Optional Life and Accidental Death and Dismemberment (AD&D) Insurance

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children’s education, and more in the event of your passing. AD&D insurance can provide you and your family with extra protection in the event of death or dismemberment as a result of a covered accident. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through University of Vermont.

Eligibility Requirements

Employee
- You must be insured for Basic Life through The Standard
- You must be an active faculty or staff employee of University of Vermont working a full-time equivalency of 75%, other than a federal civil service employee, and meet the definition of eligible Employee in the group policy
- Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- You cannot be insured as both an employee and a dependent

Dependent
- You must elect Optional Life insurance for yourself in order to elect Dependents Life insurance
- Spouse means a person to whom you are legally married, or your same gender domestic partner, or a person who is party to a civil union with you as recognized by Vermont law.
- Child means your unmarried child from live birth through age 25 who is dependent on you for at least 50% support and maintenance
- Your child cannot be insured by more than one employee
- Your spouse must not be a full-time member of the armed forces

Premium
- You contribute toward the cost of coverage through easy payroll deduction

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Optional Life and Dependents Life insurance for which you are interested in applying.

You may elect Option I, Option II, or one of the multiple amounts under Option III.

Option I: $50,000 less the amount of your Basic Life Insurance

Option II: 2 times your Annual Wage, less the amount of your Basic Life Insurance, rounded to the next multiple of $1,000, if not already such a multiple. The maximum amount of Basic Life and Option II Optional Life is $500,000 and the minimum amount of $20,000.

Option III: Under Option III, the amount may be chosen if you have elected Option II. The Option III amount is 3, 4, 5, 6, or 7 times your Annual Wage, less the amount of your Basic Life Insurance, rounded to the nearest $1,000, if not already such a multiple. The amount of Optional Life under Option III always requires Evidence of Insurability. The maximum amount for Option III is $1,000,000.

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Guarantee Issue amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Option 1: $20,000</td>
<td>$200,000</td>
<td>Option 1: All</td>
</tr>
<tr>
<td></td>
<td>Option 2: 50% of your Life Insurance Amount</td>
<td></td>
<td>Option 2: $50,000</td>
</tr>
<tr>
<td>Child</td>
<td>$10,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Note:

- Option III, and amounts of coverage elected above the Guarantee Issue amount for a Spouse, are subject to medical underwriting approval. To submit a medical history statement online, visit: http://www.standard.com/mybenefits/mhs_ho.html.
- If medical history for your Spouse is declined, your Spouse will be insured under Option 1.
- All late applications (applying 30 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval.
- The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Optional Life coverage.
- The coverage amount for your child(ren) cannot exceed 100 percent of your combined Basic and Optional Life coverage.

**Coverage Amount Needed**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Optional Life insurance you may need to protect your loved ones, The Standard has created a Life Insurance Needs Calculator found at: http://www.standard.com/lifeneeds.

**Employee and Dependents Coverage Effective Date**

To become insured as an employee, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), agree to pay premium, and be actively at work (performing with reasonable continuity the material duties of your job) on your scheduled effective date of insurance.

If you are not actively at work on scheduled effective date of insurance including Dependents Life insurance, your insurance will not become effective until the day after you complete 5 full days of active work as an eligible employee.

In addition, life insurance for your dependents will not take effect for a dependent who is confined to hospital or nursing home until the day after confinement ends, if the dependent is performing all the normal activities of a person in good health of the same age and gender.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

**Life and AD&D Age Reductions**

Under this plan, your coverage amount reduces by your age as follows: by 33 percent at age 65, by 55 percent at age 70, and by 70 percent at age 75.

If you are age 65 or over, ask your human resources representative for the amount of coverage available.

**Life Insurance Exclusions**

This plan contains an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.
Life Insurance Features and Benefits
Please see your human resources representative for additional information about the features and benefits below.

Waiver of Premium
If you become totally disabled while insured under this plan and under age 70, and complete a waiting period of 6 months, your Basic and Optional Life insurance may continue without premium payment provided you give us satisfactory proof that you remain totally disabled. Waiver of Premium does not apply to AD&D insurance.

Accelerated Benefit
If you become terminally ill, you may be eligible to receive up to 100 percent of your combined Basic and Optional Life benefit to a maximum of $500,000.

If one of your dependents becomes terminally ill, you may be eligible to receive up to 100% of their dependent life benefit.

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

Optional AD&D Insurance Benefit Schedule
The amount of the Optional AD&D benefit for loss of your life is equal to the amount payable for your Optional Life benefit on the date of the accident. The amount of the Optional AD&D benefit for other covered losses is a percentage of the amount payable for the Optional AD&D benefit on the date of the accident as shown below.

<table>
<thead>
<tr>
<th>Loss:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>100%</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Two or more of the losses listed above</td>
<td>100%</td>
</tr>
</tbody>
</table>

An additional benefit may be payable if you die:

- While you ride as a fare paying passenger in a public conveyance
- As a direct result of the burning of a hotel, theatre, school, or government building.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Additional AD&D Insurance Exclusions
AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of alcohol or being under the influence of a narcotic, unless used or consumed according to the directions of a physician
- A disease or illness of any kind, including heart attack or stroke, or medical or surgical treatment of these; ptomaine or bacterial infection, except infection as a result of an accidental cut or wound
When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- For Optional AD&D insurance for you, the date your Optional life insurance ends

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

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

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Employee Rates

If you elect Optional Life with AD&D insurance, your monthly rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

<table>
<thead>
<tr>
<th>Employee’s Age (as of last January 1)</th>
<th>Rate* (Per $1,000 of Total Coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.063</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.070</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.079</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.105</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.163</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.250</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.450</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.582</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.290</td>
</tr>
<tr>
<td>70+</td>
<td>$2.080</td>
</tr>
</tbody>
</table>

To calculate your premium:

1. Amount Elected: Write this amount on the Optional Life with AD&D requested amount line on your Enrollment and Change Form. Line 1: __________
2. Line 1 divided by $1,000 = Line 2. Line 2: __________
3. Select your rate from the rate table and enter on Line 3. Line 3: __________
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: __________

* Monthly AD&D rate of $0.02 per $1,000 of AD&D benefit has been included in each of the above rates.
Spouse Rates

If you elect Dependents Life insurance for your spouse, your monthly rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

<table>
<thead>
<tr>
<th>Employee’s Age (as of last January 1)</th>
<th>Rate (Per $1,000 of Total Coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>$0.043</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.050</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.059</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.085</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.143</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.230</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.430</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.562</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.270</td>
</tr>
<tr>
<td>70+</td>
<td>$2.060</td>
</tr>
</tbody>
</table>

To calculate the premium for your spouse:

1. Amount Elected: Write this amount on the Spouse Life requested amount line on your Enrollment and Change Form. Line 1: __________
2. Line 1 divided by $1,000 = Line 2. Line 2: __________
3. Select your rate from the rate table and enter on Line 3. Line 3: __________
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: __________

Child Rates

If you elect Dependents Life insurance for your eligible child(ren), your monthly rate for this coverage is $.026 per member for $10,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.
Standard Insurance Company

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

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

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