inflates on impact.</p> <p style="text-align: center;"><u>Supplemental/Basic</u></p> <p>Seatbelt: Additional 10% of Principal Sum to \$25,000/\$2,500 Airbag: Additional 5% of Principal Sum to \$5,000/\$500</p>
<p>*Reduction of Benefits – Active Employees</p>	<p>At age 67, AD&D coverage also reduces to 65% at age 67.</p> <p>Basic and Supplemental AD&D ends at age 70.</p>

ACTIVE EMPLOYEES

Basic & Supplemental Accidental Death and Dismemberment Benefits (Continued)

(Benefits designated by an asterisk (*) apply to both Basic and Supplemental Accidental Death and Dismemberment plans.)

SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS								
<p>* Permanent & Total Disability (PTD)- Waiver of Premium</p> <p>You will be considered totally disabled when you are unable to engage in any occupation for wage or profit due to sickness or injury. You must submit proof of disability to the insurance company no later than one year from the date your Active Service ends because of total disability.</p> <p>There is a 9 month waiting period for the Waiver of Premium.</p>	<p align="center">Benefits eligible Employees with UP TO 10 Years of Service</p> <p>Your Basic and Supplemental Life coverage reduced under the PTD provision, will be continued for up to 24 months from the date of disability.</p> <p>Basic and Supplemental AD&D is discontinued upon disability.</p> <hr/> <p align="center">Benefits eligible Employees with 10 OR MORE Years of Service</p> <p>Your Basic, Supplemental and Dependent Life coverage reduced under the PTD provision, will be continued subject to the age based reductions as outlined in the ‘Reduction of Benefits ‘ section as long as you remain disabled.</p> <table border="1" data-bbox="849 1457 1438 1646"> <thead> <tr> <th colspan="2">Disability Benefit Period</th> </tr> <tr> <th>Age at Disability</th> <th>Benefit Period</th> </tr> </thead> <tbody> <tr> <td>Less than age 60</td> <td>To 65th birthday</td> </tr> <tr> <td>Age 60 or more, but less than age 65</td> <td>60 months</td> </tr> </tbody> </table> <p>Basic AD&D is discontinued upon disability.</p> <p>Supplemental AD&D coverage is continued at the new coverage amount, reduced to 65% at age 67 and terminates at age 70.</p>	Disability Benefit Period		Age at Disability	Benefit Period	Less than age 60	To 65 th birthday	Age 60 or more, but less than age 65	60 months
Disability Benefit Period									
Age at Disability	Benefit Period								
Less than age 60	To 65 th birthday								
Age 60 or more, but less than age 65	60 months								

RETIREES

Coverage can only be continued into retirement if the employee meets the criteria of a USG retiree as defined by the Board of Regents Policy Manual, Section 802.0902 Definition of a University System of Georgia Retiree/Eligibility for Retirement or under Section 802.0904 Career Employee.

Employees Initially Insured ON OR AFTER November 1, 1980

SELECTED PLAN FEATURES

PLAN PROVISIONS & BENEFITS

Employees who retire regardless of age

Life insurance coverage will be reduced to 50% of the Supplemental coverage amount in effect immediately before retirement or \$15,000, whichever is **less**.

The Basic coverage will remain \$25,000, with a maximum Supplemental coverage amount of \$15,000. The amount of coverage cannot be less than the Basic Life amount of \$25,000.

Dependent coverage will be reduced to 50% of the benefit amount elected for covered spouses and children upon employee's retirement.

Basic and Supplemental AD&D coverage is cancelled upon retirement.

See the **SPECIAL NOTE** on page 10.

RETIREES (Continued)

Coverage can only be continued into retirement if the employee meets the criteria of a USG retiree as defined by the Board of Regents Policy Manual, Section 802.0902 Definition of a University System of Georgia Retiree/Eligibility for Retirement or under Section 802.0904 Career Employee.

**Employees Initially Insured PRIOR to November 1, 1980
(Closed Plan)**

SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS
<p>Employees who retire prior to their 67th birthday.</p> <p>(Basic and Supplemental AD&D coverage ends at age 70.)</p>	<p>The amount of insurance available equals the amount of Basic and Supplemental coverage in force immediately prior to retirement, to a maximum of \$125,000.</p> <p>Then, at age 67, the amount of life insurance coverage is reduced to 65% of the combined Basic and Supplemental coverage in effect at retirement. The maximum amount of Basic and Supplemental Life coverage at age 67 is \$81,250. (Basic and Supplemental AD&D coverage reduce to 65% at age 67.)</p> <p>Then, at age 70, the amount of life insurance coverage is reduced to 50% of the combined Basic and Supplemental coverage in effect at retirement or \$40,000 whichever is less. The minimum amount of coverage cannot be less than the Basic Life amount of \$25,000.</p> <p>Dependent coverage will be reduced to 50% of the benefit amount elected for covered spouses and children upon employee's retirement.</p> <p>See the SPECIAL NOTE on page 10.</p>

RETIREES (Continued)

**Employees Initially Insured PRIOR to November 1, 1980
(Closed Plan)**

SELECTED PLAN FEATURES	PLAN PROVISIONS & BENEFITS
<p>Employees who retire at age 67 or older, but prior to their 70th birthday.</p> <p>(Basic and Supplemental AD&D coverage ends at age 70.)</p>	<p>The amount of coverage available equals the amount of Basic and Supplemental coverage in force immediately prior to retirement or \$81,250, whichever is less.</p> <p>Then, at age 70, the amount of life insurance coverage is reduced to 50% of the combined Basic and Supplemental coverage in effect at retirement or \$40,000 whichever is less. The minimum amount of coverage cannot be less than the Basic Life amount of \$25,000.</p> <p>Dependent coverage will be reduced to 50% of the benefit amount elected for covered spouses and children upon employee's retirement.</p> <p>See the SPECIAL NOTE listed below.</p>
<p>Employees who retire on or after the age of 70.</p> <p>(Basic and Supplemental AD&D coverage ends at age 70.)</p>	<p>At age 70, the amount of coverage is reduced to 50% of the Basic and Supplemental coverage in effect at retirement or \$40,000, whichever is less. The minimum amount of coverage cannot be less than the Basic Life Amount of \$25,000.</p> <p>Dependent coverage will be reduced to 50% of the benefit amount elected for covered spouses and children upon employee's retirement.</p> <p>See the SPECIAL NOTE listed below.</p>

SPECIAL NOTE:

If supplemental coverage was purchased for the first time on or after January 1, 1988, coverage must be in effect for ten consecutive years immediately prior to retirement. If the employee does not meet this requirement, only Basic Life and Dependent coverage may be carried forward into retirement.

WHO IS ELIGIBLE

If you are employed by the University System of Georgia for at least 20 hours per week on a regular basis, you are eligible for \$25,000 of Basic Life and AD & D coverage. You are eligible to be insured under the Policy on the later of the first day of employment or the day on which you make application, however, you must make application within the 31 days of initial employment. This basic life benefit is completely paid for by the University System of Georgia.

In addition to the Basic coverage, you may choose to purchase Supplemental Life Insurance on yourself in an amount equal to one, two or three times your annual salary. The amount of supplemental coverage is calculated by rounding your annual salary up to the next higher \$1,000, and then multiplying by 1, 2 or 3. Your annual salary is your base wages, and does not include overtime, extra compensation, bonuses and commissions.

You may also choose to purchase life insurance coverage for your eligible dependents. This is known as Dependent Life coverage.

If you have previously converted your insurance under the Policy, you will not become eligible until your converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of insurance available to you.

Except as noted in the Reinstatement Provision, if you terminate coverage and later wish to reapply, or if you are a former Employee who is rehired, a new Eligibility Waiting Period must be satisfied. You are not required to satisfy a new Eligibility Waiting Period if insurance ends because you are no longer in a Class of Eligible Employees, but continue to be employed by the University System of Georgia, and within one year you become a member of an eligible class.

HOW TO ENROLL

You may obtain a life insurance enrollment form from your campus Human Resources/Personnel Office. The completed enrollment form must include the legal name(s) and birth date(s) of the employee and all eligible dependents that you may wish to cover.

WHEN COVERAGE BEGINS

You may elect insurance for yourself, your Spouse and Dependent Children only by authorizing payroll deduction on a form approved by the University System of Georgia and the insurance company. The effective date of this insurance depends on the date and amount of insurance elected.

If you elect coverage within 31 days after you become eligible to enroll or increase coverage, the Guaranteed Issue Amount will be effective on the latest of the following dates:

1. The Policy Effective Date.
2. The date you authorize payroll deduction for this insurance.
3. The date the University System of Georgia or Insurance Company receives the completed enrollment form.

If the insurance company receives your enrollment form more than 31 days after you become eligible to elect coverage, insurance is effective on the date they agree in writing to provide this coverage. The insurance company will require an eligible person to satisfy the Insurability Requirement before they agree to insure him or her.

If coverage for a Dependent Child is in force and you acquire another Dependent Child, coverage for that child is effective on the date he or she qualifies as a Dependent Child.

You will have the opportunity to determine when you wish to have your supplemental life coverage begin; but, in either instance, you will be required to pay for a full month of coverage. It is important that you enroll within 31 days of your date of employment. You will not be permitted to enroll again until the next University System of Georgia open enrollment period.

Open enrollment is generally held during the fall of each calendar year. Elections made during an open enrollment period will become effective at the beginning of the new plan year. The plan year for the University System of Georgia is currently a calendar year (January 1 – December 31).

If you are not in active service on the date your coverage is to be effective, participation in the plan will begin on the first day you return to active service. Active service is defined as follows:

If you are an Employee, you are in Active Service on a day which is one of your Employer's scheduled work days if either of the following conditions are met:

1. You are actively at work. This means you are performing your regular occupation for the Employer working a minimum of 20 hours per week, either at one of the Employer's usual place of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

USG OPEN ENROLLMENT PERIOD

Open enrollment is generally held during the fall of each calendar year. A University System open enrollment period covers a 30 calendar-day time frame. Your Human Resources/Personnel Office will advise you of the specific dates for your campus open enrollment period. The plan year for the University System of Georgia is currently a calendar year (January 1-December 31).

If you failed to elect Supplement and/or Dependent life coverage when initially eligible, you may make an application during the open enrollment period to add this coverage. You may also increase the amount of your Supplemental coverage during this period as well. All employees electing Supplemental coverage, Dependent coverage or increasing the amount of their Supplemental coverage during the open enrollment period will be required to complete an Evidence of Insurability form. Upon review by the insurance company, both the employee and the campus Human Resource/Personnel Office will be notified of the approval (or denial) of the coverage and the effective date.

COST OF COVERAGE

Basic Life and Basic AD&D insurance is provided at no cost to you, the employee.

The cost for Supplemental Life and Supplemental AD&D is based upon your age and the amount of coverage selected. Supplemental coverage premiums will increase on January 1st of the plan year, based upon the age the employee will attain during that plan year. The cost of Dependent coverage is a flat rate regardless of the number of dependents covered.

Premium amounts for the Supplemental and Dependent coverage reflect employee group rates. For information about current premium rates contact your Human Resource/Personnel Office for assistance.

DEPENDENT COVERAGE

An employee may elect to provide dependent life insurance coverage for an eligible spouse and children. Eligible dependents of an employee include:

- Legal spouse;
- Unmarried, natural and adopted children who are 19 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by the Employee;
- Unmarried step-children age 14 days but under age 19 who depend on the employee for support and maintenance and who live with the employee in a normal parent-child relationship; or to age 26, who depend on the employee for support and who can provide written verification of full-time student status at an accredited school;
- Unmarried children age 14 days but under age 19 for whom, as a result of a legal separation or divorce, the employee is legally responsible, even though they may not live with the employee;
- Children age 14 days but under age 19 for whom the covered employee is the *permanent* legal guardian if:
 - A court has named the employee as the child's permanent guardian; *and*
 - The child lives in the employee's home in a normal parent-child relationship; *and*

- The child is dependent on the employee for support.
- Unmarried, disabled children beyond the age limit if:
 - They are unable to support themselves; *and*
 - They depend on the employee for support; *and*
 - Incapable of self-sustaining employment by reason of mental or physical handicap; *and*
 - The condition existed prior to age 19 (or age 26, if they become incapacitated while a full-time student); *and*
 - Proof of incapacity is furnished within 31 days of the child's 19th birthday (or age 26, if they become incapacitated while a full-time student).

If you have a dependent(s) employed by the University System of Georgia, and your dependent(s) is participating in any University System of Georgia basic life insurance plan, you *may not* cover that dependent(s) under your dependent coverage.

If both a husband and wife are benefits-eligible employees of the University System of Georgia and participate in the basic life plan, only one may elect to provide dependent coverage for children.

WHEN COVERAGE CONTINUES

Continuation for Family Medical Leave, Layoff or Temporary Leave of Absence

If you are an Employee and your Active Service ends due to an Employer approved unpaid leave of absence, family medical leave or layoff, your insurance will continue if the required premium is paid.

In these circumstances, your insurance may continue as follows.

1. For an Employer approved Family Medical Leave, up to 12 weeks.
2. For layoff, up to 3 months.
3. For an Employer approved unpaid leave of absence, up to 12 months.

Continuation for Retirees*

If you are an Employee and your Active Service ends because you retire, your Life Insurance Benefits will continue until the earliest of the following dates.

1. The date the insurance company terminates the Policy.
2. The day after the end of the period for which required premiums are paid.
3. The date the University System of Georgia cancels participation under the Policy.

Waiver of Premium Options will not be available or paid for a Retired Employee.

** Life Insurance Benefits will only be continued into retirement if you meet the criteria of a USG retiree as defined by the Board of Regents Policy Manual, Section 802.0902 Definition of a University System of Georgia Retiree/Eligibility for Retirement or under Section 802.0904 Career Employee.*

CONTINUATION FOR DISABILITY

If you are an Employee under age 60 and your Active Service ends due to disability, Basic and Supplemental Life Insurance Benefits will continue for you until the earlier of the following dates.

1. The date you are no longer disabled.
2. The day after the end of the period for which required premiums are paid.

PERMANENT & TOTAL DISABILITY (PTD) WAIVER OF PREMIUM Employees With Up to 10 Years of Service

If you are an Employee under age 60 and your Active Service ends due to disability, Basic and Supplemental Life Insurance Benefits will continue for you until the earliest of the following dates.

1. The date you are no longer disabled.
2. The day after the end of the period for which required premiums are paid.
3. The date you no longer qualify for Waiver of Premium.
4. 24 months.

If you die while premiums are waived, the insurance company will pay a Death Benefit only if due proof of continuous disability is received within one year of your death.

In order to qualify for Waiver of Premium, you must submit due proof that you have been disabled for 9 months. Such proof must be submitted to the insurance company no later than 15 months from the date your Active Service ends. Premiums will be waived from the date the Insurance Company agrees in writing to waive your premiums. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain disabled and submit due proof that your disability continues. Satisfactory proof must be submitted to the insurance company 3 months before the end of the 12 month period.

The Death Benefit will be equal to the Basic and Supplemental Life Insurance Benefit in effect on the date you became disabled. However, this benefit will be subject to the provisions of the Policy that reduce or terminate coverage because of age, retirement or a change in eligible class. Automatic increases in Life Insurance Benefits will end while premiums are waived.

Termination of Waiver

Your insurance will end on the earliest of the following dates.

1. The date you are no longer disabled.
2. The date you refuse to submit to any physical examination required by the insurance company.
3. The last day of the 12 month period of disability during which you fail to submit satisfactory proof of your continued disability.
4. 24 months.

**PERMANENT & TOTAL DISABILITY (PTD)
WAVIER OF PREMIUM
Employees With 10 or More Years of Service**

If you are an Employee under age 60 and your Active Service ends due to disability, Basic and Supplemental Life Insurance Benefits will continue for you, your Spouse and Dependent Children, if any until the earliest of the following dates.

1. The date you are no longer disabled.
2. The day after the end of the period for which required premiums are paid.
3. The date you no longer qualify for Waiver of Premium.

If you die while premiums are waived, the insurance company will pay a Death Benefit only if due proof of continuous disability is received within one year of your death.

In order to qualify for Waiver of Premium, you must submit due proof that you have been disabled for 9 months. Such proof must be submitted to the insurance company no later than 15 months from the date your Active Service ends. Premiums will be waived from the date the Insurance Company agrees in writing to waive your premiums. After premiums have been waived for 12 months, they will be waived for future periods of 12 months if you remain disabled and submit due proof that your disability continues. Satisfactory proof must be submitted to the insurance company 3 months before the end of the 12 month period.

The Death Benefit will be equal to the Basic and Supplemental Life Insurance Benefit in effect on the date you became disabled. However, this benefit will be subject to the provisions of the Policy that reduce or terminate coverage because of age, retirement or a change in eligible class. Automatic increases in Life Insurance Benefits will end while premiums are waived.

Termination of Waiver

Your insurance will end on the earliest of the following dates.

1. The date you are no longer disabled.
2. The date you refuse to submit to any physical examination required by the insurance company.
3. The last day of the 12 month period of disability during which you fail to submit satisfactory proof of your continued disability.

WHEN COVERAGE ENDS

Coverage will end on the earliest of the following dates:

1. The date you are eligible for coverage under a plan intended to replace this coverage;
2. The date the insurance company terminates the Policy;
3. The date you, your Spouse or Dependent Children are no longer in an eligible class;
4. The date coinciding with the end of the last period for which required premiums are paid;
5. The date you are no longer in Active Service; and

6. For an Employee, Spouse or Dependent Child, the date the University System of Georgia cancels participation under the Policy.

LIFE INSURANCE FEATURES

Death Benefit

If an Insured dies, the insurance company will pay the Life Insurance Benefit in force for the Insured on the date of his or her death.

Conversion Privilege for Life Insurance

If coverage ends for any reason except non-payment of premium, any Insured may apply for a conversion policy of life insurance up to age 70.

The conversion insurance may be a type of life insurance currently being offered for conversion by the insurance company at your age and in the amount requested. It may not be term insurance and it may not be for an amount greater than the Life Insurance Benefits in force under the Policy. Conversion life insurance will not provide accident, disability or other benefits.

However, if coverage ends because the Policy is terminated or amended to terminate any class of Insured, or the University System of Georgia cancels participation under the Policy, coverage cannot be converted unless you have been insured under the Policy for at least 3 years. In this case, the amount of conversion insurance will be the lesser of Life Insurance Benefit in force under the Policy or \$10,000.

To apply for conversion insurance, you must submit an application to the insurance company and pay the required premium within 31 days after coverage under the Policy ends. Evidence of insurability is not required. Premium for the conversion insurance will be based on your age and class of risk and the type and amount of coverage issued.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends, if your application is received by the insurance company and the required premium is paid on that date.

If you die during the 31 day conversion period, the Death Benefit will be paid under the Policy regardless of whether you applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any benefits payable for that type and amount of insurance under the Policy.

Extension of Conversion Period

If you are eligible for conversion insurance and are not notified of this right at least 15 days prior to the end of the 31 day conversion period, the conversion period will be extended. You will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to you by the University System of Georgia or mailed to your last known address as reported by the University System of Georgia.

If you die during the extended conversion period, but more than 31 days after your coverage under the Policy terminates, Life Insurance Benefits will not be paid under the Policy. If your application for conversion insurance is received by the insurance company and the required premium is paid, Life Insurance Benefits will be payable under the conversion insurance.

Prior Conversion Limitation

If you are covered under a life insurance conversion policy previously issued by the insurance company under the Policy, you will not be eligible to exercise this Conversion Privilege unless the prior coverage has ended. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class.

LIFE INSURANCE EXCLUSIONS

If an Insured commits suicide, while sane or insane, within 2 years from the date the Insured's insurance under the Policy becomes effective, Supplemental Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to you if you were covered under the Prior Plan for more than two years. If you were not insured for two years under the Prior Plan, credit will be given for the time you were insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under your certificate, no refund of premiums will be paid.

ACCIDENTAL DEATH & DISMEMBERMENT COMMON EXCLUSIONS

In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Benefits at a Glance* Section:

1. intentionally self-inflicted injury, suicide or any attempt there at while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;

7. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be 'controlled' by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days.
10. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
12. in addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is:
 - a. employed or retained by the Subscriber;
 - b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
 - c. living in the Covered Person's household;
 - d. a parent, sibling, spouse or child of the Covered Person.

CLAIM PROVISIONS

Notice of Claim

Written notice of claim, or notice by any other electronic/telephonic means authorized by the insurance company, must be given within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by them, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Please contact your campus Human Resource/Personnel Office for assistance in filing a death claim. Your Human Resource/Personnel Office will be able to provide the necessary Employer's Name, the Policy Number and the claimant's name and address.

Claim Forms

When the insurance company receives notice of claim, they will send claim forms for filing proof of loss. If they do not send claim forms within 15 days after notice is received, the proof requirements may be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by the insurance company, of the nature and extent of the loss.

Claimant Cooperation Provision

If you fail to cooperate with the insurance company in their administration of your claim, they may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data

The University System of Georgia is required to cooperate with the insurance company in the review of claims and applications for coverage. Any information the insurance company provides to the University System of Georgia in these areas is confidential and may not be used or released by the University System of Georgia if not permitted by applicable laws.

Proof of Loss

You must provide written proof of loss to the insurance company, or proof by any other electronic/telephonic means authorized by the insurance company, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by them, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by the insurance company, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by the insurance company, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, the insurance company will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

Time of Payment

Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installment payments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

To Whom Payable

Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment or to the certificate owner if alive. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. The insurance company may reduce the amount payable by any indebtedness due.

All other benefits unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured. Any other accrued benefits which are unpaid at your death may, at their option, be paid either to your beneficiary or to the executor or administrator of your estate.

If the insurance company pays benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, they may pay up to \$1,000 to a relative by blood or marriage that they believe is equitably entitled. This good faith payment satisfies the insurance company's legal duty to the extent of that payment.

Change of Beneficiary

You may change your beneficiary at any time by giving written notice to the University System of Georgia. Please contact your campus Human Resource/Personnel Office in order to obtain a Change of Beneficiary Form. The beneficiary's consent is not required for this or any other change which you may make unless your designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the University System of Georgia. When this form is received, it will take effect as of the date of the form. If you die before the form is received, the insurance company will not be liable for any payment that was made before receipt of the form.

Physical Examination and Autopsy

The insurance company may, at its expense, exercise the right to examine any person for whom a claim is pending as often as they may reasonably require. Also, they may, at their expense, require an autopsy unless prohibited by law.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by the insurance company, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

You have the right to choose any Physician who is practicing legally. The insurance company will in no way disturb the Physician/patient relationship.

ADMINISTRATIVE PROVISIONS

Premiums

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

Your Grace Period

If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which the premium was paid.

Reinstatement of Insurance

Your coverage may be reinstated without satisfying the Insurability Requirement, if your insurance ends because you are on an unpaid leave of absence and you apply for Reinstatement within 31 days of your return to Active Service.

After your insurance ends, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met.

1. The Policy is still in force.
2. You are eligible under the Policy.
3. You send the insurance company a written request for reinstatement and a new enrollment form.
4. The required premium is paid.
5. The Insurability Requirement, if applicable, is satisfied.

GENERAL PROVISIONS

Incontestability

All statements made by the University System of Georgia or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age

If an Insured's age has been misstated, the insurance company will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Assignment of Benefits

The insurance company will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with them. The insurance company will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the

Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

Clerical Error

A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

LIFE INSURANCE DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Active Service

If you are an Employee, you are in Active Service on a day which is one of your Employer's scheduled work days if either of the following conditions are met.

1. You are actively at work. This means you are performing your regular occupation for the Employer working a minimum of 20 hours per week, either at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence.

You are in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Annual Compensation

Annual Compensation means an Employee's annual wage or salary as reported by the Employer for work performed for the Employer as of the date the covered loss occurs. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation.

Benefits Eligible

In order to be eligible and participate in employee benefits, the employee must be employed in an active, regular, benefits eligible position, working a minimum of 20 hours per week.

Dependent Child

Your unmarried child if he or she meets the following requirements:

1. A child 14 days of age but less than 19 years old;
2. A child who is 19 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by you;

3. A child who is 19 or more years old, primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, we may, from time to time, require proof of the continuation of such condition and dependence. After that, we may require proof no more than once a year.

The term "child" means a child born to or legally adopted by you. It also means a stepchild living with you.

It also includes a child for whom you are the legal guardian if:

1. A court has named you the guardian of the child's "person and property", and
2. The child lives in your home in a normal parent-child relationship with you, and
3. The child is dependent on you for support.

Disabled

You are Disabled, if, because of Injury or Sickness, you are unable to perform all the material duties of any occupation for which you are or may reasonably become qualified based on your education, training or experience.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time the Employee must be in Active Service to be eligible for coverage. It will be extended by the number of days the Employee is not in Active Service.

Employee

For eligibility purposes, you are an Employee if you work for the Employer and meet all the eligibility requirements as set by the Board of Regents of the University System of Georgia.

Employer/Board of Regents of the University System of Georgia

The Employer who has subscribed to the Policyholder and for the benefit of whose Employees the policy has been issued. The Employer includes any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Flexible Benefits Plan

The Flexible Benefits Plan is the Employee Benefits Plan arrangement sponsored by the Employer for eligible Employees and their eligible dependents.

Injury

Any accidental loss or bodily harm that results directly or independently from all other causes from an accident.

Insurability Requirement

An eligible person satisfies the Insurability Requirement for an amount of coverage on the day the insurance company agrees in writing to accept you as insured for that amount. To determine

a person's acceptability for coverage, the insurance company will require you to provide evidence of good health and may require it be provided at your expense.

Insurance Company

The Insurance Company underwriting the Policy is named on the cover page of this Handbook. References to the Insurance Company have been changed to “its”, “they”, “their”, and “them” throughout this Handbook.

Insured

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Life Status Change

A Life Status Change is an event recognized by the Employer's Flexible Benefits Plan as qualifying you to make changes in benefit selections at a time other than an Annual Open Enrollment Period.

If the Employer does not sponsor a Flexible Benefits Plan or if it is no longer in effect, the following events are Life Status Changes.

1. Marriage
2. Divorce, annulment or legal separation
3. Birth or adoption of a child
4. Death of your spouse
5. Termination of your spouse's employment
6. A change in the benefit plan available to your spouse
7. A change in employment status for you or your spouse that affects your eligibility for benefits

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in your household.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date.

Sickness

The term Sickness means a physical or mental illness.

Spouse

Your current lawful spouse.

ACCIDENTAL DEATH & DISMEMBERMENT DEFINITIONS

Active Service

An Employee will be considered in Active Service with the Employer on any day that is either of the following:

1. one of the Employer's scheduled work days on which the Employee is performing his regular duties a minimum of 20 hours per week, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires the Employee to travel;
2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if the Employee was in Active Service on the preceding scheduled workday.

Age

A Covered Person's Age, for purposes of initial premium calculations, is his Age attained on the date coverage becomes effective for him under this Policy. Premiums will increase on January 1st of the plan year, based upon the age the employee will attain during that plan year.

Aircraft

A vehicle which:

1. has a valid certificate of airworthiness; and
2. is being flown by a pilot with a valid license to operate the Aircraft.

Annual Compensation

An Employee's annual earnings for normal work established by the Subscriber for his job classification, excluding commissions, bonuses, extra compensation or overtime.

Covered Accident

A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by disease, Sickness, mental or bodily infirmity;
3. is not otherwise excluded under the terms of this Policy.

Covered Injury

Any bodily harm that result directly and independently of all other causes from a Covered Accident.

Covered Loss

A loss that is all of the following:

1. the result, directly and independently of all other causes, of a Covered Accident;
2. one of the Covered Losses specified in the *Benefits at a Glance*;
3. suffered by the Covered Person within the applicable time period specified in the *Benefits at a Glance*.

Covered Person

An eligible person, as defined in the *Benefits at a Glance*, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force.

Employee

For eligibility purposes, an Employee of the Employer who is in one of the Covered Classes.

Employer

The Subscriber and any affiliates, subsidiaries or divisions shown in the *Schedule of Covered Affiliates* and which are covered under this Policy on the date of issue or subsequently agreed to by Us.

He, His, Him

Refers to any individual, male or female.

Hospital

An institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

Inpatient

A Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term 'Inpatient' shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

Nurse

A licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:

1. employed or retained by the Subscriber;
2. living in the Covered Person's household; or

3. a parent, sibling, spouse or child of the Covered Person.

Outpatient

A Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

Plan Year

The Plan Year for the University System of Georgia begins on January 1 and concludes on December 31.

Prior Plan

The plan of insurance providing similar benefits, sponsored by the Employer in effect immediately prior to this Policy's Effective Date.

Physician

A licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Subscriber;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of the Covered Person.

Sickness

A physical or mental illness.

Spouse

The Employee's lawful spouse under age 70.

Subscriber

Any participating organization that subscribes to the trust to which this Policy is issued.

Totally Disabled or Total Disability

Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

We, Us, Our

Life Insurance Company of North America.

You, Your

The person to whom the certificate is issued.

FUTURE OF THE PLAN

The Board of Regents of the University System of Georgia is the plan sponsor for the life and accident insurance plan. While the University System of Georgia expects the life and accident insurance plan to remain in effect, the University System of Georgia reserves the right to change the plan, or any benefit under the plan, from time to time; or to discontinue the plan, or any benefit under the plan, at any time.

EMPLOYMENT RIGHTS NOT IMPLIED

Your participation in the life and accident insurance plan is not a contract of employment – it does not guarantee you continued employment with the University System of Georgia. Nor does it limit the University System of Georgia's right to discharge you, without regard to the effect that your discharge would have on your rights under the life and accident insurance plan. If you quit or if you are discharged, you have no right to future benefits from the plan except as specifically provided in this booklet and the benefit plan document.

Disclaimer: This booklet summarizes your life insurance plan. It is not intended to cover all the details of the life insurance plan. This booklet is not a contract and the benefits that are described can be terminated or amended by the University System of Georgia in its sole discretion. Should any questions arise, the master contract and the contract of the administration are the final authorities in determining benefits.

Revised March 2006