

Term Life and Accident Insurance



*Developed for the Employees of
City of Ontario*

Life Insurance

Who Needs Life Insurance?

You do. Single or married. Buying your first home or preparing for retirement. Raising children or sending them off to college. No matter where you are in life, insurance should be part of your financial plan.

By purchasing this insurance product through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction
- Access to knowledgeable service representatives.

Who Is Eligible For Coverage?

You — If you are an active, full-time employee and work at least 40 hours per week for your employer.

Your Spouse* — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

Your Unmarried, Dependent Children — Under age 23, as long as you apply for and are approved for coverage for yourself. One low premium will insure all your eligible children, regardless of the number of children you have.

No one may be covered more than once under this plan. If covered as an employee, you can not also be covered as a dependent.

**Domestic Partner is defined in the group policy. For purposes of this brochure, wherever the term Spouse appears it shall also include Domestic Partner. You must have on file an affidavit (available from your employer) which specifies the criteria for being considered a Domestic Partner under the group policy. In addition, a Domestic Partner registered with the California Secretary of State is eligible as a Domestic Partner under the policy, and no affidavit is necessary. Additional information is available from your Benefit Services Representative.*

How Much Coverage Can You Buy?

You — You can select life insurance coverage in units of \$20,000. The maximum for any employee is the lesser of 5 times your annual salary or \$500,000. The guaranteed coverage* amount for you is the lesser of 2 times your annual salary or \$160,000.

Your Spouse — You may select coverage for your spouse in units of \$10,000 to a maximum of \$500,000, not to exceed 100% of your election. The cost of coverage will be based on your spouse's age.

Your Unmarried, Dependent Children — You may select coverage for your unmarried, dependent children in units of \$5,000 to a maximum of \$10,000. The maximum benefit for children under six months is \$1,000. The guaranteed coverage amount for your child(ren) is \$10,000.

Guaranteed Coverage

If you and your dependents are eligible and you apply during the initial enrollment period, or within 31 days after you are eligible to elect coverage, you are entitled to choose any of the offered amounts of coverage up to the guaranteed coverage amount, as shown on your application, without having to provide evidence of good health.

If you apply for an amount of coverage greater than the guaranteed coverage amount, coverage in *excess* of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician's statement.

If you apply for coverage for yourself or your spouse more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician's statement.

How Much Your Coverage Will Cost

The monthly cost of insurance for you and your spouse will depend on your ages and the amount of insurance you wish to purchase. As shown in the following chart, the cost of insurance increases with the age of the insured. Note that at age 70, your benefits are reduced.

To calculate your monthly cost:

1. Find your age group in the following table;
2. Multiply the rate by the number of coverage units you want;
3. Calculate the cost of coverage for your spouse, using your spouse's age, then calculate the cost of coverage for your children;
4. Add the premiums for you, your spouse and your children to get your total monthly cost.

Example:				
Employee (age 28)	10 units (\$200,000)	x	\$1.40 per unit	= \$14.00
Spouse (age 24)	10 units (\$100,000)	x	\$.70 per unit	= \$ 7.00
Children	2 units (\$10,000)	x	\$1.50 per unit	= \$ 3.00
Total Monthly Cost				\$30.00

To calculate your cost, complete this chart:

Employee	___ units	x	\$___ per unit	= \$___
Spouse	___ units	x	\$___ per unit	= \$___
Children	___ units	x	\$1.50 per unit	= \$___
Total Monthly Cost				\$___

Employee/ Spouse Age	Employee Monthly Cost per \$20,000 Unit	Spouse Monthly Cost per \$10,000 Unit
Under 30	\$ 1.40	\$ 0.70
30 to 34	1.80	0.90
35 to 39	2.40	1.20
40 to 44	3.20	1.60
45 to 49	4.80	2.40
50 to 54	8.20	4.10
55 to 59	13.80	6.90
60 to 64	21.20	10.60
65 to 69	41.00	20.50
70 & over	66.40	—

The monthly cost for children is \$1.50 per \$5,000 of coverage. One premium will insure all your eligible children, regardless of the number of children you have.

Costs are subject to change.

When You Reach Age 70

By the time you reach age 70, chances are that your children will be grown and your mortgage paid and at age 70, providing you are still employed, your coverage will decrease to 65% of the benefit amount and at age 75 to 50%.

How Much Life Insurance Do You Need?

We have provided this worksheet to help you calculate how much life insurance you may need for a surviving spouse and dependents. When calculating annual amounts, be sure to multiply the annual income or cost by the number of years you expect to receive that income, or incur that cost.

1. Living Costs		
Day-to-day Living Expenses (<i>Use 75% of current net income</i>)		
\$ _____ annually x _____ years	=	\$ _____
Child Care Expenses		
\$ _____ annually x _____ years	= +	_____
Education Funding		
\$ _____ annually x _____ years	= +	_____
Major Purchases (<i>cars, home repair</i>)		
\$ _____ annually x _____ years	= +	_____
Estate and Funeral Expenses	= +	_____
TOTAL LIVING COSTS (A)	=	\$ _____
2. Available Resources		
Cash and Savings	=	\$ _____
Retirement Savings (<i>IRA, 401(k), etc.</i>)	= +	_____
Stocks and Bonds (<i>at current market value</i>)	= +	_____
Spouse Income (<i>multiply by 60%*</i>)		
\$ _____ annually x _____ years	= +	_____
Other Assets	= +	_____
TOTAL AVAILABLE RESOURCES (B)	=	\$ _____
3. Life Insurance Need		
TOTAL LIVING COSTS (A)	=	\$ _____(A)
LESS TOTAL AVAILABLE RESOURCES (B)	-	\$ _____(B)
EQUALS LIFE INSURANCE NEED	=	\$ _____

Naturally a worksheet like the above is only an aid to determining life insurance needs. It cannot predict all of your expenses, economic conditions, inflation, investment performance or other factors which may alter your needs. For a more accurate plan, you should consider consulting an investment advisor.

** Estimate likely spouse income as sole provider. Include your estimate of Social Security benefits to surviving spouse and dependents. The 60% factor above is used to account for taxation so that a net income figure can be derived. Vary this factor if you feel combined federal, state and local taxes, and FICA will be different for your situation.*

Other Benefit Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for terminal illness provides for up to 50% of the life insurance coverage amount in force or \$50,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

The terminal illness benefit may be taxable. As with all tax matters, an insured should consult with a personal tax advisor to assess the impact of this benefit.

Continuation for Disability for Employees Age 60 or over

If your active service ends due to disability, this plan provides a continuation of coverage feature. If you are disabled at age 60 or over, your coverage will continue while you are disabled. This benefit will remain in force until the earliest of the following dates: the date you are no longer disabled, the date the policy terminates, the date you are disabled for 9 consecutive months, or the day after the last period for which premiums are paid.

You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.

Extended Death Benefit with Waiver of Premium

Extended Death Benefit

If you become Disabled — The extended death benefit ensures that if you become disabled prior to age 60, and die before you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended.

You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan. "Regular Occupation" means your occupation, as routinely performed in the general labor market, at the time your disability begins.

Waiver of Premium

If you become totally disabled — To make sure you can keep the life insurance protection you need during a difficult period of your life, this plan provides a *waiver of premium* feature. If you are totally disabled prior to age 60 and can't work for at least 6 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 70, subject to proof of continuing disability each year. If you qualify for this benefit and have insured your spouse or children, the premium for their coverage is also waived.

What Is Not Covered

The plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

When Your Coverage Begins and Ends

The date your coverage begins is called its “effective date.” Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work.

For coverage for your spouse and/or children to be effective, they must not be hospitalized or confined at home under the care of a doctor.

Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force.

For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.

If You Leave Your Employer

To help you keep your life insurance coverage during the years when your family needs financial protection, the plan allows you to continue all of your current voluntary coverage if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children. As long as the group policy remains in force, the option of continuing this coverage is available.

Converting Your Coverage to Permanent Life Insurance

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. No medical certification is needed. To convert coverage, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

Apply Today

In order to apply for coverage, you must complete an application form. Be sure to answer all questions accurately, and indicate how much coverage you wish to have.

Payroll Deduction

You pay your premiums through payroll deduction. The total depends on how much coverage you select, your age, your spouse's age and the amount of coverage you buy for your spouse and children.

Designating Your Beneficiary

Your term life benefit will automatically be paid to the first beneficiary listed below who is living at the time of your death if you do not designate a specific beneficiary:

- 1) Your Spouse*
- 2) Your Child(ren)
- 3) Your Parents
- 4) Your Siblings
- 5) Your Estate

If you wish to designate different beneficiaries, or to indicate percentages, you may do so on your application. If the listed beneficiary is a trustee or a trust, you will need to indicate the trustee's name, the name of the trust and the date of the trust agreement. The trust document must be presented in order for the claim to be processed.

** Benefits will not be paid to your Domestic Partner if he or she is not specifically designated.*

How Your Claims Are Paid

Your employer has all the forms your beneficiary will need and can provide assistance in completing them.

Questions?

CIGNA Group Insurance has courteous, knowledgeable customer service representatives who can assist you with the completion of your enrollment form by calling 1-800-732-1603 toll-free anytime from Monday through Friday, 8 a.m. to 6 p.m. Eastern time. CIGNA does not have your coverage election information on file. For specific benefit/account inquiries on what is available under your plan, please contact your Human Resources department.

This portion of the plan provides life insurance only.

Accident Insurance

Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn't take both an emotional and a financial toll on your family.

By purchasing this insurance through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction

Who Is Eligible For Coverage?

You – You are eligible for coverage if you are an active full-time employee of the sponsoring employer, working 40 or more hours per week.

*Your Spouse** – You may elect coverage for a lawful spouse under age 70.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

** Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner. You must have on file an affidavit (available from your employer) which specifies the criteria for being a Domestic Partner under the Group Policy. In addition, a Domestic Partner registered with the California Secretary of State is eligible as a Domestic Partner under the policy and no affidavit is necessary. Additional information is available from your Benefit Services Representative.*

How Much Coverage Can You Buy?

You – You may select from \$10,000 to \$250,000 of coverage in units of \$10,000 at an affordable price.

Your Spouse – You may select from \$10,000 to \$250,000 of coverage in units of \$10,000 for your spouse. Your spouse's benefit cannot exceed \$250,000.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

Your Monthly Cost

Personal Accident Insurance lets you select the amount of coverage you need. Your cost will depend on the amount of coverage you select for yourself and for your family. Simply follow the steps below to determine your total monthly cost.

1. Your Coverage	
Accident coverage is available in units of \$10,000 from \$10,000 to \$250,000.	
\$ _____ <i>Your Benefit Amount</i>	÷ 1,000
Units of Coverage = _____	
Cost per Unit x \$.03	
COST FOR YOU \$ _____	
2. Your Spouse's Coverage	
Accident coverage is available in units of \$10,000, to a maximum of \$250,000.	
\$ _____ <i>Spouse's Benefit Amount</i>	÷ 1,000
Units of Coverage = _____	
Cost per Unit x \$.03	
COST FOR YOUR SPOUSE \$ _____ (b)	
3. Total Monthly Cost	
Add the cost for you and your spouse.	
TOTAL MONTHLY COST (a+b) \$ _____	

Costs are subject to change.

Your insurance accident coverage amount can not exceed the amount of life insurance coverage selected under policy number FLX-964318.

Benefit Reductions

When the covered person reaches age 70, his or her benefits will be reduced to 65% of the benefit amount selected and at age 75, 50%. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.

A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech, or Loss of hearing in both ears, or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%
Coma	1%

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. **Loss of sight** means the total, permanent loss of all vision in the eye. **Loss of speech** means total, permanent and irrecoverable loss of audible communication. **Loss of hearing** means total and permanent loss of the ability to hear any sound in both ears. Loss of sight, speech and hearing must be irrecoverable by natural, surgical or artificial means. **Loss of a thumb and index finger or four fingers**, means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). **Paralysis** means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. **Loss of Toes** means complete severance through the metatarsophalangeal joint. **Severance** means complete and permanent separation and dismemberment of the limb from the body.

For Exposure and Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

Additional Benefits

For Comas

If you or your spouse have been in a coma for one full month as a result of a covered accident, we will pay a coma benefit, as shown in A Valuable Combination of Benefits. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.

For Child Care Expenses

Personal Accident Insurance pays an additional benefit to help pay for your children's child care expenses.

If you die as a result of a covered accident and you have a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward, we will pay a child care center benefit. This benefit will be an annual sum for each child of up to 3% of your benefit amount but not more than \$3,000 per year for 4 years or until the child turns 13, whichever occurs first.

We will make the payment to the child's surviving custodial parent or legal guardian.

Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.

Child means your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students).

For Furthering Education

The education benefit can give employees peace of mind if their children enroll in a school of higher learning.

If you die in a covered accident, we will pay an extra benefit for each child who is enrolled in a school of higher learning or is in the 12th grade and enrolls within one year of the accident. To help pay expenses, we will increase your benefit amount by 3% (up to \$3,000) for each qualifying child. This benefit is payable each year for 4 consecutive years as long as your children continue their education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

Child means your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students).

Additional Benefits

For Wearing a Seatbelt and Protection by an Airbag

This benefit is payable if an insured person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile*, while wearing a properly fastened seatbelt. That person's death benefit will be increased by 10% but not more than \$25,000. If the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System ** (Airbag), we will increase that person's death benefit by an additional 5% but not by more than \$10,000.

Verification of the actual use of the seatbelt and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s) and submitted with the claim.

If it is unclear whether the insured had been wearing a seatbelt or that the person was positioned in a seat protected by a properly functioning and properly deployed airbag, the plan will pay a benefit of \$1,000.

**Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes but is not limited to a sedan, station wagon, sport utility vehicle or a motor vehicle of the pickup, van, motor home or camper type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.*

***Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.*

What Is Not Covered

Plan benefits are not payable if an injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot or insurrection; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the covered accident occurred) or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates (an aircraft will be deemed to be "controlled" by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year); flying in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface, except as a passenger on a regularly scheduled commercial airline; that is: an ultra-light or glider, designed to be used in outer space; being used by any military authority, except the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew; being used for parachuting, hang-gliding, crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, skydiving, pipeline or power line inspection, aerial photography or exploration, racing or endurance tests, stunts or acrobatic flying, or any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

In addition, benefits will not be paid for services or treatment rendered by a physician, nurse or any other person who is employed or retained by the subscriber or who is providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in the covered person's household or a parent, sibling, spouse or child of the insured.

When Your Coverage Begins and Ends

Current employees can sign up during this enrollment period. New employees have 31 days from the date they become eligible to enroll. Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins. If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

For insurance for your spouse and/or children to become effective, he/she must not be an inpatient in a hospital, receiving chemotherapy or radiation therapy on an outpatient basis, confined at home and under the care of a physician for sickness or injury or totally disabled.

Your coverage will continue as long as you remain an eligible employee, pay your premium when due and we agree with your employer to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid or when he or she is no longer eligible, whichever occurs first.

***Totally disabled** means, if the covered person is employed, he/she is unable to perform any work for which he/she is (or may reasonably become) qualified by education, training or experience. If the covered person is not employed, totally disabled means he/she is unable to perform all the activities of daily living without human supervision or assistance.*

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

Signing Up Is Easy

No medical examination is required to apply!

Just follow these steps.

1. Choose the benefit amount and coverage options that are right for you.
2. Fill out the accident section of your insurance application and return it to your Human Resource Department.

Don't forget to . . .

Use the full name of your beneficiary. For example, use "Mary Jones Smith" not "Mrs. John A. Smith."

If you have any questions about the plan, please contact your Human Resources Department.

This portion of the plan provides ACCIDENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness.

This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-964318, on Policy Form TL-004700, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Public Administration Industry. Terms and conditions of accident insurance coverage are set forth in Group Policy No. OK 965920 on Policy Form No. GA-00-1000.00, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Public Administration Industry. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

*Coverage is underwritten by
Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, PA 19192*



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IF YOU HAVE A QUESTION ABOUT YOUR POLICY, IF YOU NEED ASSISTANCE WITH A PROBLEM, OR IF YOU HAVE QUESTIONS ABOUT A CLAIM, YOU MAY WRITE OR CALL US AT:

**ReliaStar Life Insurance Company
P.O. Box 20
Minneapolis, Minnesota 55440
Telephone Number: (612) 372-5432**

YOU WILL NEED TO PROVIDE YOUR POLICY NUMBER WITH ANY COMMUNICATION.

IF YOU DO NOT REACH A SATISFACTORY RESOLUTION AFTER HAVING DISCUSSIONS WITH US, OR OUR AGENT OR REPRESENTATIVE, OR BOTH, YOU MAY CONTACT THE FOLLOWING UNIT WITHIN THE DEPARTMENT OF INSURANCE THAT DEALS WITH CONSUMER AFFAIRS:

**California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, California 90013
Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)
Los Angeles: (213) 897-8921**

RELIASTAR LIFE INSURANCE COMPANY, Minneapolis, Minnesota 55440

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued Group Policy GL-36000-7 listed below to the Policyholder (Employer Group Insurance Trust). All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

**Group Policy Number
36000-7PORTT**

**Policyholder
Employer Group Insurance Trust**

**Participating Organization Number
36254-9PORTT**

**Participating Organization
City of Ontario**

The insurance included in this certificate applies to you only if you have elected and are insured for it.

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

Your beneficiary is the last beneficiary you named, according to the records on file in ReliaStar Life's Home Office or on file with the Plan Administrator, if applicable. You may change your beneficiary any time, according to the terms of the Group Policy.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.



Registrar

SCHEDULE OF BENEFITS

Supplemental Life, Accidental Death and Dismemberment (AD&D) Insurance

	Amount of Life Insurance*	Full Amount of AD&D Insurance*
EMPLOYEE	\$20,000 to \$500,000 in increments of \$10,000	\$20,000 to \$250,000 in increments of \$10,000
SPOUSE	\$20,000 to \$500,000 in increments of \$10,000	\$20,000 to \$250,000 in increments of \$10,000

*For employees, beginning on and after your 70th birthday, ReliaStar Life decreases the amount of your insurance. ReliaStar Life pays a percentage of the amount otherwise payable –

- from your 70th birthday to age 75, ReliaStar Life pays 65%.
- from your 75th birthday and after, ReliaStar Life pays 50%.

*For spouses, insurance terminates on the Covered Class Anniversary Date on or after your 70th birthday.

Accelerated Life Benefit

This benefit is equal to 50% of your amount of Life Insurance in force, or \$50,000, whichever is less. You must have at least \$20,000 in Life Insurance coverage in force to qualify for this benefit.

Dependent Life Insurance

	Amount of Life Insurance
CHILD (each)	
• 14 days but less than 6 months of age	\$500 or \$1,000
• 6 months but less than 19, student dependent	\$5,000 or \$10,000
• 19 but less than 25	

Proof of Good Health Requirements

Proof of good health will be required –

- for amounts of employee insurance in excess of \$150,000.
- for amounts of employee insurance in excess of 2 times Basic Yearly Earnings.
- for any amount of employee insurance if you apply more than 31 days after the date you become eligible.
- for any amount of employee insurance if ReliaStar Life requests it based on your response(s) to the health question(s) on the enrollment form.
- for any amount of spouse insurance regardless of when you apply.
- for any amount of dependent insurance if you apply more than 31 days after the date you become eligible for dependent's insurance.
- for any increase in the amount of employee insurance.
- for any increase in the amount of spouse insurance.
- for any increase in the amount of dependent's insurance.

EMPLOYEE'S/SPOUSE'S INSURANCE

Eligibility

You are eligible for insurance on the later of the following dates:

- The day after the date the employee begins continuous service with the Participating Organization.
- The date a Covered Class of a Participating Organization becomes eligible for insurance.

You must meet the following conditions to become insured:

- Be eligible for the insurance.
- Apply for the insurance.
- Belong to a Covered Class.
- For the employee, be actively at work.
- For the spouse, be at least age 18 and under age 60 on the date of application.
- Give to ReliaStar Life proof of good health, which it approves, as required on the Schedule of Benefits.

If your spouse is also eligible as an employee under the Group Policy, your spouse may be covered as an employee or as a spouse, but not both.

Effective Date of Insurance

Your insurance starts on the first day of the first month on or after the latest of the following dates:

- You become eligible for insurance;
- You apply for insurance, if proof of good health is not required; or
- ReliaStar Life approves your proof of good health.

Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on the first day of the month on or next following the date the increase is approved by ReliaStar Life.

If there is a decrease in the amount of your insurance, the decrease will take effect on the first day of the month on or next following the date the decrease request is received by ReliaStar Life.

Portability

Portability means you have the option to continue your life insurance if certain conditions are met.

You may exercise the portability option before you reach age 70 if your insurance stops for any of the following reasons:

- You retire or terminate your employment with the Participating Organization.
- The Participating Organization stops offering this life insurance plan and does not replace it with another supplemental life insurance plan.
- You are no longer eligible for insurance.

Any election to continue insurance must be made within 31 days of the date insurance would otherwise stop.

For a complete description of conditions for termination, see the Termination of Insurance section.

If the employee becomes eligible again for insurance under the Group Policy as an active employee, you may choose to do one, but not both, of the following:

- Keep your insurance. You must give ReliaStar Life proof of good health it accepts for any increase in the amount of insurance.
- Terminate the continued coverage. You may re-apply for insurance under the Group Policy, subject to the terms of the Group Policy.

EMPLOYEE'S/SPOUSE'S INSURANCE

Termination of Insurance

Your insurance stops on the earliest of the following dates:

- For active employees who have not exercised the portability option, the last day of the month during which you were last actively at work for the Participating Organization.
- For employees who have exercised the portability option, your Covered Class's Anniversary Date on or after your 70th birthday.
- The date the Participating Organization offers a similar life insurance plan through another insurance carrier, if the employee is actively at work on that date.
- The date the Group Policy stops.
- The date coverage of your Covered Class stops.
- For spouses, the Covered Class Anniversary Date on or after your 70th birthday.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
- For Accelerated Life Benefit, the date your Life Insurance stops.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided to your Covered Class.

DEPENDENT'S INSURANCE

Eligibility

You are eligible for Dependent's Insurance on the latest of the following dates:

- The date you are eligible for Employee's/Spouse's Insurance.
- The date you first acquire a dependent as defined.

You must meet all of the following conditions to become insured for Dependent's Insurance:

You must –

- be insured for Employee's/Spouse's Insurance.
- apply for Dependents' Insurance. You must apply for all dependents you have within 31 days of the date you are eligible for Dependent's Insurance.
- give ReliaStar Life proof of good health for your dependents which it approves, as required on the Schedule of Benefits.

If you and your spouse are insured under the Group Policy, either you or your spouse, but not both, can apply for Dependent's Insurance.

Effective Date of Dependent's Insurance

Your dependent's insurance starts on the latest of the following dates:

- The date you become eligible for Dependent's Insurance.
- The date of your dependent's final discharge from any facility for care and treatment of sickness or accidental injury, for any dependent, other than a newborn, who is confined in such facility on the date your Dependent's Insurance starts.
- The date ReliaStar Life approves your dependent's proof of good health, if proof is required by ReliaStar Life.
- The date you apply for Dependent's Insurance.
- The date ReliaStar Life receives your premium for dependent's insurance.

Portability

Your dependent's insurance will also continue if you exercised the portability option and continue to pay premiums for dependent's insurance.

If the employee becomes eligible again for insurance under the Group Policy as an active employee, you may choose to do one, but not both, of the following:

- Keep your dependent's insurance. You must give ReliaStar Life proof of good health it accepts, at your expense, for any increase to the amount of dependent's insurance.
- Terminate the continued coverage for your dependents. You may re-apply for dependent's insurance, subject to the terms of the Group Policy.

Termination of Insurance

Your Dependent's Insurance stops on the earliest of the following dates:

- The date the Group Policy stops.
- The date the Dependent's Insurance under your Covered Class stops.
- The date your insurance stops.
- The end of the period for which you made your last premium contribution for Dependent's Insurance if you do not make a required contribution when due.
- For each insured dependent, the last day of the month during which your insured dependent no longer meets the definition of dependent.
- The date the Dependent's Insurance is converted under the Conversion Right.

ReliaStar Life stops providing a specific benefit under your Dependent's Insurance on the date that benefit is no longer provided to your Covered Class.

Termination of Eligibility as a Student Dependent

Your student dependent is no longer an eligible student if your student dependent is 19 years or older and did not complete at least 8 months of full-time school attendance in the last 12 months, or does not meet the definition of dependent.

If your insured student dependent is unable to attend school full-time because of sickness or accidental injury, ReliaStar Life will continue the insurance until the first day of the next regular semester or quarter following your student dependent's recovery from sickness or accidental injury, or until your student dependent does not meet the definition of dependent.

DEPENDENT'S INSURANCE

Conversion of Dependent's Insurance

Your Dependent's Insurance can be converted to a new individual life insurance policy, without proof of good health, if it stops for any of the following reasons:

- You convert your coverage.
- You die.
- Your insured dependent no longer meets the definition of dependent.

The application for conversion and the first premium must be received by ReliaStar Life within 31 days after the date your Dependent's Insurance stops.

The new policy may be issued for any amount up to the amount of your Dependent's Insurance that stopped.

Your insured dependent may purchase any individual nonparticipating policy offered by ReliaStar Life, except term insurance. The new policy must provide for a level amount of insurance and have premiums at least equal to those of ReliaStar Life's whole life plan with the lowest premium.

If your insured dependent's Life Insurance is changed or cancelled because the Group Policy is changed or cancelled, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row, the amount of the individual policy is limited to the lesser of –

- \$5,000 or
- the amount of your insured dependent's Life Insurance which stops, minus the amount of other group insurance for which your insured dependent becomes eligible within 31 days of the date your insured dependent's insurance stops.

The new policy takes effect the first day of the month following the date your insured dependent applies for conversion.

If your insured dependent dies within the 31-day period allowed for making application to convert after Life Insurance stops, ReliaStar Life will pay a death benefit to the beneficiary in the amount your insured dependent was entitled to convert.

Premiums for the new policy are based on your insured dependent's age on the date of conversion.

LIFE INSURANCE

Life Insurance

ReliaStar Life pays a death benefit to your beneficiary if written proof is received that you have died while this insurance is in force. The death benefit is the amount of Life Insurance shown on the Schedule of Benefits in effect on the date of your death.

ReliaStar Life pays the death benefit for all causes of death. However, if you commit suicide, while sane or insane, within 2 years of the date your insurance starts, ReliaStar Life will refund only the amount of premiums paid for your Life Insurance under the Group Policy. ReliaStar Life will not pay a death benefit.

Waiver of Life Insurance Premium Disability Benefit

ReliaStar Life waives your Life Insurance premium that becomes due after you have been determined by ReliaStar Life to be totally disabled. The premium will be waived if you satisfy certain conditions. When ReliaStar Life waives a premium, the amount of Life Insurance equals the amount that would have been provided if you had not become totally disabled. That amount will reduce or stop according to the Schedule of Benefits in effect on the date total disability begins.

When ReliaStar Life waives a premium it includes Life Insurance, Waiver of Premium, Accelerated Life Benefit, AD&D Insurance, Dependent's Insurance, and any other benefits as elected under this certificate which were effective at the time of disability.

Conditions, Notice and Proof of Total Disability

ReliaStar Life requires written notice of claim and proof of total disability to waive your premium. All of the following conditions must also be met:

- Total disability must begin before your 60th birthday.
- You are insured for the Waiver of Life Insurance Premium Disability Benefit on the date you become totally disabled.
- You must be continuously totally disabled for at least 6 months.
- You continue to be totally disabled.
- Your insurance is in force when you suffer the sickness or accidental injury causing the total disability.
- All premiums are paid up to the date the total disability waiver is approved by ReliaStar Life.

ReliaStar Life needs written notice of claim before it waives any premium. This notice must be received –

- while you are living,
- while you are totally disabled, and
- within one year from the date total disability begins. If you cannot give ReliaStar Life notice within one year, your claim may still be considered if you show you gave ReliaStar Life notice as soon as reasonably possible.

ReliaStar Life needs proof of your total disability before any premiums can be waived. ReliaStar Life may require you to have a physical exam by a doctor it chooses. ReliaStar Life pays for that exam. ReliaStar Life can only require one exam a year after premiums have been waived for 2 full years.

When ReliaStar Life approves your proof of total disability, premiums are waived as of the sixth month following the date you become totally disabled. ReliaStar Life refunds to you any premium paid for the period during which premiums are not required to be paid under the Waiver of Life Insurance Premium Disability Benefit.

Termination of Waiver of Premium

ReliaStar Life stops waiving premiums on the earliest of the following dates:

- The date you are no longer totally disabled.
- The date you do not give ReliaStar Life proof of total disability when asked.
- The Covered Class Anniversary Date on or after your 70th birthday.
- The date your Life Insurance terminates.

If ReliaStar Life stops waiving your premiums, your Life Insurance will stay in force only if all of the following conditions are met:

- The Life Insurance under the Group Policy is still in force.
- You are eligible for insurance under the Group Policy.
- Your premium payments are resumed.

LIFE INSURANCE

The amount of Life Insurance that stays in force will be the amount shown on the Schedule of Benefits in effect on the date your premium payments are resumed.

If you apply for and are issued an individual policy under the Conversion Right of the Group Policy, this Waiver of Premium is not available unless you surrender the individual conversion policy to ReliaStar Life and this disability commenced while you were insured under the Group Policy. ReliaStar Life will then refund all premiums paid for the individual conversion policy.

Beneficiary

The beneficiary is named to receive the proceeds to be paid at your death. You may name more than one beneficiary.

You may name, add or change beneficiaries by written request as described below. You may also choose to name a beneficiary that you cannot change without his or her consent. This is an irrevocable beneficiary.

You may name, add or change beneficiaries by written request if all of the following conditions are met:

- Your coverage is in force.
- ReliaStar Life has written consent of all irrevocable beneficiaries.
- You have not assigned the ownership of your insurance. The rights of an assignee are described in the Assignment section.

All requests are subject to the approval of ReliaStar Life. A change will take effect as of the date it is signed but will not affect any payment ReliaStar Life makes or action it takes before receiving your notice.

Payment of Proceeds

ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

1. Your spouse.
2. Your natural and adopted children.
3. Your parents.
4. Your estate.

The person must be living on the tenth day after your death.

Settlement Options

Settlement options are alternative ways of paying the proceeds under the Group Policy. Proceeds is the amount of each benefit ReliaStar Life pays when you die or when you request and are eligible for the Accelerated Life Benefit. ReliaStar Life will send a statement with any periodic payment of the Accelerated Life Benefit showing the new in force amount of insurance. To find out more about settlement options, please contact ReliaStar Life.

Accelerated Life Benefit

NOTE: YOUR AMOUNT OF LIFE INSURANCE WILL BE REDUCED IF YOU RECEIVE AN ACCELERATED LIFE BENEFIT.

Accelerated Life Benefit proceeds is the amount ReliaStar Life pays to you or your legal representative while you are living when it has been determined that you have a terminal condition. The Accelerated Life Benefit proceeds are paid only once.

The Accelerated Life Benefit is the amount shown on the Schedule of Benefits in effect on the date you apply for Accelerated Life Benefit proceeds. You will not be able to increase your Life Insurance benefit after the time you apply for the Accelerated Life Benefit, unless it is determined that you are ineligible to receive Accelerated Life Benefit proceeds and also eligible for the increase.

LIFE INSURANCE

To receive the Accelerated Life Benefit, **all** of the following conditions must be met.

You must:

- request this benefit in writing while you are living. If you are unable to request this benefit yourself, your legal representative may request it for you.
- be insured for Life Insurance benefits under this Group Policy.
- have Life Insurance benefits of at least \$20,000 as shown on the Schedule of Benefits.
- provide to ReliaStar Life a doctor's statement which gives the diagnosis of your medical condition; and states that because of the nature and severity of such condition, your life expectancy is no more than 6 months. ReliaStar Life may require that you be examined by a doctor of its choosing. If ReliaStar Life requires this, ReliaStar Life pays for the exam.
- provide to ReliaStar Life written consent from any irrevocable beneficiary, assignee, and, in community property states, from your spouse.

Benefit Payment

ReliaStar Life pays the Accelerated Life Benefit proceeds to you unless both of the following are true:

- It is shown, to the satisfaction of ReliaStar Life, that you are physically and mentally incapable of receiving and cashing the lump sum payment.
- A representative appointed by the courts to act on your behalf makes a claim for the payment.

If ReliaStar Life does not pay you because the 2 above conditions apply, payments instead will be made to one of the following:

- A person who takes care of you.
- An institution that takes care of you.
- Any other person ReliaStar Life considers entitled to receive the payments as your trustee.

Accelerated Life Benefit Exclusions

ReliaStar Life does not pay benefits for a terminal condition if either of the following apply:

- any required Accelerated Life Benefit premium or Life Insurance premium is due and unpaid.
- the terminal condition is directly or indirectly caused by attempted suicide or intentionally self-inflicted injury, whether sane or insane.

Effects on Coverage

When ReliaStar Life pays out this benefit, your coverage is affected in the following ways:

- Your total available Life Insurance benefit equals your amount of Life Insurance shown on the Schedule of Benefits at the time your application for the Accelerated Life Benefit is approved.
- Your Life Insurance benefit is reduced by the Accelerated Life Benefit proceeds paid out under this provision.
- Your Life Insurance benefit amount which you may convert is reduced by the Accelerated Life Benefit proceeds paid out under this provision.
- You will not be able to increase your Life Insurance benefit after ReliaStar Life approves you to receive the Accelerated Life Benefit.
- Your premium is based upon the Life Insurance benefit amount in force prior to any proceeds paid under this Accelerated Life Benefit provision. Such premium must be paid, unless waived, to keep the Life Insurance coverage in force.
- Your remaining Life Insurance benefit is subject to future age reductions.
- You will not be able to reinstate your coverage to its full amount in the event of a recovery from a terminal condition.
- Your spouses' or dependents' Life Insurance coverage will be unaffected by Accelerated Life Benefit proceeds paid to you, provided all required premiums are paid.
- Your receipt of Accelerated Life Benefit proceeds does not affect your Accidental Death and Dismemberment Insurance. Thus, if you should die in an accident after receiving Accelerated Life Benefit Proceeds, the amount of your Accidental Death and Dismemberment Insurance will not be affected.

LIFE INSURANCE

Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit if you lose your life, limb, or sight due to an accident. All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- The loss occurs within 180 days of the date of the accident.
- The cause of the loss is not excluded.
- The loss occurs before the first premium due date following your 70th birthday.

ReliaStar Life pays the benefit shown below if you suffer any of the losses listed. The Full Amount is shown on the Schedule of Benefits. ReliaStar Life pays only one Full Amount while the Group Policy is in effect. If you have a loss for which ReliaStar Life paid 1/2 of the Full Amount, ReliaStar Life pays no more than 1/2 of the Full Amount for the next loss.

For:

The benefit is:

Loss of life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount
Loss of one hand or one foot or sight of one eye	1/2 Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight.

ReliaStar Life does not pay a benefit for loss of use of the hand or foot.

Death benefits are paid to your beneficiary. All other benefits are paid to you.

Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- An accident occurring before the Effective Date of your Covered Class.
- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.

Dependent's Life Insurance

ReliaStar Life pays a death benefit according to the Dependent's Life Insurance shown on the Schedule of Benefits in effect on the date your insured dependent dies.

ReliaStar Life pays the proceeds to you, if you are living on the earlier of the following:

- The day ReliaStar Life receives proof of your insured dependent's death at its Home Office.
- The tenth day after your insured dependent's death.

If you are not living on either of these dates, ReliaStar Life pays the proceeds to the following in the order listed:

1. Your spouse, if living.
2. Your estate.

If your insured dependent, while sane or insane, commits suicide within two years from the date his or her coverage starts, ReliaStar Life will refund only the amount of premiums already paid with respect to that dependent. ReliaStar Life will not pay a death benefit.

CONVERSION RIGHTS

Life Insurance

You may convert this insurance to an individual life insurance policy if any part of your Life Insurance under the Group Policy stops. Proof of good health is not required.

Conditions for Conversion

You may convert this Life Insurance if it stops for any of the following reasons:

- You have reached the maximum age limit of your Covered Class.
- Your Life Insurance is terminated because the Group Policy or your Covered Class is terminated and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row.
- The amount of Life Insurance is reduced.
- Premium is no longer being waived under the Waiver of Life Insurance Premium Disability Benefit and your group Life Insurance stops.
- The Participating Organization offers a similar life insurance plan through another insurance carrier.

You must apply for and pay the first premium for an individual policy within 31 days after any part of your insurance stops.

ReliaStar Life must be notified in writing, and will supply you with a conversion form to complete and return.

Type of Converted Policy

You may purchase any individual, non-term nonparticipating policy offered to your Covered Class by ReliaStar Life. The new insurance will not include a Waiver of Premium benefit unless Waiver of Premium is offered by us under the conversion policy and proof of good health is provided.

Amount of Conversion Coverage

If your Life Insurance is terminated because the Group Policy or your Covered Class is terminated, or the Participating Organization offers a similar life insurance plan through another insurance carrier, and your Life Insurance under the Group Policy has been in effect for at least 5 years in a row, the amount of the individual policy is limited to the lesser of –

- \$5,000, or
- the amount of Life Insurance which stops, minus the amount of other group insurance for which you become eligible within 31 days of the date your insurance stops.

If your Life Insurance stops for any other reason, the amount of your individual policy may be any amount up to the amount of your Life Insurance that stopped.

Effective Date

The new policy takes effect the first day of the month following the date you apply for conversion.

If you die within the 31-day period allowed for making application to convert after your Life Insurance stops, ReliaStar Life will pay a death benefit to your beneficiary in the amount you were entitled to convert only if ReliaStar Life had received your signed notification of the conversion.

Premiums

Premiums for the new policy are based on your age on the date of conversion.

CLAIM PROCEDURES

Submitting a Claim

You, your insured dependent or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must –

- include information to identify you or your insured dependent, like your name, address and Covered Class' Group number.
- be sent to ReliaStar Life or to the authorized administrator.
- be sent within 20 days after the loss for which claim is based has occurred or as soon as reasonably possible.

Claim Forms

ReliaStar Life or its authorized administrator will send proof of loss claim forms within 15 days after ReliaStar Life receives notice of claim.

Completed proof of loss claim forms or other written proof of loss detailing how the loss occurred must be sent to ReliaStar Life within 90 days after the loss or as soon as reasonably possible.

GENERAL PROVISIONS

Life Insurance Assignment

You can change the owner of your Life Insurance under the Group Policy by sending ReliaStar Life written notice. This change is an absolute assignment. You transfer all your rights and duties as owner to the new owner. The new owner can then make any change the Group Policy allows. A request for an absolute assignment –

- does not change the insurance or the beneficiary.
- applies only if ReliaStar Life receives your notice.
- takes effect from the date signed.
- does not affect any payment ReliaStar Life makes or action ReliaStar Life takes before receiving your notice.

ReliaStar Life assumes no responsibility for the validity of any assignment. You are responsible to see that the assignment is legal in your state and that it accomplishes the goals that you intend.

A collateral assignment is not allowed.

Legal Action

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

Autopsy

ReliaStar Life may have an autopsy performed, if not forbidden by state law, if you die.

Incontestability

Your insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your insurance because of inaccurate or false information received relating to your or your dependents' insurability. Only statements that are in writing and signed by you can be used to contest the insurance.

DEFINITIONS

Accident – an unexpected, external, violent and sudden event.

Active Work, Actively at Work – the applicant is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

Covered Class – all employees as described below.

Dependent –

- your lawful spouse.
- your unmarried child over 14 days but less than 19 years of age.
- your unmarried child 19 years but less than 25 years of age who is a student dependent.

The term “child” means –

- your natural or adopted child, who is dependent on you for support and maintenance.
- a child who is placed in your home for purposes of adoption.
- a child who is primarily dependent on you for support and lives with you in a permanent parent-child relationship, and who is your stepchild, your foster child, or a child for whom you are legal guardian.

The term “dependent” does not include –

- a spouse.
- a married child.
- a child living outside the United States.
- a child on active military duty.
- a child eligible for Employee's/Spouse's Insurance under the Group Policy.
- a parent of you or your spouse.
- a child who does not give proof of good health when asked, or whose proof is not accepted by ReliaStar Life.

Employee – an active employee residing in the United States who is employed by the Participating Organization and is regularly scheduled to work on at least a 40-hour-per-week basis. Temporary and seasonal employees are excluded.

Group Policy – the written group insurance contract between ReliaStar Life and the Policyholder.

Nonworking Day – a day on which the employee is not regularly scheduled to work, including time off for the following:

- Vacations.
- Personal holidays.
- Weekends and holidays.
- Approved nonmedical leave of absence.

Nonworking day does not include time off for any of the following:

- Medical leave of absence.
- Temporary layoff.
- The Participating Organization suspending its operations, in part or total.
- Strike.

ReliaStar Life – ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

Spouse – the legal husband or wife of an employee.

Student Dependent – a dependent who has his or her chief place of residence with you, does not have a regular full-time job and is a full-time student physically attending classes at a school with a regular teaching staff, curriculum and student body.

ReliaStar Life considers full-time to be the number of credits or courses required for full-time students by the school your dependent is attending.

DEFINITIONS

Terminal Condition – an injury or sickness which is expected to result in your death within 6 months and from which there is no reasonable chance of recovery. ReliaStar Life, or a qualified party chosen by ReliaStar Life, will make this determination.

Total Disability, Totally Disabled – your inability, due to sickness or accidental injury, to work at any job suited to your education, training or experience.

Written, In Writing – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

You, Your – a person insured for insurance under the Group Policy.

INSURANCE APPLICATION

Life Insurance Company of North America (LINA)
 a CIGNA Company (herein called the Insurance Company)
 For info and customer service call 1-800-732-1603.



- The applicant must sign and date this form.
- This form cannot be considered unless received within 30 days of the date it is dated.

Important: Please enter all dates in mm/dd/yyyy format.

EMPLOYER USE (MANDATORY DATA NEEDED): In order to process this application, the employer must complete this information.		
EMPLOYER	City of Ontario	
CLASS	LOCATION/PAYCODE#	DATE OF HIRE
REASON FOR REQUEST:	ANNUAL SALARY	VERIFIED BY
<input type="checkbox"/> NEW HIRE <input type="checkbox"/> INITIAL ENROLLMENT EVENT <input type="checkbox"/> ONGOING ENROLLMENT EVENT <input type="checkbox"/> LATE ENTRANT		
	VOLUNTARY EMPLOYEE	VOLUNTARY SPOUSE/DOMESTIC PARTNER
NEW COVERAGE (TOTAL)		
CURRENT COVERAGE		
GUARANTEED COVERAGE PORTION OF REQUESTED INCREASE		
AMOUNT SUBJECT TO MEDICAL EVIDENCE		

Please print (preferably in black ink).

EMPLOYEE SECTION

Mr. Mrs. Ms. (Check One)

Employee Name _____ Social Security # _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Employee ID # _____ Sex: M F

Important: You must complete the medical questions in this application if you apply for life insurance: (1) as a newly hired employee your election exceeds the Guaranteed Coverage Amount, or you are applying more than 31 days after you are eligible to elect benefits; (2) you were eligible under the prior plan and enroll or increase your insurance amount(s) above the Guaranteed Coverage Amount.

COMPLETE IF ELECTING SPOUSE/DOMESTIC PARTNER COVERAGE

I am currently married and my date of marriage is _____ -or- I currently have an eligible Domestic Partner

Spouse or Domestic Partner Name (First) _____ (Last) _____ Social Security # _____

Birthdate _____ Sex: M F

Information

TERM LIFE INSURANCE — POLICY NO. FLX-964318

	<u>Applicant</u>	<u>Decline</u>	<u>Requested Amount</u>	<u>Guaranteed Coverage Amount*</u>
Voluntary Employee-Paid Coverage	Employee	<input type="checkbox"/>	<input type="checkbox"/> Number of \$20,000 units _____	Lesser of 2 times salary or \$160,000
	Spouse/Domestic Partner	<input type="checkbox"/>	<input type="checkbox"/> Number of \$10,000 units _____	None
	Child(ren)	<input type="checkbox"/>	<input type="checkbox"/> Number of \$5,000 units _____	\$10,000

*Guaranteed Coverage Amount is only available during Initial Enrollment and at such other times as identified and outlined in offering materials. Amounts of insurance may be limited by state law.

ACCIDENT INSURANCE — POLICY NO. OK-965920

I select the following insurance amount:

Employee Benefit Amount \$ _____

Spouse/Domestic Partner \$ _____

Your accident insurance coverage selection can not exceed the life insurance coverage amount you selected under policy number FLX-964318

BENEFICIARY

To **specify a beneficiary**, complete the section below. You will be the beneficiary for your spouse and child(ren) unless you specify otherwise. When specifying multiple beneficiaries, you must indicate the percentage of distribution for each. If there is not enough room to specify all beneficiaries, attach, sign and date a separate sheet of paper using the format below.

Insured	Beneficiary	Percentage	Social Security #	Date of Birth	Relationship
Employee (Life)					
Employee (Accident)					

ACCEPTANCE/DECLINATION

I accept the insurance coverages elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company's approval.

Signature _____ Date _____

Please Sign Here

Important: You must also sign and date the Agreements section on the back of this form.

Be sure to make a copy of your application for your own records.

IMPORTANT
 Please complete each section that follows if it is needed.
 Read the Agreements and Authorization. Sign and date the form in the space provided.

Complete the employee and spouse/domestic partner information in this section if you (i.e., the Employee) or your spouse/domestic partner are applying for Life Insurance that is greater than the guaranteed amount or are applying for Life Insurance more than 31 days after you were eligible for the insurance.

Height and Weight Information

Employee			Spouse/Domestic Partner		
Height	ft	in	Height	ft	in
Weight	lbs		Weight	lbs	

PHYSICIAN SECTION

Employee Physician

Name _____ Phone No. _____

Street Address _____ City _____ State _____ Zip _____

Spouse/Domestic Partner Physician

Name _____ Phone No. _____

Street Address _____ City _____ State _____ Zip _____

Please indicate your answers for each question by checking the Yes or No box for the question.

SECTION A

Within the last 5 years has the proposed insured been:

- diagnosed with any of the conditions shown in items A through J below,
- told by a medical professional he/she has or may have any of the conditions shown in items A through J below,
- or been treated by a medical professional for any of the conditions shown in items A through J below?

	Employee		Spouse/ Dom. Part.	
	Yes	No	Yes	No
A. High blood pressure, heart attack, chest pain or Angina, a heart murmur, poor circulation or any other condition affecting the heart or circulatory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Diabetes, glandular condition, Hepatitis, or any condition affecting the esophagus, stomach, intestines, liver or pancreas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Asthma, Chronic Bronchitis, Emphysema, or any other condition affecting the lungs or respiratory tract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Any condition affecting the kidneys, urinary tract, prostate gland or reproductive system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. HIV infection, AIDS, or any other condition affecting the immune system or lymph nodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stroke, Transient Ischemic Attack (TIA), Alzheimer's disease, paralysis, Epilepsy, fainting, seizures, headaches, or other condition affecting the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Anemia or any other condition affecting the blood, Lupus, Arthritis, deformity or loss of limb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Anxiety, Depression, Bipolar Disorder, or any other mental disorder or condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Cancer, Tumor, Leukemia, Hodgkin's Disease, Polyps or Mole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Alcohol or drug abuse or dependency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B

Within the last 5 years has the proposed insured:

A. Had a Driving While Intoxicated (DWI), Driving Under the Influence (DUI) or Operating Under the Influence (OUI) conviction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Smoked cigarettes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. For how many years has the proposed insured smoked?				
2. Approximately how many cigarettes are, or were, smoked on average per day?				
3. If cigarette smoking has been discontinued, when (month and year) did the proposed insured quit smoking?				
C. Used any controlled or illegal drug or other substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Been seen for, or been advised to have sought treatment for, observation and/or consultation for surgery, medical examination, and/or tests, such as blood, urine, X-rays, electrocardiograms, scans, biopsies, or any medical tests/exams not listed here or above, other than normal routine physical exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Used any medication prescribed by a physician or other medical practitioner, or used any form of alternative and complementary medical treatment or remedy, including herbs or acupuncture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Been seen, sought treatment for, consulted, advised they had and/or received any medical advice from a health care practitioner for any disease, disorder and/or medical impairment not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below to explain "Yes" answers. If more space is needed, use a new page. Sign and date it. Attach it to this form.

Name of Employee, Spouse/Domestic Partner	Medical Condition	Date Occurred	Duration/Treatment Received	Current Status

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Important: You must also sign and date the Agreements and Authorization section.

Fold and staple this page to conceal health questions.

Return application to your employer. Be sure to make a copy for your own records.

◆◆◆ AGREEMENTS AND AUTHORIZATION ◆◆◆

To the best of my knowledge and belief all written, telephonic and electronic info I gave is true and complete. I understand that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will not go into effect unless the person is not confined in a hospital or institution, or receiving certain medical treatment. The conditions for the requested insurance to be effective are described in the policy and certificate. The approval of this request by the Insurance Company is one of those conditions. I understand and agree that:

- (1) This request will be a part of the policy that provides the insurance.
- (2) I may need to provide more medical info.
- (3) I may need to take medical tests and report the results to the Insurance Company.
- (4) I must report any change in my health that happens before the insurance is effective.
- (5) Requested insurance will not be effective for a person if the person does not meet the underwriting requirements on the date insurance is to be effective.

Authorization. I permit any hospital, clinic, health care practitioner, pharmacy, benefit manager, employer, insurance company, the Medical Information Bureau (MIB) or any other person or organization having info about the health, medical history, physical or mental condition, diagnosis or treatment, employment or income, or motor vehicle driving record, of me to disclose to the Insurance Company or its authorized agent, any such info, for the purpose of underwriting this application for insurance or administering any claim under any insurance which is approved. This authorization is valid for 30 months from the date below. I accept that a copy of this Authorization is as valid as the original.

I understand that I and/or my authorized agent have the right to receive a copy of this authorization upon request.

I understand that the info will be used to assess my request for insurance.

I may revoke this authorization at any time in writing. Any such revocation will not: (1) change any action taken in reliance on the Authorization; and (2) change the Insurance Company's right to use the Authorization for contest of a claim or policy in accordance with applicable law.

I understand that info provided pursuant to this authorization may be disclosed by the recipient and is no longer subject to the protections of the Health Insurance Portability and Accountability Act (HIPAA). (The Insurance Companies are subject to the Gramm-Leach-Bliley act and state privacy laws. They do not disclose protected information except as permitted by those laws.)



Sign Here

Employee's Signature

Month/Day/Year

Spouse/Domestic Partner's Signature

Month/Day/Year

(If applying for insurance for your spouse/domestic partner)

Notice: Personal information may be collected from persons other than those proposed for coverage. Information may be disclosed to third parties without your authorization as permitted by law. You have the right to access and correct all personal information collected. Additional information about the insurance company's privacy practices is available upon request.

BENEFICIARY DESIGNATION FORM
Life Insurance Company of North America



Employer Name _____ City of Ontario _____
 Employee Name _____ Employee Social Security # _____
 Current Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Voluntary Term Life Insurance, Life Insurance Company of North America - Policy No. FLX-964318

Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

Voluntary Term Life Insurance, Life Insurance Company of North America - Policy No. FLX-964318

Spouse's/Domestic Partner's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Spouse's/Domestic Partner's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

Voluntary Term Life Insurance, Life Insurance Company of North America - Policy No. FLX-964318

Child(ren)'s Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

Voluntary Accident Insurance, Life Insurance Company of North America - Policy No. OK-965920

Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

Voluntary Accident Insurance, Life Insurance Company of North America - Policy No. OK-965920

Spouse's/Domestic Partner's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Spouse's/Domestic Partner's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

If you need additional space using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

Note: This form is not complete without your signature. Please sign the form where indicated.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.