## Table of Contents

- Exhibit A – Census Data ........................................................................................................... 0
- Exhibit B – LTD Benefit Handbook ......................................................................................... 1
- Exhibit C – LTD Plan Document ............................................................................................. 23
- Exhibit D – Basic & Voluntary Life Insurance Handbook ....................................................... 53
- Exhibit E – Basic & Voluntary Life Plan Document ................................................................. 91
- Exhibit F – LTD and Life 5-Year Plan History ....................................................................... Upon request only
- Exhibit G – MOSERS’ Claims History .................................................................................... Upon request only

Insurers may obtain the exhibits marked “upon request only” by emailing MOSERS at the contact email: [InsurerRFP@mosers.org](mailto:InsurerRFP@mosers.org)
This handbook provides a description of your long-term disability insurance benefits, provided pursuant to Chapter 104, RSMo, and The Standard Group Insurance Policy Number 604201 or successors thereto, issued to the Trustees of the Missouri State Employees' Retirement System (MOSERS). If there is a discrepancy between this handbook and the statute or insurance contract, the statute or insurance contract will prevail.
MOSERS' Mission
MOSERS exists to advance the financial security of its members.

How To Contact MOSERS

MOSERS benefit counselors are a valuable source for information and assistance regarding your benefits. They can explain the different plan provisions, provide you with a benefit estimate, and counsel you regarding your benefit options.

Our business hours are 7:30 a.m. to 4:30 p.m. Monday - Friday.

Our call center hours are 8:00 a.m. to noon and 1:00 p.m. to 4:30 p.m. Monday - Friday.

Website
www.mosers.org

Email
mosers@mosers.org

Telephone
(573) 632-6100
(800) 827-1063

Fax
(573) 632-6103

Mailing Address
PO Box 209
Jefferson City, MO 65102-0209

Social Media

Office Location
907 Wildwood Drive
Jefferson City, MO
# TABLE OF CONTENTS

## Overview
Income Replacement Should You Become Disabled ........................................................ 4
Employees Eligible for LTD Coverage ............................................................................. 5
Workplace Possibilities Program ...................................................................................... 5

## Your Long-Term Disability Benefits
LTD Coverage ................................................................................................................. 6
LTD Benefits ................................................................................................................... 6
Exclusions and Limitations on LTD Benefits ................................................................... 8
LTD Income ................................................................................................................... 9
Return to Work Incentive .............................................................................................. 10
Maintaining Your Benefits ............................................................................................. 11
Dual Employment Provision ......................................................................................... 11
Temporary Recovery and New Disabilities ................................................................ 12
Death and Your LTD Benefits ....................................................................................... 12
Reasonable Accommodations ....................................................................................... 13

## Applying for LTD Benefits
The Claims Process ........................................................................................................ 14
The Approval Process ..................................................................................................... 15
Denial, Suspension, or Termination of an LTD Claim ................................................... 15

## Other Important Information
Retaining Life Insurance & Medical Benefits ................................................................. 16
Calculating Your Retirement Benefit ............................................................................. 16
Pertinent Dates for LTD ................................................................................................. 17
Certificate of Insurance ................................................................................................. 18

## Glossary
Definition of Terms ........................................................................................................ 19
Overview

Income Replacement Should You Become Disabled

People insure their lives, health, homes, and other possessions, but often overlook their most important asset—their ability to earn an income. Long-term disability (LTD) insurance protects your earning ability by providing partial income replacement in the event you become disabled; this bridges the gap from your date of disability to your recovery or retirement, whichever comes first. Fortunately, as an eligible, active employee of the state of Missouri, you are provided LTD coverage at no cost to you.

Please take a few minutes now to read through this handbook. Contact a MOSERS benefit counselor at (800) 827-1063 or (573) 632-6100 with any LTD questions. Acquainting yourself with the terms in the glossary (pages 19-20) will also help you better understand your LTD coverage.

Your LTD benefits include:

- No-cost coverage; premiums are paid by your employer.
- A 90-day benefit waiting period.
- 60% replacement of your pre-disability earnings less any deductible income (see pages 6-7 for examples of deductible income).
- Continuation of creditable service toward retirement benefits for each month you receive disability benefits.
- Annually-indexed salary, from the time of disability, to be used in calculating retirement benefits.
- Lump-sum survivor benefit to your spouse (or children) if you die while receiving LTD benefits.
- Continued life insurance coverage with the potential of not having to pay the premiums (waiver of premiums).
- Continued LTD coverage for up to one year if you are on an approved leave of absence, provided you pay the premiums.
- Reasonable accommodations expense benefit to help you stay in or return to active work (see page 13).

Coverage is provided through a policy administered by Standard Insurance Company, referred to throughout this handbook as The Standard.
Employees Eligible For LTD Coverage

Eligible Employees
You are eligible for MOSERS LTD insurance coverage if:

- You are working in a permanent position normally requiring at least 1,040 hours per year as an employee of the state of Missouri, and you are a member of any of the following retirement plans: the Missouri State Employees’ Plan (MSEP), the Missouri State Employees’ Plan 2000 (MSEP 2000, including MSEP 2011), the Judicial Plan (including the Judicial Plan 2011), or the Administrative Law Judges and Legal Advisors’ Plan (ALJLAP).

- You are a member of the Public School and Education Employee Retirement System of Missouri (PSRS/PEERS) and are employed full-time by a state agency.

- You are working in an MSEP, MSEP 2000, or MSEP 2011 position at Lincoln University or State Technical College of Missouri.

- You are a Uniformed Water Patrol Officer electing MOSERS benefits under the provisions of House Bill 1868.

Employees Not Eligible
Certain groups of MOSERS members are not eligible to participate in the LTD plan. These include the following:

- Uniformed Water Patrol Officers who have qualified, or who qualify for receiving other disability benefits or retirement benefits due to disability, under the statutory occupational disability plan.

- Members of MOSERS who have another disability plan provided by their employer (i.e. state colleges and universities not listed above).

- Members eligible for normal (unreduced) retirement from MOSERS.

- Missouri State Highway Patrol employees (except Uniformed Water Patrol Officers electing MOSERS benefits under the provisions of House Bill 1868).

Workplace Possibilities Program
The Standard Insurance Company offers the Workplace Possibilities program to assist eligible employees who may be having difficulty performing job duties due to a medical condition. This program offers consultations that may lead to providing accommodations or services to promote a healthier work place. Examples include ergonomic evaluation for specialized seating, sit/stand work station (for those who need to change positions frequently throughout the work day), lifting devices, specialized shoes, etc.

Each member’s situation is unique and each member deserves and receives individualized, respectful attention to his or her difficulties. The guiding belief of the program is that work is important and valuable, promotes independence, gives a sense of purpose, and contributes to the socioeconomic development of society.

Contact your human resources representative who can provide you with information explaining the Workplace Possibilities program, and the related forms. Your human resources representative will also provide the Workplace Possibilities consultant with your contact information so that an initial contact can be made to answer any additional questions and provide assistance in completing the forms, if necessary. You can find more information about the Workplace Possibilities program online at: [http://workplacepossibilities.com](http://workplacepossibilities.com).
Your Long-Term Disability Benefits

LTD COVERAGE

Effective Date of Coverage
Provided you meet the actively-at-work requirement, your LTD coverage becomes effective on the first day you become a member of MOSERS.

Cost of Coverage
If you are eligible for LTD insurance coverage through MOSERS, your employer will pay your monthly LTD insurance premiums (unless you are on an approved leave of absence).

Coverage During an Approved Leave of Absence
As long as you remain in active pay status, your employer will pay your LTD premiums. If you take an approved leave of absence and wish to continue your LTD coverage, you may do so for up to one year. During this 12-month period, MOSERS will bill you directly for the monthly premiums. At the end of the 12-month period, your coverage will terminate.

If you choose to terminate your LTD coverage while on an approved leave of absence, your coverage will begin again on the date you return to work.

Autopay Authorization Form
The standard method for payment for life insurance and long-term disability premiums, during an approved leave of absence or layoff, is auto deduction from an approved checking or saving account. The Autopay Authorization allows MOSERS to transfer your premium payment electronically from a designated account each month. The form is available to download online, but the authorization must be signed, dated, and returned to MOSERS, along with a voided check or deposit slip. These documents can be scanned and uploaded to MOSERS’ website.

LTD BENEFITS

Benefit Amount
If you are disabled, have been approved for LTD by The Standard and have completed the benefit waiting period, your monthly disability benefit will equal 60% of: (1) your monthly salary on your last full day of active work, or (2) the average monthly salary for your highest consecutive 36 months of employment (whichever amount is greater).

LTD insurance is intended to replace a percentage of your income lost as a result of disability. In replacing the percentage of lost wages, The Standard also takes into account certain other sources of income you may be eligible to receive as a result of your disability. These other sources of income are called “deductible income,” because they are deducted from your LTD benefit. Your LTD benefit will be reduced by the following types of deductible income:

- Primary Social Security benefits paid because of your retirement or disability (Social Security cost-of-living adjustments [COLAs] will not reduce the amount of your disability benefit).
- Amounts received or amounts eligible to be received from any workers compensation law as a result of your disability.
• Any wages earned while employed on a part-time basis.
• Any other benefits received under another group disability insurance plan.
• Any sick leave or salary continuation received while eligible for LTD benefits.

Minimum Benefit
The gross amount of your LTD benefit payments will never be less than $100 per month or 15% of the maximum monthly LTD benefit otherwise payable, whichever amount is greater.

Benefit Increases or Cost-of-Living Adjustments
Your LTD benefit is eligible for cost-of-living adjustments. Once the amount of your disability benefit is determined, it will not increase. However, when you become eligible to retire, your retirement benefit will include annual cost-of-living adjustments.

When Benefits Begin
Your LTD benefit payments will begin at the end of the benefit waiting period—90 days after your last day on the job or the period of sick leave you are entitled to through your employer’s sick leave program, whichever is longer. LTD benefits will be issued on the first day of the month after your approval date. Once you begin receiving benefits, your employer may terminate your employment with the state. Please note: Talk with a MOSERS benefit counselor and contact your employer to get details about how these provisions are administered in your agency.

When Your Social Security Benefits May Start
If approved, your first Social Security benefit will be paid for the sixth full month after the date your disability began. For example, if your disability began on January 15, your first Social Security disability benefit will be paid for the month of July. Since Social Security benefits are paid in the month following the month for which they are due, you would receive your July benefit in August.

Source: Social Security - Disability Benefits (Publication #05-10029)  
www.socialsecurity.gov/pubs/EN-05-10029.pdf

Overpayment of Benefits/Duty to Pursue Deductible Income
To provide you with an income as soon as possible, monthly disability benefits may be paid before a Social Security or workers’ compensation monthly benefit is determined. This may result in an overpayment. You must notify The Standard if you begin receiving benefits from workers’ compensation or Social Security while receiving your LTD benefits.

According to the terms of the policy, you may be asked to pursue deductible income for which you may be eligible, including Social Security and workers’ compensation benefits. The Standard may ask you to provide written documentation that you are actively pursuing these or other applicable benefits.

It is also required you report other deductible income. To report additional income such as Social Security disability, worker’s compensation, or part-time employment, submit a copy of your Social Security notification letter, workers’ compensation settlement, or current pay stub to The Standard.
If you receive payment (including any retroactive payments), from Social Security, workers’ compensation, or a part-time job, you must promptly refund any overpayment from your LTD benefit to The Standard. If you do not, The Standard may reduce or withhold future benefits until the overpayment has been repaid.

**When Benefits End**
LTD benefits will stop when you:

- Are no longer disabled.
- Begin receiving early (reduced) retirement benefits.
- Are eligible to receive normal (unreduced) retirement benefits.
- Begin receiving benefits under any other group long-term disability policy.
- Return to full-time active employment.
- Are able to work, but do not accept available employment.
- Die.

**EXCLUSIONS AND LIMITATIONS ON LTD BENEFITS**

**Exclusions**
Your LTD benefit is subject to certain exclusions and limitations. You are not covered for a disability caused or contributed to by:

- A pre-existing condition or the medical or surgical treatment of a pre-existing condition, unless, on the date you become disabled, you: (1) have been continuously insured by The Standard for 12 months (exclusion period) and (2) have been actively at work for at least one full day after the end of those 12 months.
- An intentionally self-inflicted injury, while sane or insane.
- War, or any act of war.
- Loss of license or certification.
- A disability caused or contributed to by your committing or attempting to commit an assault or felony, or active participation in a violent disorder or riot.

**Limitations**
LTD benefits are not payable for:

- Any period of disability when you are not under the continuous care of a physician in the appropriate specialty as determined by The Standard.
- More than 24 months during your lifetime for a disability caused or contributed to by use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction.
- Foreign residency beyond 12 months.
- Electing not to work when you are able to do so (see page 10).
- Any period of disability when you are not participating in good faith in a rehabilitation program, medical treatment, or vocational training approved by The Standard unless your disability prevents you from participating.
LTD INCOME

Calculating Your Monthly LTD Benefit

Now that you’re familiar with the criteria that can determine your maximum and minimum monthly LTD benefit, let’s look at an example of how an LTD benefit payment is calculated and how it can be impacted by potential sources of deductible income. MOSERS will use the greater of your (1) current monthly compensation, or (2) the average monthly compensation for the highest 36 consecutive months to determine your pre-disability earnings. Your LTD plan provides a benefit equal to 60% of your pre-disability earnings (offset by deductible earnings).

\[
\text{Pre-disability Earnings} \times \text{LTD Replacement (60\%)} = \text{Maximum Disability Benefit}
\]

The next step is to determine any sources of deductible income and calculate the reduction. See pages 6-7 for sources of deductible income.

\[
\text{Maximum Disability Benefit} - \text{Deductible Income} = \text{LTD Benefit}
\]

Sample Calculation:

For this example, all dollar amounts are pre-tax (gross) and the following assumptions have been made:

- Pre-disability Earnings (current monthly compensation was greater) ............... $2,000 per month
- LTD Replacement .............................................................................................................. 60\% (.60)
- Deductible Income (Social Security) ........................................................................... $625 per month

**Maximum Disability Benefit Calculation**

\[
\text{Pre-disability Earnings} \times \text{LTD Replacement (60\%)} = \text{Maximum Disability Benefit}
\]

\[
$2,000 \times .60 = $1,200 \text{ per month}
\]

**Deductible Income Calculation**

\[
\text{Maximum Disability Benefit} - \text{Deductible Income} = \text{Disability Benefit}
\]

\[
$1,200 - $625 = $575 \text{ per month}
\]

Tax Implications of Your LTD Benefit

Your LTD benefit is an employer-paid benefit, and is considered to be income similar to receiving a wage or salary. Therefore, your LTD benefit is subject to certain federal and state taxes. Medicare and Social Security taxes will also be deducted from your LTD benefits. It may be advisable to consult a tax advisor to see how you may be affected. If you wish to have taxes withheld from your monthly LTD benefit, The Standard will provide you with the necessary forms. Each year, The Standard will also send you a W-2 for use in preparing your income tax return.

For more information regarding tax implications on your LTD benefit, please contact The Standard at (844) 505-6026 or contact your local tax advisor.
RETURN TO WORK INCENTIVE

Return to Work Responsibility
If you elect not to work when you are able to do so, your disability benefits will be discontinued. During the own occupation disability period, The Standard will not pay benefits for any period in which you are able to work in your own occupation and earn at least 20% of your indexed pre-disability earnings, but you elect not to work. During the any occupation disability period, The Standard will not pay benefits for any period when you are able to work in any occupation and are able to earn at least 20% of your indexed pre-disability earnings, but you elect not to work.

Return to Work Incentive
Providing incentives for disabled employees to return to work is critical for any successful rehabilitation plan. During the 24 months immediately after you first return to work, The Standard’s LTD benefit will be reduced by only the amount of work earnings which, when added to your maximum LTD benefit, cannot exceed 100% of indexed pre-disability earnings. Following that period, The Standard will deduct one-half of work earnings while you remain disabled. Frequently, this means that claimants who return to work will receive more total income than those who do not.

Sample Calculations for Return to Work Incentive First 24 Months
For this example, the following assumptions have been made:
Pre-disability Earnings (current monthly compensation was greater) $2,000 per month
Maximum Disability Benefit (60% of pre-disability earnings) $1,200 per month

Your maximum disability benefit plus your work earnings cannot exceed your pre-disability earnings.

Calculation for Member Working One-Quarter Time (25%)
Pre-disability Earnings x Work Percentage (25%) = Part-time Work Earnings
$2,000 x .25 = $500
Maximum Disability Benefit + Part-time Work Earnings = Total Earnings
$1,200 + $500 = $1,700
Total earnings ($1,700) are less than pre-disability earnings ($2,000); therefore, there is no reduction of the disability benefit.

Calculation for Member Working Half-Time (50%)
Pre-disability Earnings x Work Percentage (50%) = Part-time Work Earnings
$2,000 x .50 = $1,000
Maximum Disability Benefit + Part-time Work Earnings = Total Earnings
$1,200 + $1,000 = $2,200
Total earnings ($2,200) are greater than pre-disability earnings ($2,000); therefore, the disability benefit is reduced by $200.
Sample Calculation for 24 Months After You First Return to Work

For this example, the following assumptions have been made:

Pre-disability Earnings (current monthly compensation was greater).................................. $2,000 per month
Maximum Disability Benefit (60% of pre-disability earnings)........................................... $1,200 per month

LTD benefit will be reduced $1 for every $2 of work earnings.

Calculation for Member Working Half-Time (50%)

<table>
<thead>
<tr>
<th>Pre-disability Earnings</th>
<th>Work Percentage (50%)</th>
<th>Part-time Work Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000</td>
<td>.50</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maximum Disability Benefit</th>
<th>Part-time Work Earnings</th>
<th>Disability Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,200</td>
<td>$500</td>
<td>$700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part-time Work Earnings</th>
<th>Disability Earnings</th>
<th>Total Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$700</td>
<td>$1,700</td>
</tr>
</tbody>
</table>

MAINTAINING YOUR BENEFITS

You will periodically be sent information from The Standard regarding the status of your disability claim. During the first 24 months of your disability benefit (own occupation disability period), your claim will be reviewed to determine if you are disabled from any occupation that fits within your education, training or experience. If a determination is made that you are not disabled from any occupation your LTD claim will be terminated at the end of your own occupation disability period. In addition, during the own occupation disability period, The Standard will continue to gather medical evidence in support of your inability to perform your own occupation. For payments to continue through the end of the first 24-month period, the medical evidence must continue to support your disability under the own occupation disability period.

You may be eligible for certain rehabilitation programs as a result of your disability. You may speak with your disability analyst at The Standard regarding possible rehabilitation programs suited for you.

DUAL EMPLOYMENT PROVISION

If you work at more than one full-time position for the state of Missouri and become disabled, the following will apply:

- If you are disabled from all your positions, your pre-disability earnings will be based on your earnings for all your positions.
- If you are disabled from one of your positions and you continue to work in the others, your work earnings will be considered deductible income as described in the return to work incentive section (see page 10).
- If you are disabled from one of your positions and you elect not to work in the others, your pre-disability earnings will be based only on your earnings for the position from which you are disabled.
TEMPORARY RECOVERY AND NEW DISABILITIES

Temporary Recovery
If you temporarily recover from your disability for a period of time, but later suffer a relapse and become disabled again from the same cause or causes, you may not have to begin a new benefit waiting period depending on the length of the period of temporary recovery. A new benefit waiting period is not required if:

- The temporary recovery occurs during the benefit waiting period and the period of recovery does not exceed 30 days.
- The period of recovery occurs during the maximum benefit period and does not exceed 180 days.

If your temporary recovery does not exceed the allowable periods outlined above, the following provisions will apply:

- No LTD benefits will be payable for the period of temporary recovery.
- The temporary recovery period will not count toward your benefit waiting period, your maximum benefit period, or your own occupation disability period.
- The pre-disability earnings used to determine your LTD benefits will not change.
- No LTD benefits will be paid after benefits become payable under any group long-term disability policy during your temporary recovery period.

New Disabilities
If a period of disability is extended by a new cause while LTD benefits are payable, LTD benefits will continue while you remain disabled. However, LTD benefits will not continue beyond the end of the original maximum benefit period, and all other provisions of the group policy will apply to the new cause of disability.

DEATH AND YOUR LTD BENEFITS

Death Before Approval of Disability Benefits
If you die after the benefit waiting period, but before approval or denial for disability, your long-term disability claim will continue through the review process. If you are determined to have been disabled, your estate will be paid a lump-sum benefit for the time between the end of the benefit waiting period and your date of death. Your surviving spouse and/or children will then be eligible to receive survivor benefits from The Standard.

Survivor Benefits
If you die while receiving LTD benefits, The Standard will pay a survivor benefit. This benefit is a lump sum equal to three times your monthly LTD benefit without reduction by deductible income. The survivor's benefit is intended to meet a portion of your family's financial needs in the event of your death. The benefit will be paid to your surviving spouse or your unmarried children younger than age 25. If you are not survived by an eligible spouse or child, no survivor benefit will be paid.

In the event there is an overpayment outstanding to The Standard at the time of your death, the survivor benefit will be applied toward the overpayment.
REASONABLE ACCOMMODATIONS

As your disability insurer, The Standard knows that most individuals who become disabled would prefer to be leading full, productive lives. An important part of The Standard’s philosophy is to assist individuals to return to work as soon as they are able to do so.

The Standard believes that efforts to assist employees’ return to employment have the best chance of success when begun as soon as possible. Often, your employer is in the best position to identify individuals who could utilize The Standard’s expertise. The Standard’s goal is to work with you, your employer, and your treating physician, to deliver service resulting in getting you back to work.

Your disability policy includes a Reasonable Accommodation Expense Benefit, and a Rehabilitation Plan Provision, that encompasses an array of possible vocational interventions. These funds (up to $25,000) may allow The Standard, at their discretion, to pay an employer’s expenses toward any necessary worksite modifications that result in a disabled employee’s return to work, as well as other types of accommodations, such as training, job development services, ergonomic evaluations, and occupational therapy, among other possible vocational interventions. In most cases the Reasonable Accommodations Expense Benefit will be paid directly to your employer or the vendor providing the modification. If paid directly to you, the benefit will be considered a taxable benefit.

If you would like more information about this process, claim prevention (Workplace Possibilities Program), or return to work services for employees who are on active disability, you or your employer may contact The Standard at 855 WPP-PROG (855-977-7764).

The Standard will partner with you in your efforts to return to work. If you believe you would benefit from such assistance, please call the above number and The Standard will conduct an initial assessment and then strategize possible return to work solutions.
Applying for LTD Benefits

THE CLAIMS PROCESS
You must complete a Long-Term Disability Benefits Claim Packet to apply for LTD Benefits. It is the responsibility of the member to make sure all required forms and authorizations in this packet are completed by the appropriate party and submitted to The Standard.

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employee’s Statement</td>
<td>Completed by Member</td>
</tr>
<tr>
<td>• Authorization to Obtain and Release Information</td>
<td>Signed by Member</td>
</tr>
<tr>
<td>• Authorization to Obtain and Release Psychotherapy Notes</td>
<td>Signed by Member</td>
</tr>
<tr>
<td>• Attending Physician’s Statement</td>
<td>Part A - Completed by Member</td>
</tr>
<tr>
<td></td>
<td>Part B - Completed by Physician</td>
</tr>
<tr>
<td>• Employer’s Statement</td>
<td>Completed by HR Representative</td>
</tr>
</tbody>
</table>

The Long-Term Disability Benefits Claim Packet is available from MOSERS online or by contacting the office. To access it online, visit www.mosers.org.

Required Filing Dates
You should submit the required forms as soon as possible after becoming disabled. All forms must be mailed to The Standard no later than 90 days after the end of your benefit waiting period (which is also 90 days). If your claim forms are not sent to The Standard within one year of the initial 180-day period, your claim will be denied. These time limits do not apply if you lack legal capacity to perform the filing procedure.

Costs Associated With Applying for Benefits
There are certain costs for which you will be responsible when you file a claim for LTD benefits. You will be responsible for paying any costs associated with the completion of the Attending Physician’s Statement.

If The Standard requests it, you may be required to provide evidence of continuing disability at your expense. In some cases, a physician hired by The Standard may be required to examine you to determine disability. In such cases, The Standard will pay the costs of the examination.
THE APPROVAL PROCESS

The Standard will begin the review process on your disability claim once they have received all of the forms and authorizations completed in the claims process.

Your application will be reviewed by a disability analyst from The Standard. Based on the specific nature of your case, your claim may be evaluated by additional experts as well. The approval process may take anywhere from one week to four months, depending on your individual situation. To avoid unnecessary delays, make sure to submit the forms mentioned on page 14 as quickly as possible. In some cases, The Standard will require additional medical information in order to make a determination. If additional information is necessary, you will be informed in writing of what is needed, and why it is relevant. You will be notified in writing of the evaluation outcome, and the reason for approval or denial of your claim.

If you are approved, your first disability benefit payment will be issued on the first day of the month after your approval date. For example, if you are approved for disability on March 19, your first benefit payment would be issued on April 1. All future benefit payments will then be made on the first day of each month.

DENIAL, SUSPENSION, OR TERMINATION OF AN LTD CLAIM

The Standard will notify you in writing if your disability claim is denied, suspended, or terminated. The company will outline the reason why, referring to the group policy provisions on which the denial, suspension, or termination is based.

Appeal Procedures

If your claim is denied, suspended, or terminated, you will be informed by The Standard of what steps you can take to resubmit your claim for review and reconsideration. If you disagree with the amount of LTD benefits being paid or if your claim is denied, suspended, or terminated, you may ask for a review and submit any additional information you think may be helpful in order to reevaluate your claim.

You must make your request in writing to The Standard within 180 days after you received notice of the denial, suspension, or termination. If any additional information is needed to process your appeal, it will be promptly requested from you. The decision on any review of your appeal will be stated in writing from The Standard. The reasons for the decision will be fully explained, with reference to the applicable provisions of the group policy. Ordinarily, a decision on your appeal will be reached within 45 days after the receipt of your review request. However, in special circumstances, an additional 45 days may be necessary to reach a final decision.

The obligation to provide disability benefits is primarily that of the insurance carrier (The Standard) and secondarily that of the MOSERS board. If you are denied disability benefits after following the appeal procedures listed above, you may appeal the decision by filing a petition against the insurance carrier in a court of law in your county of residence.

Neither MOSERS nor our board of trustees is liable for the disability benefits provided by the insurance carrier and are not subject to litigation with regard to disability benefits unless you obtain a judgement against the insurance carrier and it is unable to satisfy your judgement.
Other Important Information

RETAINING LIFE INSURANCE & MEDICAL BENEFITS

Waiver of Life Insurance Premiums
If you have basic, optional, or dependent life insurance and become disabled while actively employed, you may be eligible to continue your life insurance without paying any premium. Your application for LTD benefits also serves as the application for a waiver of your MOSERS life insurance premiums.

To be eligible for a waiver of premiums you must meet the following conditions:

• You are totally disabled due to sickness, accidental injury, or pregnancy rendering you unable to perform the material duties of any work for which you are reasonably qualified by education, training, and experience, or you are eligible to receive disability benefits under a group long-term disability policy issued by us to the Policyholder.

• Your disability occurs prior to age 60.

• You have completed a 90-day waiting period beginning on the date you become totally disabled.

• You are not retired or eligible for normal retirement.

If you qualify for a waiver of premiums, all premiums will be waived including those for spouse and/or child(ren) coverage. The waiver for your coverage will cease upon normal retirement eligibility or retirement; as will the waiver for your dependents’ coverage. You may continue at least a portion of your optional coverage into retirement at which time you will be responsible for the premiums. Detailed information regarding the waiver of premiums may be found in your Basic & Optional Life Insurance Handbook.

Retaining Medical Benefits
If eligible, your health insurance will continue to be administered by the Missouri Consolidated Health Care Plan (MCHCP). They will send you a bill each month for the cost of the premium to maintain your coverage until you retire or return to active employment. Employees of the Department of Conservation, State Technical College of Missouri, and Lincoln University should contact their employer for information regarding medical insurance.

CALCULATING YOUR RETIREMENT BENEFIT
For retirement purposes only, you will continue to accrue service and salary credit while receiving disability benefits (as if you were still working). Your gross monthly salary on the date of your disability will be adjusted (based on 80% of the percentage increase in the Consumer Price Index) for each year that you were receiving disability benefits. This safeguards you from being penalized for not actively working until retirement. Even those MOSERS members employed by Missouri colleges and universities will continue to earn credit for service accrued during disability.

According to 104.410.6 RSMo, “Any member who qualifies for disability benefits under a LTD program provided by the member’s employing department as a consequence of employment by the department shall continue to accrue creditable service based on the member’s rate of pay.” This covers all members, including those employed by colleges and universities.

MOSERS will send you a notice of retirement eligibility approximately 120 days prior to the latter of your date of retirement or the date your LTD benefit is scheduled to end.
PERTINENT DATES FOR LTD

[Diagram showing dates:
- Date of Disability
  - Benefit Waiting Period
  - Social Security Benefit Waiting Period
  - 24-Month Marker
  - Early Retirement
  - Normal Retirement

LTD benefit payments will start on the latter of:
- The end of the benefit waiting period.
- When your sick leave expires.

LTD benefit payments will stop when you:
- Are no longer disabled.
- Begin receiving early (reduced) retirement benefits.
- Are eligible to receive normal (unreduced) retirement benefits.
- Begin receiving benefits under another group long-term disability policy.
- Return to full-time active employment.
- Are able to work, but do not accept available employment.
- Die.

*An overpayment may exist if Social Security makes a lump-sum payment. If this occurs you are required to reimburse The Standard per the signed agreement.
Certificate of Insurance

GROUP POLICY NUMBER
604201

NAME AND ADDRESS OF INSURANCE CARRIER
Standard Insurance Company
Group Benefits Department
PO Box 2800
Portland, OR 97208-2800
Claims: (844) 505-6026

NAME AND ADDRESS OF POLICYHOLDER
Board of Trustees
Missouri State Employees’ Retirement System (MOSERS)
907 Wildwood Drive
Jefferson City, MO 65109
(573) 632-6100 or (800) 827-1063

• This is not an insurance policy. The group policy is held by MOSERS.
• All claims must be filed through MOSERS. Claims are subject to the terms of the group policy.
• As long as you meet the eligibility requirements set forth in group policy number 604201, you will have long-term disability coverage through MOSERS.
• For details regarding your life insurance coverage, please refer to your Basic & Optional Life Insurance Handbook.

EFFECTIVE DATE
January 1, 2019
Glossary

Definition of Terms
To understand your LTD coverage and benefits, familiarize yourself with the following definitions. Remember, these definitions are specific to the contract between MOSERS and The Standard. You should not assume these definitions are applicable outside the scope of this contract.

A
Active Work - Active work means performing the material duties of your own occupation at your employer's usual place of business. If you are incapable of active work because of sickness, injury, pregnancy, or mental disorder on the day before the scheduled effective date of your disability insurance, your disability insurance will not become effective until the day after you complete one full day of active work as an eligible member.

You will also meet the active-work requirement if you were:
• Absent from active work because of a regularly scheduled day off, holiday, or vacation day.
• Actively at work on your last scheduled work day before the date of your absence.
• Capable of active work on the day before the scheduled effective date of your insurance.

B
Benefit Waiting Period - The benefit waiting period is the period of time that must pass before LTD benefits are payable to you. You must be continuously disabled during this waiting period, and no LTD benefits will be paid during this period.

The benefit waiting period begins on the date you first become disabled, as determined by The Standard, and is normally the day after your last full day on the job. The benefit waiting period ends when sick leave benefits expire or the date you’ve been disabled for 90 days, whichever is later.

D
Date of Disability - The date on which you first become disabled.

Deductible Income - Other sources of income considered by The Standard, which offset your LTD benefits (i.e. Social Security, sick pay, salary continuation, workers’ compensation for lost time, work earnings, or any other benefits received under another group disability insurance plan).

Disability - For the purposes of your LTD coverage, The Standard defines disability two ways — own occupation disability, and any occupation disability. It is important that you understand the distinctions between the two definitions of disability and how each impacts your benefits. Remember, too, that for The Standard to determine you are disabled, you must be under the continuous and appropriate care of a physician.

• Own Occupation Disability - During the benefit waiting period (previously defined) and the 24 months following that period, you are deemed disabled from your own occupation if as a result of physical disease, injury, pregnancy, or mental disorder, (1) you are unable to perform with reasonable continuity the material duties of your own occupation, and (2) you suffer a loss of at least 20% of indexed pre-disability earnings while working in your own occupation. Your own occupation is not limited to your job with your employer.

During your own occupation period, you may work in another occupation while you meet the own occupation definition of disability. However, you will
no longer be considered disabled when your work earnings from another occupation meet or exceed 80% of your indexed pre-disability earnings. Your work earnings may be deductible income.

Own occupation means any employment, business, or profession that involves material duties similar to that which you are regularly performing for your employer when your disability begins.

- **Any Occupation Disability** - After the benefit waiting period and the following 24 months, you are disabled if, as a result of physical disease, injury, pregnancy, or mental disorder, you are unable to perform the material duties of any occupation. Any occupation means any occupation or employment which you are able to perform whether due to education, training, or experience, which is available at one or more locations in the national economy, and in which you can be expected to earn at least 60% of your indexed pre-disability earnings within 12 months following your return to work, regardless of whether you are working in that or any other occupation.

**M**

**Maximum Benefit Period** - The maximum benefit period is the maximum amount of time that LTD benefits are payable for one period of continuous disability. The maximum benefit period ends on the earlier of the following events:

- The date you first become eligible to receive normal (unreduced) retirement benefits from MOSERS.
- The date you begin receiving reduced (early) retirement benefits from MOSERS.

**P**

**Pre-disability Earnings** - Pre-disability earnings are income used to determine your disability payment. It is the greater of the following amounts:

- The average of your highest 36 consecutive months of pay.
- Your monthly earnings in effect on your last full day of active work.

Pre-disability earnings do not include overtime or any other extra compensation paid by your employer.

**Pre-existing Condition** - A pre-existing condition is a mental or physical condition, whether or not diagnosed or misdiagnosed, for which you have done any of the following during the 90 days just before your disability insurance becomes effective:

- Consulted a physician.
- Received medical treatment or services.
- Taken prescription drugs or medicine.
- Undergone diagnostic procedures.

After your insurance is in effect for 12 months, you are no longer subject to the pre-existing condition exclusion.

**W**

**Work Earnings** - Work earnings include not only your gross monthly earnings from work performed while disabled, but also earnings you could receive if you worked as much as you are able, considering your disability, in work that is reasonably available.

Work earnings include earnings from your employer, any other employer, or self-employment. It also includes any sick, vacation, annual, or personal leave pay, or other salary continuation earned or accrued while working.
The consideration for this Group Policy is the application of the Policyholder and the payment by the Policyholder of premiums as provided herein.

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

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

All provisions on this and the following pages are part of this Group Policy. "You" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
Table of Contents

| Coverage Features                        | 1 |
| General Policy Information              | 1 |
| Schedule of Insurance                   | 2 |
| Premium Contributions                   | 2 |
| Premium and Renewals                    | 3 |
| Insuring Clause                         | 4 |
| Becoming Insured                        | 4 |
| When Your Insurance Becomes Effective   | 4 |
| Active Work Provisions                  | 5 |
| Continuity of Coverage                  | 5 |
| When Your Insurance Ends                | 6 |
| Waiver of Premium                       | 6 |
| Reinstatement of Insurance              | 6 |
| Definition of Disability                | 7 |
| Return to Work Provisions               | 8 |
| Reasonable Accommodation Expense Benefit| 9 |
| Rehabilitation Plan Provision           | 9 |
| Temporary Recovery                      | 9 |
| When LTD Benefits End                   | 10 |
| Predisability Earnings                  | 10 |
| Deductible Income                       | 11 |
| Exceptions to Deductible Income         | 12 |
| Rules for Deductible Income             | 13 |
| Dual Employment Provision               | 13 |
| Survivors Benefit                       | 14 |
| Benefits After Insurance Ends or Is Changed| 14 |
| Effect of New Disability                | 14 |
| Disabilities Excluded from Coverage     | 14 |
| Disabilities Subject to Limited Pay Periods| 15 |
| Limitations                             | 16 |
| Claims                                  | 16 |
| Reservation of Authority                | 18 |
| Time Limits on Legal Actions            | 18 |
| Incontestability Provisions             | 19 |
| Clerical Error, Agency, and Misstatement| 19 |
| Termination or Amendment of the Group Policy| 20 |
| Definitions                             | 20 |
| Policyholder Provisions                 | 21 |
Index of Defined Terms

Active Work, Actively At Work, 5
Allowable Periods, 10
Any Occupation, 7
Any Occupation Period, 2

Benefit Waiting Period, 2, 20

Class Definition, 1
Contributory, 20
CPI-W, 20

Deductible Income, 11
Disabled, 7

Eligibility Waiting Period, 2
Employer, 20
Employer(s), 1

Grace Period, 22
Group Policy, 20
Group Policy Effective Date, 1
Group Policy Number, 1

Indexed Predisability Earnings, 20
Initial Rate Guarantee Period, 3
Injury, 20

LTD Benefit, 20

Material Duties, 7, 8
Maximum Benefit Period, 2, 20
Maximum LTD Benefit, 2
Member, 1, 4

Mental Disorder, 21
Minimum LTD Benefit, 2
Minimum Participation Number, 3
Minimum Participation Percentage, 3

Noncontributory, 21

Own Occupation, 7
Own Occupation Period, 2

Physical Disease, 21
Physician, 21
Policyholder, 1
Predisability Earnings, 10
Preexisting Condition, 15
Pregnancy, 21
Premium Due Dates, 3
Premium Rate, 3
Premium Rates, 3
Prior Plan, 21

Reasonable Accommodation Expense Benefit, 9
Rehabilitation Plan, 9

Substance Abuse, 15
Survivors Benefit, 14

Temporary Recovery, 9

War, 14
Work Earnings, 8
COVERAGE FEATURES

This section contains many of the features of your long term disability (LTD) insurance. Other provisions, including exclusions, limitations, and Deductible Income, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number: 604201-G
Policyholder: Trustees of the Missouri State Employees’ Retirement Systems (MOSERS)
Employer(s): State of Missouri
Group Policy Effective Date: July 1, 2010
Policy Issued in: Missouri

Member means an individual who is:

1. Working in a position normally requiring at least 1,040 hours a year as an employee of the state of Missouri and who is a member of the Missouri State Employees’ Retirement System, Missouri Judicial Retirement System or the Administrative Law Judge and Legal Advisor Retirement System; or

2. An active member of the General Assembly who is a member of MOSERS; or

3. A member of the Public School Retirement System who is employed full time by a state agency; and

4. A citizen or resident of the United States or Canada.

Member does not include:

1. A member of the College and University Retirement Plan (CURP);

2. A member of the uniformed water patrol who has qualified or qualifies for receiving either disability income benefits, or retirement income benefits on account of disability under the MOSERS’ self-insured, statutory disability benefits plan;

3. A retired state employee, other than a judge who has been retired from office under Missouri Constitution, Article V, Section 24, Subsection 2;

4. An individual who became Disabled prior to January 1, 1999; or

5. An individual who is covered under another Employer sponsored group long term disability insurance plan.

Class Definition: None
SCHEDULE OF INSURANCE

Eligibility Waiting Period: You are eligible on one of the following dates:

If you are a Member on the Group Policy Effective Date, you are eligible on that date.

If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member.

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

Own Occupation Period: The first 24 months for which LTD Benefits are paid.

Any Occupation Period: From the end of the Own Occupation Period to the end of the Maximum Benefit Period.

LTD Benefit: 60% of your Predisability Earnings, reduced by Deductible Income.

Maximum: None

Minimum: $100 or 15% of your LTD Benefit before reduction by Deductible Income, whichever is greater.

Benefit Waiting Period: 90 days, or the period of sick leave to which you are entitled under the Employer’s sick leave program, whichever is longer.

Maximum Benefit Period: Maximum Benefit Period means the longest period for which LTD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No LTD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled.

Your Maximum Benefit Period ends on the earlier of: (a) the day immediately preceding the date you are first eligible for unreduced retirement benefits from Missouri State Employees’ Retirement System (MOSERS), Missouri Judicial Retirement System, Administrative Law Judge and Legal Advisors Plan or the Public School Retirement System (PSRS); and (b) the day immediately preceding the date you begin receiving reduced retirement benefits from Missouri State Employees’ Retirement System (MOSERS), Missouri Judicial Retirement System, Administrative Law Judge and Legal Advisors Plan or the Public School Retirement System (PSRS).

PREMIUM CONTRIBUTIONS

Insurance is: Noncontributory. However, Insurance is Contributory during an approved leave of absence.
PREMIUM AND RENEWALS

Premium Rates:
  LTD Insurance: 0.55% of each insured Member's insured Predisability Earnings.

Premium Due Dates: July 1, 2010 and the first day of each calendar month thereafter.

Initial Rate Guarantee Period: July 1, 2010 to January 1, 2013

Minimum Participation Number: 10 insured Members

Minimum Participation Percentage: 100% of eligible Members
INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay LTD Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

BECOMING INSURED

To become insured you must be a Member, complete your Eligibility Waiting Period, and meet the requirements in Active Work Provisions and When Your Insurance Becomes Effective.

You are a Member if you are:

1. Working in a position normally requiring at least 1,040 hours a year as an employee of the state of Missouri and who is a member of the Missouri State Employees' Retirement System, Missouri Judicial Retirement System or the Administrative Law Judge and Legal Advisor Retirement System; or
2. An active member of the General Assembly who is a member of MOSERS; or
3. A member of the Public School Retirement System who is employed full time by a state agency; and
4. A citizen or resident of the United States or Canada.

Member does not include:

1. A member of the College and University Retirement Plan (CURP);
2. A member of the uniformed water patrol who has qualified or qualifies for receiving either disability income benefits, or retirement income benefits on account of disability under the MOSERS' self-insured, statutory disability benefits plan;
3. A retired state employee, other than a judge who has been retired from office under Missouri Constitution, Article V, Section 24, Subsection 2;
4. An individual who became Disabled prior to January 1, 1999; or
5. An individual who is covered under another Employer sponsored group long term disability insurance plan.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. Your Eligibility Waiting Period is shown in the Coverage Features.

WHEN YOUR INSURANCE BECOMES EFFECTIVE

A. When Insurance Becomes Effective

Subject to the Active Work Provisions, your insurance becomes effective on the date you become eligible.

B. Takeover Provision

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

A. Active Work Requirement

You must be capable of Active Work on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing with reasonable continuity the Material Duties of your Own Occupation at your Employer’s usual place of business.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance.

CONTINUITY OF COVERAGE

A. Waiver Of Active Work Requirement

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

The LTD Benefit payable for a period of continuous Disability beginning before you meet the Active Work requirement will be:

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

There is no Minimum LTD Benefit if there is a reduction by benefits payable under the Prior Plan.

B. Effect Of Preexisting Conditions

If your Disability is subject to the Preexisting Condition Exclusion, LTD Benefits will be payable if:

1. You were insured under the Prior Plan on the day before the effective date of your Employer’s coverage under the Group Policy;
2. You became insured under the Group Policy when your insurance under the Prior Plan ceased;
3. You were continuously insured under the Group Policy from the effective date of your insurance under the Group Policy through the date you became Disabled from the Preexisting Condition; and
4. Benefits would have been payable under the terms of the Prior Plan if it had remained in force, taking into account the preexisting condition exclusion, if any, of the Prior Plan.

For such a Disability, the amount of your LTD Benefit will be the lesser of:

a. The monthly benefit that would have been payable under the terms of the Prior Plan if it had remained in force; or
b. The LTD Benefit payable under the terms of the Group Policy, but without application of the Preexisting Condition Exclusion.

Your LTD Benefits for such a Disability will end on the earlier of the following dates:

a. The date benefits would have ended under the terms of the Prior Plan if it had remained in force; or
b. The date LTD Benefits end under the terms of the Group Policy.

WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium contribution was made for your insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The date you cease to be a Member. However, your insurance will be continued during the following periods when you are absent from Active Work, unless it ends under any of the above.
   a. While your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member.
   b. During a leave of absence if continuation of your insurance under the Group Policy is required by a federal or state-mandated family or medical leave act or law.
   c. During any other temporary leave of absence approved by your Employer in advance and in writing and scheduled to last 12 months or less. A period of Disability is not a leave of absence.
   d. During the Benefit Waiting Period and while LTD Benefits are payable.

WAIVER OF PREMIUM

We will waive payment of premium for your insurance while LTD Benefits are payable.

REINSTATEMENT OF INSURANCE

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

1. If you cease to be a Member because of a covered Disability, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
4. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
   a. If you become insured again within 90 days.
b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.

5. In no event will insurance be retroactive.

**DEFINITION OF DISABILITY**

You are Disabled if you meet the following definitions during the periods they apply:

A. Own Occupation Definition Of Disability.

B. Any Occupation Definition Of Disability.

A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and

2. You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and Deductible Income.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

B. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy.
economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the Coverage Features.

RETURN TO WORK PROVISIONS

A. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be paid for any period when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period no LTD Benefits will be paid for any period when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

B. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.

You are eligible for the Return To Work Incentive on the first day you work after the Benefit Waiting Period if LTD Benefits are payable on that date. The Return To Work Incentive changes 24 months after that date, as follows:

1. During the first 24 months, your Work Earnings will be Deductible Income as determined in a., b. and c:
   a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
   b. Determine 100% of your Indexed Predisability Earnings.
   c. If a. is greater than b., the difference will be Deductible Income.

2. After those first 24 months, 50% of your Work Earnings will be Deductible Income.

C. Work Earnings Definition

Work Earnings means your gross monthly earnings from work you perform while Disabled, plus the earnings you could receive if you worked as much as you are able to, considering your Disability, in work that is reasonably available:

a. In your Own Occupation during the Own Occupation Period; and

b. In Any Occupation during the Any Occupation Period.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.
In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

**REASONABLE ACCOMMODATION EXPENSE BENEFIT**

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit of up to $25,000, but not to exceed the expenses incurred.

The Reasonable Accommodation Expense Benefit is payable only if the reasonable accommodation is approved by us in writing prior to its implementation.

**REHABILITATION PLAN PROVISION**

While you are Disabled you may qualify to participate in a Rehabilitation Plan. Rehabilitation Plan means a written plan, program or course of vocational training or education that is intended to prepare you to return to work.

To participate in a Rehabilitation Plan you must apply on our forms or in a letter to us. The terms, conditions and objectives of the plan must be accepted by you and approved by us in advance.

An approved Rehabilitation Plan may include our payment of some or all of the expenses you incur in connection with the plan, including:

a. Training and education expenses.
b. Family care expenses.
c. Job-related expenses.
d. Job search expenses.

**TEMPORARY RECOVERY**

You may temporarily recover from your Disability and then become Disabled again from the same cause or causes without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable Allowable Period. See **Definition Of Disability**.
A. Allowable Periods
   1. During the Benefit Waiting Period: a total of 30 days of recovery.
   2. During the Maximum Benefit Period: 180 days for each period of recovery.

B. Effect Of Temporary Recovery

   If your Temporary Recovery does not exceed the Allowable Periods, the following will apply.
   1. The Predisability Earnings used to determine your LTD Benefit will not change.
   2. The period of Temporary Recovery will not count toward your Benefit Waiting Period, your
      Maximum Benefit Period or your Own Occupation Period.
   3. No LTD Benefits will be payable for the period of Temporary Recovery.
   4. No LTD Benefits will be payable after benefits become payable to you under any other group
      long term disability insurance plan under which you become insured during your period of
      Temporary Recovery.
   5. Except as stated above, the provisions of the Group Policy will be applied as if there had been
      no interruption of your Disability.

   \textbf{WHEN LTD BENEFITS END}

   Your LTD Benefits end automatically on the earliest of:
   1. The date you are no longer Disabled.
   2. The date your Maximum Benefit Period ends.
   3. The date you die.
   4. The date benefits become payable under any other group long term disability insurance plan under
      which you become insured through employment during a period of Temporary Recovery.
   5. The date you fail to provide proof of continued Disability and entitlement to LTD Benefits.

   \textbf{PREDISABILITY EARNINGS}

   Your Predisability Earnings will be based on your earnings in effect on your last full day of Active
   Work. Any subsequent change in your earnings after that last full day of Active Work will not affect
   your Predisability Earnings.

   Predisability Earnings means the greater of: (A) average monthly earnings of your highest 36
   consecutive months of pay (or average monthly earnings for the period of your employment if less than
   36 consecutive months); and (B) your monthly earnings from your Employer, including:
   
   1. Contributions you make through a salary reduction agreement with your Employer to:
      a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred
         compensation arrangement; or
      b. An executive nonqualified deferred compensation arrangement.
   2. Shift differential pay.
   3. Overtime pay, but included only in the calculation of your average monthly earnings of your
      highest 36 consecutive months of pay.
4. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay except as provided in item 3. above.
4. Your Employer’s contributions on your behalf to any deferred compensation arrangement or pension plan.
5. Any other extra compensation.

If you are paid on an annual contract basis, your monthly rate of earnings is one-twelfth (1/12th) of your annual contract salary.

If you are paid hourly, your monthly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 173 hours.

DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay, severance pay, or other salary continuation, including donated amounts, (but not vacation pay) payable to you by your Employer.
2. Your Work Earnings, as described in the **Return To Work Provisions**.
3. Any amount you receive or are eligible to receive because of your disability, including amounts for partial or total disability, whether permanent, temporary, or vocational, under any of the following:
   a. A workers’ compensation law;
   b. The Jones Act;
   c. Maritime Doctrine of Maintenance, Wages, or Cure;
   d. Longshoremen’s and Harbor Worker’s Act;
   e. The Employer’s second injury fund; or
   f. Any similar act or law.
4. Any amount you receive or are eligible to receive because of your disability or retirement under:
   a. The Federal Social Security Act;
   b. The Canada Pension Plan;
   c. The Quebec Pension Plan;
   d. The Railroad Retirement Act; or
   e. Any similar plan or act.
5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.

6. Any amount you receive or are eligible to receive because of your disability under another group insurance coverage.

7. Any disability or retirement benefits you receive or are eligible to receive under your Employer’s retirement plan, including a public employee retirement system, a state teacher retirement system, and a plan arranged and maintained by a union or employee association for the benefit of its members. Your and your Employer’s contributions will be considered as distributed simultaneously throughout your lifetime, regardless of how funds are distributed from the retirement plan.

If any of these plans has two or more payment options, the option which comes closest to providing you a monthly income for life with no survivors benefit will be Deductible Income, even if you choose a different option.

8. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD Benefits are payable.

9. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law.

10. Any benefit you receive or are eligible to receive under a constitutional judicial retirement plan.

**EXCEPTIONS TO DEDUCTIBLE INCOME**

Deductible Income does not include:

1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.

2. Reimbursement for hospital, medical, or surgical expense.

3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.

4. Benefits from any individual disability insurance policy.

5. Early retirement benefits under the Federal Social Security Act which are not actually received.

6. Group credit or mortgage disability insurance benefits.

7. Accelerated death benefits paid under a life insurance policy.

8. Benefits from the following:
   a. Profit sharing plan.
   b. Thrift or savings plan.
   c. Deferred compensation plan.
   d. Plan under IRC Section 401(k), 408(k), 408(p), or 457.
   e. Individual Retirement Account (IRA).
   f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
   g. Stock ownership plan.
   h. Keogh (HR-10) plan.
RULES FOR DEDUCTIBLE INCOME

A. Monthly Equivalents

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you actually receive the Deductible Income in another month.

If you are paid Deductible Income in a lump sum or by a method other than monthly, we will determine your LTD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

B. Your Duty To Pursue Deductible Income

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your LTD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

C. Pending Deductible Income

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

D. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

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DUAL EMPLOYMENT PROVISION

If you work at more than one full-time position for the Employer and you become Disabled, the following will apply:

1. If you are Disabled from all your positions with the Employer, your Predisability Earnings will be based on your earnings for all your benefit eligible positions.

2. If you are Disabled from one of your positions and you continue to work in the others, your Work Earnings will be Deductible Income as described in the Return To Work Incentive.

3. If you are Disabled from one of your positions and you elect to not work in the others, your Predisability Earnings will be based only on your earnings for the benefit eligible position from which you are Disabled.

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SURVIVORS BENEFIT

If you die while LTD Benefits are payable, we will pay a Survivors Benefit according to 1 through 4 below.

1. The Survivors Benefit is a lump sum equal to 3 times your LTD Benefit without reduction by Deductible Income.
2. The Survivors Benefit will first be applied to reduce any overpayment of your claim.
3. The Survivors Benefit will be paid at our option to any one or more of the following:
   a. Your surviving spouse;
   b. Your surviving unmarried children, including adopted children, under age 25;
   c. Your surviving spouse’s unmarried children, including adopted children, under age 25; or
   d. Any person providing the care and support of any person listed in a., b., or c. above.
4. No Survivors Benefit will be paid if you are not survived by any person listed in a., b., or c. above.

BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

During each period of continuous Disability, we will pay LTD Benefits according to the terms of the Group Policy in effect on the date you become Disabled. Your right to receive LTD Benefits will not be affected by:

1. Any amendment to the Group Policy that is effective after you become Disabled.
2. Termination of the Group Policy after you become Disabled.

EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while LTD Benefits are payable, LTD Benefits will continue while you remain Disabled. However, 1 and 2 apply.

1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. The Disabilities Excluded From Coverage, Disabilities Subject To Limited Pay Periods, and Limitations sections will apply to the new cause of Disability.

DISABILITIES EXCLUDED FROM COVERAGE

A. War

You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane.
C. Preexisting Condition

1. Definition

Preexisting Condition means a mental or physical condition whether or not diagnosed or misdiagnosed:

a. For which you have done any of the following:
   i. Consulted a physician or other licensed medical professional;
   ii. Received medical treatment, services or advice;
   iii. Undergone diagnostic procedures;
   iv. Taken prescribed drugs or medications;

b. Which, as a result of any medical examination, including routine examination, was discovered;

at any time during the 90-day period just before your insurance becomes effective.

2. Exclusion

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:

a. Have been continuously insured under the Group Policy for 12 months; and

b. Have been Actively At Work for at least one full day after the end of that 12 months.

D. Loss Of License Or Certification

You are not covered for a Disability caused or contributed to by the loss of your professional license, occupational license or certification.

E. Violent Or Criminal Conduct

You are not covered for a Disability caused or contributed to by your committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.

DISABILITIES SUBJECT TO LIMITED PAY PERIODS

A. Substance Abuse

Payment of LTD Benefits is limited to 24 months during your entire lifetime for a Disability caused or contributed to by Substance Abuse, or medical or surgical treatment of Substance Abuse.

Substance Abuse means use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction, unless used or consumed according to the directions of a Physician.

B. Rules For Disabilities Subject To Limited Pay Periods

No LTD Benefits will be payable after the end of the limited pay period, unless on that date you continue to be Disabled as a result of a Physical Disease, Injury, or Pregnancy for which payment of LTD Benefits is not limited.
LIMITATIONS

A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No LTD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us as often as is medically required to effectively manage and treat the disabling condition, according to generally accepted medical standards.

B. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but elect not to work.

C. Rehabilitation Program

No LTD Benefits will be paid for any period of Disability when you are not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by us unless your Disability prevents you from participating.

D. Foreign Residency

Payment of LTD Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

CLAIMS

A. Filing A Claim

Claims should be filed on our forms, but you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability. If we do not provide our forms within 15 days after you submit your claim in a letter, you shall be deemed to have complied with this requirement to provide written proof of your claim for benefits under this policy.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the
required documentation is not provided within 45 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend LTD Benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay LTD Benefits within 30 days after you satisfy Proof Of Loss.

LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivors Benefit. If no Survivors Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

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

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

If we deny any part of your claim, you will receive a written notice of denial containing:

a. The reasons for our decision.

b. Reference to the parts of the Group Policy on which our decision is based.

c. A description of any additional information needed to support your claim.

d. Information concerning your right to a review of our decision.

H. Review Procedure

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your request for review. There will be no charge for such copies. You may request the names of medical or vocational experts who provided advice to us about your claim.

The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be
subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review we will send you: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days. If the extension is due to your failure to provide information necessary to decide the claim on review, the extended time period for review of your claim will not begin until you provide the information or otherwise respond.

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

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

If we deny any part of your claim on review, you will receive a written notice of denial containing:

a. The reasons for our decision.

b. Reference to the parts of the Group Policy on which our decision is based.

c. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

I. Assignment

The rights and benefits under the Group Policy are not assignable.

RESERVATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, we reserve full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;

2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;

3. The right to determine:

   a. Eligibility for insurance;

   b. Entitlement to benefits;

   c. The amount of benefits payable; and

   d. The sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the time within which Proof Of Loss is required to be given.
INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

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

No misrepresentation will be used to reduce or deny a claim or contest the validity of insurance unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

After insurance has been in effect for two years during the lifetime of the insured, we will not use a misrepresentation to reduce or deny the claim.

B. Incontestability Of The Group Policy

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

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

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

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

CLERICAL ERROR, AGENCY, AND MISSTATEMENT

A. Clerical Error

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

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

B. Agency

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

C. Misstatement Of Age

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

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

**TERMINATION OR AMENDMENT OF THE GROUP POLICY**

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. After the first year, except for nonpayment of premium or failure to meet the Minimum Participation requirements as shown in the Coverage Features, we may terminate the Group Policy on any Premium Due Date by giving the Policyholder not less than 31 days advance written notice. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

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

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

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

**DEFINITIONS**

Benefit Waiting Period means the period you must be continuously Disabled before LTD Benefits become payable. No LTD Benefits are payable for the Benefit Waiting Period. See Coverage Features.

Contributory means insurance is elective and Members pay all or part of the premium for insurance.

CPI-W means the Consumer Price Index for Urban Wage Earners and Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, we may use a comparable index. Where required, we will obtain prior state approval of the new index.

Employer means State of Missouri.

Group Policy means the group LTD insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the rate of increase in the CPI-W. During your first year of Disability, your Indexed Predisability Earnings are the same as your Predisability Earnings. Thereafter, your Indexed Predisability Earnings are determined on each anniversary of your Disability by increasing the previous year’s Indexed Predisability Earnings by the rate of increase in the CPI-W for the prior calendar year. The maximum adjustment in any year is 10%. Your Indexed Predisability Earnings will not decrease, even if the CPI-W decreases.

Injury means an injury to the body.

LTD Benefit means the monthly benefit payable to you under the terms of the Group Policy.

Maximum Benefit Period means the longest period for which LTD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No LTD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See Coverage Features.
Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Noncontributory means (a) insurance is nonelective and the Policyholder or Employer pay the entire premium for insurance; or (b) the Policyholder or Employer require all eligible Members to have insurance and to pay all or part of the premium for insurance.

Physical Disease means a physical disease entity or process that produces structural or functional changes in the body as diagnosed by a Physician.

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

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

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

POLICYHOLDER PROVISIONS

A. Premiums

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

B. Contributions From Members

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

C. Changes In Premium Rates

We may change Premium Rates whenever:

1. A change or clarification in law or governmental regulation affects the amount payable under the Group Policy. Any such change in Premium Rates will reflect only the change in our obligations.

2. Factors material to underwriting the risk we assumed under the Group Policy with respect to an Employer, including, but not limited to, number of persons insured, age, Predisability Earnings, gender, and occupational classification, changes by 25% or more.

3. The premium contribution arrangement for Members is changed or varies from that stated in the Group Policy when issued or last renewed.

4. We and the Policyholder or the Employer mutually agree to change Premium Rates.

Except as provided above, Premium Rates will not be changed during the Initial Rate Guarantee Period shown in Coverage Features. Thereafter, except as provided above, we may change Premium Rates upon 180 days advance written notice to the Policyholder. Any such change in Premium Rates may be made effective on any Premium Due Date, but no such change will be made more than once in any contract year. Contract years are successive 12 month periods computed from the end of the Initial Rate Guarantee Period.
D. Payment Of Premiums

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

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

E. Grace Period And Termination For Nonpayment

If a premium is not paid on or before its Premium Due Date, it may be paid during the following Grace Period of 60 days. The Group Policy or an Employer's coverage under the Group Policy will remain in force during the Grace Period.

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

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

F. Termination For Other Reasons

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

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

We may terminate the Group Policy as follows:

1. On any Premium Due Date if the number of persons insured is less than the Minimum Participation shown in Coverage Features.
2. After the first year, on any Premium Due Date if we determine that the Policyholder has failed to promptly furnish any necessary information requested by us, or has failed to perform any other obligations relating to the Group Policy.

The minimum advance notice of termination by us is 180 days.

G. Premium Adjustments

Premium adjustments involving a return of unearned premiums to the Policyholder will be limited to the 24 months just before the date we receive a request for premium adjustment.

H. Certificates

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

I. Records And Reports

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

J. Agency And Release

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard. The Policyholder, Employer and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.
Policyholder and each Employer hereby release, hold harmless and indemnify Standard from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of any of them or their representatives, agents or employees.

K. Notice Of Suit

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

L. Entire Contract, Changes

The Group Policy and the applications of the Policyholder constitute the entire contract between the parties. A copy of the Policyholder’s application is attached to the Group Policy when issued.

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

M. Effect On Workers' Compensation, State Disability Insurance

The coverage provided under the Group Policy is not a substitute for coverage under a workers' compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.
Effective July 1, 2010, the Group Policy is amended as follows:

1. Group Policy 604201-G replaces Group Policy 604201-E.

2. The **Active Work Provisions** will not be construed to terminate insurance for any Member who was insured under Group Policy 604201-E as of June 30, 2010. However, the provisions of Group Policy 604201-G will not apply to a period of continuous Disability which began prior to July 1, 2010, even if the Member is in a period of Temporary Recovery on June 30, 2010.

3. For purposes of the **Incontestability Provisions**, Group Policy 604201-G will be deemed to be in effect since January 1, 1999.

4. If LTD Benefits were payable under Group Policy 604201-E for a Disability subject to a lifetime limit under Group Policy 604201-G, those LTD Benefits will count toward the lifetime limit for such Disabilities under Group Policy 604201-G.

5. For all purposes under Group Policy 604201-G, including but not limited to exclusions and limitations, Members insured under Group Policy 604201-E on June 30, 2010, who become insured under Group Policy 604201-G on July 1, 2010, will be deemed to have been insured under Group Policy 604201-G as of their most recent effective date of insurance under Group Policy 604201-E.

Any increase in amounts of coverage for a Member who is incapable of Active Work on June 30, 2010 will be deferred until the next day after the Member completes one full day of Active Work.

This amendment is presented with the Group Policy.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
GROUP POLICY AMENDMENT NO. 2

Attached to and made a part of Group Policy 604201-G issued to
Trustees of the Missouri State Employees' Retirement System (MOSERS)
as Policyholder.

Effective July 1, 2011, and subject to the Active Work Provisions, the Predisability Earnings section is amended to read as follows:

PREDISABILITY EARNINGS

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work. Any subsequent change in your earnings after that last full day of Active Work will not affect your Predisability Earnings.

Predisability Earnings means the greater of: (A) average monthly earnings of your highest 36 consecutive month period of payroll (or average monthly earnings for the period of your employment if less than a 36 consecutive month period of payroll); and (B) your monthly earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
   a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement; or
   b. An executive nonqualified deferred compensation arrangement.
2. Shift differential pay.
3. Overtime pay, but included only in the calculation of your average monthly earnings of your highest 36 consecutive month period of payroll.
4. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

For purposes of calculating a 36 consecutive month period of payroll by the Policyholder:

In determining prior service credit and in calculation of creditable service, one calendar month equals one-twelfth of a year and any remaining days shall be converted into months (or one-twelfth of a year) on the basis that each 30 calendar days equals one month and a remainder of 27 or more days will be credited as an additional month. Any balance of less than 27 days will not be used in the calculation. Credit will be computed using the date of employment to the date of termination. Credit will be granted for up to one year of authorized sick leave without pay due to an employee's illness or injury. Credit will not be granted for any other periods of leave without pay unless otherwise provided by law.

Predisability Earnings does not include:

1. Bonuses.
2. Commissions.
3. Overtime pay except as provided in item 3. above.
4. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
5. Any other extra compensation.
If you are paid on an annual contract basis, your monthly rate of earnings is one-twelfth (1/12th) of your annual contract salary.

If you are paid hourly, your monthly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 173 hours.

Any increase in amounts of coverage for a Member who is incapable of Active Work on June 30, 2010 will be deferred until the next day after the Member completes one full day of Active Work.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
GROUP POLICY AMENDMENT NO. 3

Attached to and made a part of Group Policy 604201-G
issued to Trustees of the Missouri State
Employees' Retirement System (MOSERS) as Policyholder.

Effective December 1, 2019, the Member definition exclusions in the General Policy Information portion of the Coverage Features and in the Becoming Insured section are amended to read as follows:

Member does not include:

1. A member of the College and University Retirement Plan (CURP).

2. A member of the uniformed water patrol who has qualified or qualifies for receiving either disability income benefits, or retirement income benefits on account of disability under the MOSERS' self-insured, statutory disability benefits plan.

3. A retired state employee, other than a judge who has been retired from office under Missouri Constitution, Article V, Section 24, Subsection 2.

4. An individual who became Disabled prior to January 1, 1999.

5. An individual who is covered under another Employer sponsored group long term disability insurance plan.

6. A retired member of the MoDOT and Patrol Employee’s Retirement System (MPERS) re-employed in a benefit-eligible position covered by MOSERS.

STANDARD INSURANCE COMPANY

By

[Signatures]

Chairman, President and CBO

Corporate Secretary
Basic & Optional Life Insurance

Coverage Available to Eligible Employees

The coverage described in this handbook applies to employees who are eligible to be insured under the terms of the plan as of January 1, 2019. This handbook summarizes the life insurance benefits that are provided pursuant to Chapter 104 of the Missouri Revised Statutes and the Standard Insurance Company Group Life Policy that has been issued to the Trustees of the Missouri State Employees’ Retirement System (MOSERS). If there is a discrepancy between this handbook and the statute and/or insurance policy, the statute and/or insurance policy will prevail.
# TABLE OF CONTENTS

Contacting MOSERS ......................................................................................................................................... 4  
The Group Policy ............................................................................................................................................... 5

## Overview

Summary of Life Insurance Benefits ............................................................................................................. 6  
Introduction to Handbook .............................................................................................................................. 7  
Employee Eligibility ......................................................................................................................................... 8

## Basic Life Insurance

Eligibility ............................................................................................................................................................ 9  
Effective Date of Coverage .............................................................................................................................. 9  
Amount of Coverage .......................................................................................................................................... 9  
How to Enroll ....................................................................................................................................................... 9  
Premium Amount ................................................................................................................................................ 9  
Tax Liability if Basic Coverage Exceeds $50,000 ............................................................................................ 10  
Coverage Amount at Retirement ......................................................................................................................... 10  
When Coverage Will End .................................................................................................................................. 10

## Optional Life Insurance

Member Coverage .................................................................................................................................................. 11

## Dependent Life Insurance

Spouse Coverage .................................................................................................................................................. 15  
Child(ren) Coverage .......................................................................................................................................... 17

## Designation of Beneficiary(ies)

Member Coverage ................................................................................................................................................. 19  
Life Insurance Beneficiaries Form .................................................................................................................... 20  
Spouse and Child(ren) Coverage ........................................................................................................................ 21  
Divorce and Identity Theft .................................................................................................................................. 21

## Information for Your Beneficiary

How to File a Claim ............................................................................................................................................. 22  
Cost to Transport Body (Repatriation Provision) ............................................................................................... 23  
Claims Appeal ....................................................................................................................................................... 23  
Time Limits on Legal Actions and Certain Defenses ....................................................................................... 24
Approved Leave of Absence or Layoff
Continued Coverage ................................................................. 25
Life Insurance Coverage During Military Leave ...................... 25

Paying Premiums While Disabled
Waiver of Premiums ................................................................. 26

Receiving Benefits Prior to Your Death
Accelerated Benefit .......................................................................... 27
Amount of Accelerated Benefit ......................................................... 27
Effects on Insurance ........................................................................ 27
Exclusions ......................................................................................... 27

Keeping Your Coverage if Leaving State Employment
Options to Continue MOSERS Life Insurance Coverage .............. 28
Conversion/Portability of Coverage for Spouse and Child(ren) ............ 29
Death During the 60-Day Conversion Period .................................. 29

Other Important Information
The Active-Work Requirement ....................................................... 30
Providing Evidence of Insurability .................................................... 30
Transfer to Another Job ................................................................. 30
Certificate of Insurance ................................................................. 31

Index ............................................................................................. 32

Glossary ......................................................................................... 34

Visit www.mosers.org for the most current information about your MOSERS life insurance benefits and log in to MOSERS’ website to submit forms and to designate, verify, or update information about your beneficiaries.
MOSERS' Mission
MOSERS exists to advance the financial security of its members.

How To Contact MOSERS

MOSERS benefit counselors are a valuable source for information and assistance regarding your benefits. They can explain your benefits and answer your questions.

Our business hours are 7:30 a.m. to 4:30 p.m. Monday - Friday. Our call center hours are 8:00 a.m. to noon and 1:00 p.m. to 4:30 p.m. Monday - Friday.

Website
www.mosers.org

Email
mosers@mosers.org

Telephone
(573) 632-6100
(800) 827-1063

Fax
(573) 632-6103

Mailing Address
PO Box 209
Jefferson City, MO 65102-0209

Office Location
907 Wildwood Drive
Jefferson City, MO

Social Media

Facebook
Twitter
YouTube
LinkedIn
The Group Policy
Provided by Standard Insurance Company

Effective January 1, 2019, the MOSERS life insurance program is provided under Group Policy Number 604201, issued by Standard Insurance Company to the Trustees of the Missouri State Employees’ Retirement System (MOSERS). Standard Insurance Company hereby certifies that you will be insured under the terms of the group policy during the time, in the manner, and for the amount(s) set forth in the group policy, provided you meet the eligibility requirements that have been established for participation in the plan. You may elect to purchase supplemental insurance through the optional life insurance plan; however, you are required to pay the premium associated with such insurance.

The coverage under the policy is illustrated in this certificate, and it takes the place of any prior certificate issued under a previous plan. Insurance is effective only for persons who become and stay insured under the policy.

Subject to the terms of the group policy, Standard Insurance Company will pay the insured amount to your designated beneficiaries upon receipt of satisfactory, written proof of your death.

Name and Address of the Insurance Carrier
Standard Insurance Company
Group Benefits Department
P. O. Box 2800
Portland, OR 97208-2800
(844) 505-6026

Name and Address of the Policyholder
Board of Trustees
Missouri State Employees’ Retirement System (MOSERS)
907 Wildwood Drive
Jefferson City, MO 65109
(573) 632-6100 or (800) 827-1063

Group Policy Number
604201

The group policy is held by MOSERS. No individual policies are issued. However, a Certificate of Insurance is located on page 31 of this handbook.
SUMMARY OF LIFE INSURANCE BENEFITS

The following summary highlights the major provisions of your life insurance benefits. For more detailed information on a particular provision, please refer to the page indicated in this handbook.

- **Amount of Coverage** (p. 9) - If you are an eligible employee, you will automatically receive one times your annual salary ($15,000 minimum) in basic life insurance coverage at no cost to you. The amount of your basic life insurance coverage will be adjusted yearly (if necessary).

- **Duty-Related Death** (p. 9) - If it is determined by Standard Insurance Company that your death is a result of personal injury or illness arising out of and in the course of performing your duties as an employee, your designated beneficiary(ies) will receive three times your basic life insurance coverage amount.

- **Continuing Your Coverage at Retirement** (p. 10, 14) - You may be eligible to continue a portion of your basic and optional life insurance coverage at retirement (if you retire within 60 days of termination).

- **Optional Life Insurance** (p. 11) - You may purchase additional life insurance coverage, in $10,000 increments, and pay the premium by payroll deduction. Optional life insurance coverage cannot exceed the lesser of six times your annual earnings (rounded up to the nearest $10,000 increment) or $800,000.

- **Spouse Coverage** (p. 15) - You may purchase up to $100,000 in optional life insurance coverage on your eligible spouse. The amount cannot exceed your own optional life coverage amount and must be in $10,000 increments.

- **Child Coverage** (p. 17) - You may purchase $10,000 in optional life insurance coverage on each of your eligible children.

- **Increasing or Decreasing Your Coverage** (p. 13, 16) - Eligible active employees may increase their optional coverage amount during the Annual Term Life Insurance Review period (each October) without proving insurability. You may decrease coverage any time throughout the year.

- **Repatriation Benefit** (p. 23) - If you should die more than 200 miles from home, the repatriation benefit covers all or part of the cost of transporting your body to a mortuary near your primary residence.

- **Waiver of Premium** (p. 26) - If you become disabled, you may be eligible to continue your life insurance coverage and not pay the premium.

- **Accelerated Benefit and Terminal Illness** (p. 27) - If you have been diagnosed as terminally ill, you may be eligible to receive a portion of your life insurance benefits prior to your death.

- **Spouse/Child Coverage at Retirement** (p. 29) - The life insurance coverage for your spouse cannot be continued at retirement; however, you have the option of converting the coverage to an individual policy through Standard Insurance Company or buying portable group insurance. Coverage for your child(ren) may be continued into retirement provided your child is younger than 26 years old or disabled.

- **Portability and Conversion of Coverage** (p. 28, 29) - If your life insurance coverage ends or is reduced, you may be eligible to buy portable group insurance coverage or convert your coverage to an individual policy through Standard Insurance Company. This election must be made within 60 days of leaving state employment.
INTRODUCTION TO HANDBOOK

Understanding your life insurance coverage allows you to make better decisions regarding your future and the future of your loved ones.

The following is a general overview of the group life insurance plan provided by MOSERS. There are two types of life insurance coverage available: basic and optional.

Basic Life Insurance Coverage
If you meet the eligibility requirements of the plan, life insurance coverage in the amount of one times your annual salary (minimum of $15,000) will automatically be provided at no cost to you. The amount of your basic life insurance coverage will be adjusted yearly (if necessary).

Optional Life Insurance Coverage
You may elect to purchase additional coverage on yourself, your spouse, or your child(ren) and make the premium payments through payroll deductions.

For both types of insurance, you must designate at least one beneficiary—someone to whom the benefit payment will be made at the time of your death.

The insurance provided in the MOSERS plan is “term” insurance. This means your insurance has no cash or loan value. Furthermore, your beneficiaries will not receive a benefit payment if your insurance coverage through the state has been terminated or if you cease to pay the required premium.

There are a number of terms and conditions that may influence your decision or ability to enroll in the optional coverage offered by MOSERS. The glossary, beginning on page 34, should help you understand the various terms used in this handbook. To fully understand your life insurance coverage, carefully read each section of this handbook. As time goes by, remember to visit www.mosers.org for the most current information about your life insurance benefits.

Please take a few minutes now to read through this handbook. Be sure to highlight or circle areas you don’t fully understand and contact a MOSERS benefit counselor at (573) 632-6100 or (800) 827-1063 to get answers to your life insurance questions.
EMPLOYEE ELIGIBILITY

Eligible Employees
You are eligible to participate in the basic and optional life insurance plan provided you are actively employed:

• by the state of Missouri in a permanent position that typically requires you to work at least 1,040 hours a year (unless you are employed by a department that offers its own life insurance plan).

• by Lincoln University or State Technical College of Missouri in a MOSERS benefit-eligible position.

• by a state agency (other than an institution of higher learning) and are a member of the Public School Retirement System (PSRS).

• as a Uniformed Water Patrol Officer and elected MOSERS benefits under the provisions of House Bill 1868.

Employees Not Eligible
You are not eligible to participate in either MOSERS basic or optional life insurance plans if you are employed by any of the following agencies:

• Missouri Department of Conservation.

• Missouri State Highway Patrol (except Uniformed Water Patrol Officers electing MOSERS benefits under the provisions of House Bill 1868).

• Regional state colleges and universities or any other institutions of higher learning (except Lincoln University and State Technical College of Missouri).

• Members of the College and University Retirement Plan (CURP).
Basic Life Insurance

ELIGIBILITY
You are eligible to participate in the basic life insurance plan on the first day you begin state employment.

EFFECTIVE DATE OF COVERAGE
Your basic life insurance coverage will begin on the first day you become a state employee and meet the active-work requirement.

AMOUNT OF COVERAGE
If you meet the criteria for eligibility, you are automatically provided, free of charge, basic life insurance coverage equal to one times your annual salary ($15,000 minimum; $500,000 maximum). This amount will be payable to your designated beneficiary at the time of your death providing your coverage is in force at that time. Your basic life coverage amount will automatically be adjusted each January according to your annual earnings on: (1) July 31 of the previous year, or (2) the day after you complete one full day of active work as an eligible member, if you were not eligible on July 31 of the previous year.

Duty-Related Death Provision
If it is determined by Standard Insurance Company that your death is a result of personal injury or illness arising out of and in the course of performing your duties as an employee, your designated beneficiary(ies) will receive an amount equal to three times your basic life insurance coverage.

HOW TO ENROLL
Although your basic coverage is automatic, you should designate your beneficiary(ies). You may enroll through SEBES (Statewide Employee Benefit Enrollment System) at www.sebes.mo.gov as a new employee (within 31 days of employment). Or, you may log in to MOSERS’ website and submit the Life Insurance Beneficiaries form.

PREMIUM AMOUNT
Your employer pays the premium for your basic life insurance coverage, unless you are on an approved leave of absence. If you become disabled while actively employed, you may be eligible to continue your life insurance without paying any premium. Please see MOSERS’ Long-Term Disability handbook for more information.
TAX LIABILITY IF BASIC COVERAGE EXCEEDS $50,000

If your salary level results in you having state provided life insurance in excess of $50,000, federal law requires that an approximation of the premium for the excess coverage be determined and included in your taxable income. The approximation of the premium is determined using an age based table provided by the Internal Revenue Service (Publication 15-B).

Example

Sharon’s coverage during 2019 is based on an annual salary rate of $60,000. Her age at the end of calendar year 2019 will be 45. Her monthly income attributable to employer provided life insurance during calendar year 2019 is $1.50 determined as follows:

Excess coverage in thousands

\[(\$60,000 - \$50,000) ÷ \$1,000 = 10\]

Age 45 premium per thousand based on IRS table

\[\$0.15\]

\[10 \times \$0.15 = \$1.50\]

The Internal Revenue Service Tax Liability table shown to the right is currently used to determine the monthly rates for each $1,000 of basic life insurance.

COVERAGE AMOUNT AT RETIREMENT

If you retire within 60 days of leaving state employment, the state will continue to pay for $5,000 of basic life insurance coverage for your lifetime. Members of PSRS may not continue their basic life coverage at retirement.

You have 60 days from the date of the qualifying event to make an election to port or convert the remaining basic life insurance to an individual policy through Standard Insurance Company.

WHEN COVERAGE WILL END

Your basic life insurance coverage will end the last day of the calendar month in which your employment ends or you no longer work in a benefit-eligible position.
Optional Life Insurance

MEMBER COVERAGE

Eligibility
You are eligible to participate in the optional life insurance plan on the first day you begin state employment and meet the active-work requirement. In the event of a family status change, you have 31 days to apply for additional in optional coverage without proving insurability (see details under Family Status Change).

Effective Date of Coverage
The coverage begins the date the enrollment form is signed or submitted electronically (if within 31 days of employment) or the first day of the next pay period following approval by Standard Insurance Company.

Amount of Coverage
If you choose to enroll in the optional life insurance plan, you must select a flat amount in multiples of $10,000. The coverage amount cannot exceed the lesser of six times your annual earnings (rounded up to the nearest $10,000 increment) or $800,000. The coverage amount is based upon your annual earnings on: (1) July 31 of the previous year, or (2) the day after you complete one full day of active work as an eligible member, if you were not eligible on July 31 of the previous year.

How to Enroll
Unlike basic life insurance, you must enroll if you wish to purchase optional life insurance. You may enroll through SEBES (Statewide Employee Benefit Enrollment System) at www.sebes.mo.gov, within 31 days of employment.

Family Status Change
In the event of a family status change, you may be eligible to apply for additional optional life insurance coverage (in $10,000 increments) for yourself without proving insurability. To be eligible, you must:

• Apply within 31 days of the event.
• Not have optional life insurance coverage and never been denied optional life coverage, or currently have optional coverage in an amount less than the maximum allowed.
• Proof of the event must be submitted to be effective.
If You Enroll Late
If you enroll more than 31 days after your employment date or family status change, you must submit evidence of insurability satisfactory to Standard Insurance Company. To provide evidence of insurability, you must submit an Enrollment/Change - Optional Life Insurance form to MOSERS. In addition, you must submit a completed Medical History Statement, which is available on MOSERS' website, to the Standard Insurance Company.

In some situations, Standard Insurance Company may require you to have a physical examination at Standard’s expense. Please note, approval of coverage is not automatic. You must meet the underwriting requirements of Standard Insurance Company to qualify for coverage.

Your optional life insurance will be effective the first day of the next pay period following the date MOSERS receives notice of Standard Insurance Company’s approval, provided you meet the active-work requirement on that date.

Premium Amount
Your premium for optional life insurance coverage will depend on your age (see Schedule of Monthly Premiums to the right) and the amount of coverage you have selected. Your premium is paid through payroll deductions unless you are on an approved leave of absence.

Monthly Premium Calculation Example
A 36-year-old employee would like to purchase $40,000 in optional life insurance coverage.

1. Since the rate is “per thousand,” you must first determine how many $1,000s are in $40,000.

   \[
   \frac{40,000}{1,000} = 40 \quad \text{or you can delete the last 3 zeros} \quad 40,000 = 40
   \]

2. Using the Schedule of Monthly Premiums chart, find the rate coinciding with age 36 and multiply by the answer above.

   \[
   40 \times .10 = 4.00 \text{ monthly premium}
   \]

Optional Life Insurance Annual Adjustment
Your optional life coverage amount will be automatically adjusted each January according to one of the following:

- Your annual earnings on July 31 of the previous year (if your coverage remains as a multiple of salary).
- Your election during the annual review period. If eligible, the annual review period gives you the opportunity to increase your coverage without proving insurability (see page 13).
- Your age bracket.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Rate Per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 35</td>
<td>$0.08</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.10</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.16</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.24</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.42</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.76</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$1.18</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$1.90</td>
</tr>
<tr>
<td>70 &amp; over</td>
<td>$3.32</td>
</tr>
</tbody>
</table>

To calculate your monthly and annual premiums, there is a convenient Optional Life Insurance calculator on MOSERS’ website.
Making Changes to Your Member Coverage

*Decrease Your Coverage at Any Time*

If you wish to decrease your optional life insurance coverage, you must complete an *Enrollment/Change - Optional Life Insurance* form (log in to MOSERS’ website) and submit it to MOSERS. The decrease in coverage will become effective the first day of the next pay period following the date the paper form was signed (if received by MOSERS within 31 days) or submitted electronically, or the effective date indicated on the form (whichever is later).

*Increase Your Coverage During the Annual Review Period*

MOSERS offers an Optional Term Life Insurance Review Period every October. The purpose of the review period is to give eligible members the opportunity to increase their coverage amount, within the established guidelines, without proving insurability. During the review period, the increase in coverage may be done in increments of $10,000. The maximum increase will be determined each year, and will be included in a customized letter MOSERS will mail (or post online in Document Express) to eligible members in September. The annual review period is for member coverage only, not for spouse or children.

Each year, a notification of eligibility will be sent to members who have:

- Optional life insurance coverage on themselves.
- Not reached the maximum amount of optional life insurance coverage (the lesser of six times your annual salary or $800,000).

Increases in coverage during the review period will become effective January 1 of the following year, provided you meet the active-work requirement. If you do not meet the active-work requirement on January 1, any change in coverage is postponed until you complete one full day of active employment.

*Increase Coverage Outside the Annual Review Period*

You may increase your optional life insurance at any time during the year (outside the annual review period). However, you may not elect more than six times your annual earnings (rounded up to next $10,000 increment) or $800,000 (whichever is less).

If you are already enrolled in the optional life insurance plan and wish to increase your coverage, you must submit an *Enrollment/Change - Optional Life Insurance* form to MOSERS. In addition, you must submit a completed *Medical History Statement*, which is available on MOSERS’ website, to Standard Insurance Company. In some situations, Standard Insurance Company may require you to have a physical examination at Standard’s expense. Please note, approval of additional coverage is not automatic. You must meet the underwriting requirements of Standard Insurance Company to qualify for coverage.

The increased amount of coverage will be effective on the first day of the next pay period following the date MOSERS receives notice of Standard Insurance Company’s approval, provided you meet the active-work requirement on
that date.

**Coverage Amount at Retirement**
When you retire within 60 days of leaving state employment, you may elect to continue purchasing any amount of coverage from $1,000 up to a maximum of $60,000 (in increments of $500). However, the amount of coverage you carry into retirement cannot exceed the amount you carried while actively employed. For example, if as an active employee you have $30,000 of optional coverage, you may retain any amount from $1,000 to $30,000 when you retire. At retirement, your premium will be deducted from your monthly retirement benefit. Coverage continues for your lifetime, as long as applicable premiums are paid and the terms of the group policy are met.

**Members of PSRS may continue up to $60,000 of optional life insurance coverage into retirement (if eligible).**
You have 60 days from the end of the month in which you leave state employment to make an election to convert/port the remaining basic life insurance to an individual policy through Standard Insurance Company.

**MSEP 2000/MSEP 2011 Provision**
*For general state employees with optional life insurance coverage in excess of $60,000*
If you retire under the “Rule of 80” (MSEP 2000), or “Rule of 90” (MSEP 2011), you may retain all of your optional life insurance coverage until age 62. At age 62, your coverage will automatically reduce to a maximum of $60,000.

**When Coverage Will End**
Your optional life insurance coverage will end on the earlier of the following events:

- The last day of the calendar month in which your employment ends (unless you retire within 60 days of leaving).
- The last day of the pay period in which you pay the required premium.

If you were approved for waiver of premiums and the approval was effective between January 1, 1999 and June 30, 2005, the waiver for you and your eligible dependents will continue into retirement as long as you continue to qualify for the waiver.

If you are approved for a waiver of premium, and the approval was effective on or after July 1, 2005, the waiver for you and your eligible dependents will cease at retirement. You may continue at least a portion of your optional coverage into retirement, at which time you will be responsible for the premiums. The coverage amount will be based on the limits in effect on the date you became disabled.

**Suicide Exclusion for Members’ Optional Life Insurance**
As a member, if your death results from suicide or other intentionally self-inflicted injury while sane or insane and you have not had MOSERS optional life insurance for at least one year on the date of your death, no proceeds from your optional life insurance will be paid. Standard Insurance will refund all premiums paid for your optional life insurance to your eligible survivor(s).
Dependent Life Insurance

SPouse Coverage

Eligibility
If you have optional life insurance coverage on yourself, you may elect to purchase dependent life insurance on your spouse. Your spouse is the person to whom you are legally married. According to the life insurance policy, your spouse cannot be insured if he/she is a full-time member of the armed forces of any country.

Your spouse becomes eligible for coverage the latter of:
• The date your optional life insurance becomes effective.
• Your date of marriage.

Effective Date of Coverage
Spouse coverage becomes effective the date the enrollment form is signed (if signed within 31 days of eligibility) or electronically submitted to MOSERS. If coverage is more than $10,000, the coverage becomes effective the first day of the next pay period following approval by Standard Insurance Company.

Amount of Coverage
You may purchase coverage on your spouse, in increments of $10,000, up to a maximum of $100,000. However, the amount of spouse coverage may not exceed the optional coverage you have purchased on yourself. For example, if you have $20,000 in optional life insurance coverage on yourself, you may purchase either $10,000 or $20,000 in coverage on your spouse.

Spouse coverage of up to $10,000 does not require evidence of insurability if you enroll during the initial eligibility period. However, purchasing any amount of spouse coverage greater than $10,000 will require your spouse to submit evidence of insurability.

How to Enroll
If you wish to purchase life insurance coverage on your spouse, you must enroll. You may enroll through SEBES within 31 days of eligibility. Coverage in excess of $10,000 will begin the first of the next pay period following approval by Standard Insurance Company.

If you are not married during your eligibility period and later marry, you will have 31 days from your date of marriage to add coverage on your spouse. Log in to MOSERS’ website and submit an Enrollment/Change - Optional Life Insurance form.
If You Enroll Late
If you elect to purchase life insurance coverage on your spouse more than 31 days after eligibility, you must submit evidence of insurability on your spouse satisfactory to Standard Insurance Company. For late enrollment, please submit an Enrollment/Change - Optional Life Insurance form to MOSERS. In addition, you must submit a completed Medical History Statement, which is available on MOSERS’ website, to the Standard Insurance Company.

In some situations, Standard Insurance Company may require your spouse to have a physical examination at Standard’s expense. Please note, approval of coverage is not automatic. Your spouse must meet the underwriting requirements of Standard Insurance Company to qualify for coverage.

Your spouse’s life insurance will be effective the first day of the next pay period following the date MOSERS receives notice of Standard Insurance Company’s approval, provided you meet the active-work requirement on that date.

Premium Amount
The premium for spouse coverage is based on the member’s age and the amount of coverage selected. As with all of the optional coverages, you pay the premium through payroll deduction.

Increasing Coverage
If your spouse is already enrolled in the life insurance plan and you wish to increase his/her coverage, you must submit an Enrollment/Change - Optional Life Insurance form to MOSERS. In addition, your spouse must submit a completed Medical History Statement, which is available on MOSERS’ website, to the Standard Insurance Company.

In some situations, Standard Insurance Company may require your spouse to have a physical examination at Standard’s expense. Please note, approval of coverage is not automatic. Your spouse must meet the underwriting requirements of Standard Insurance Company to qualify for coverage.

The increased amount of coverage will be effective on the first day of the next pay period following the date MOSERS receives notice of Standard Insurance Company’s approval, provided you meet the active-work requirement on that date.

Coverage at Retirement
The life insurance coverage on your spouse cannot be continued into retirement. You have 60 days from the end of the month in which you leave state employment to make an election to port or convert your spouse’s coverage to an individual policy through Standard Insurance Company (see pages 28-29).

When Coverage Will End
Insurance coverage on your spouse will end on the earlier of the following events:

- The last day of the pay period in which you pay the required premium.
- The date the Group Policy terminates.
- The last day of the calendar month in which your employment ends or you retire.
- The last day of the calendar month in which your divorce becomes final.
- Five months after the date of your death (no premiums will be charged during this time).
CHILD(REN) COVERAGE

Eligibility
You may purchase life insurance for your eligible child(ren). Submit the Enrollment/Change - Optional Life Insurance form to MOSERS. For purposes of determining eligibility for coverage, a child means your child from live birth until age 26 or disabled child. This includes, dependent stepchildren, dependent grandchildren, adopted children, and children for whom you are the court appointed legal guardian, provided they are living with you. Biological children do not have to live with you to qualify. Full-time members of the armed forces of any country, regardless of age, are not eligible for coverage.

Disabled children older than age 26, who are continuously incapable of self-sustaining employment because of developmental, intellectual or physical handicap and dependent on you for support, are eligible for dependent coverage. You must provide Standard Insurance Company with proof that your child is disabled. You will be required to complete a Continued Dependent Life Insurance for a Disabled Child form within 31 days after the date on which the insurance would otherwise end because of the child’s age. At reasonable intervals thereafter, Standard Insurance Company may require further proof and have your child examined at Standard’s expense.

Effective Date of Coverage
Child coverage becomes effective the date the enrollment form is signed.

Amount of Coverage
Life insurance coverage on your child(ren) is available in a flat amount of $10,000 per eligible child and is the only coverage amount available. You will not be required to provide evidence of insurability for your child(ren).

Once coverage is in effect for your child(ren), any newborn child(ren) will be covered at no additional cost. Coverage for the newborn will be effective immediately. In order to update our records, please notify MOSERS of the newborn’s name and date of birth as soon as reasonably possible.

How to Enroll
If you elect to purchase life insurance for your child(ren), you must enroll. You may enroll through SEBES (Statewide Employee Benefit Enrollment System) at www.sebes.mo.gov as a new employee (within 31 days of employment). If you enroll within 31 days of eligibility, your child’s coverage will begin the day the form is signed or submitted. Or, you may log in to MOSERS’ website and submit the Enrollment/Change – Optional Life Insurance form at any time.

Eligible children may be enrolled at any time without providing evidence of insurability.
**Premium Amount**
The premium for child(ren) coverage is $2.00 per month, regardless of the number of children insured. As with all optional coverages, you pay the premium through payroll deductions.

**Coverage at Retirement**
If you wish to retain life insurance coverage in retirement for your dependent child(ren) younger than age 26 or disabled, you must submit the *Retain/Terminate Dependent Child Life Insurance* form to MOSERS prior to the payment of your first retirement benefit.

**When Coverage Will End**
Insurance coverage on your child(ren) will end on the earlier of the following events:

- The last day of the pay period in which you pay the required premium.
- The last day of the calendar month in which your employment ends unless you retire within 60 days of terminating your position.
- The last day of the calendar month in which your child turns 26 (unless the child qualifies for continued coverage as a disabled child).
- Five months after the date of your death (no premiums will be charged during this time).
MEMBER COVERAGE

Your life insurance coverage amounts are payable to your named beneficiary(ies) if you die while insured. You may name one or more beneficiaries to receive the proceeds from your life insurance. Submit a Life Insurance Beneficiaries form by logging in to MOSERS’ website. This form instructs you to name a primary beneficiary and a contingent (alternative) beneficiary in the event your primary beneficiary does not survive you. The form must be dated, signed by you and delivered to MOSERS or submitted online during your lifetime. Your designations will be effective upon MOSERS’ receipt of the form.

When you name an individual as your beneficiary, please be sure to indicate your beneficiary’s full name, address, Social Security number, date of birth, and relationship to you. It is important that you periodically review and update your beneficiary designations. You may change your beneficiaries at any time by completing and submitting a new designation form (available online). You should also inform your beneficiaries of their designation so they are aware that they may become entitled to a benefit.

If you do not designate a beneficiary for the proceeds of your life insurance or if no designated beneficiary survives you, your life insurance benefit will be paid in the following order to your:

- Surviving spouse
- Surviving children (including legally adopted children), divided equally
- Surviving parents, divided equally
- Surviving brothers and sisters, divided equally
- Estate

Your life insurance benefits are not assignable or transferable to another party, except they can be assigned to pay your funeral expenses.

Designating Minor Children as Beneficiaries

Naming a minor (a person under the age of 18, except an emancipated minor) or estate as your beneficiary for life insurance proceeds may require that a conservator or other legal representative be appointed by a court before any payment can be issued. This could cause legal expenses for the beneficiary and delay in the payment. Please take this into consideration when naming your beneficiary.

As an alternative, you may wish to set up a trust to receive your assets upon your death. A trust is a legal arrangement through which a trustee manages the assets for your beneficiaries. If you would like to set up a trust, please contact an attorney.
LIFE INSURANCE BENEFICIARIES FORM
(available by logging in to MOSERS’ website)

Your life insurance coverage amounts are payable to your named beneficiary(ies) if you die while insured. The Life Insurance Beneficiaries form allows you to name one or more beneficiary(ies) (primary and contingent) to receive the proceeds from your life insurance. The form must be signed by you, dated, and delivered to MOSERS or submitted online during your lifetime. Your designations will be effective upon MOSERS’ receipt of the form. Examples shown below may be helpful in designating your beneficiaries.

Examples of Designation of Beneficiaries

<table>
<thead>
<tr>
<th>One Beneficiary</th>
<th>Unnamed Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Doe (wife) - 100%</td>
<td>My children born of my marriage to Mary Doe, equally, survivors or survivor.</td>
</tr>
<tr>
<td>100 South Park · Hometown, MO 65100</td>
<td>-or-</td>
</tr>
<tr>
<td>DOB: 2/25/69 · SSN: 111-22-3333</td>
<td>My children, equally, survivors or survivor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Several Beneficiaries · Equal Amounts</th>
<th>-or-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Doe (wife), Jane Doe, and Tom Doe (children), equally, survivors or survivor.</td>
<td>Tom Doe (son) and any other children of my marriage to Mary Doe, equally, survivors or survivor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Several Beneficiaries · Unequal Amounts</th>
<th>-or-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Doe (wife) - 70%, Tom Doe (son) - 30%, or all to the survivor.</td>
<td>My children, equally, survivors or survivor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children Per Stirpes</th>
<th>-or-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Doe, Mark Doe, and Jane Doe (children), equally, survivors or survivor, provided however; should any said child not survive to receive payment but leave children surviving at the time of payment, his share, her share, or their shares to said children per stirpes.</td>
<td>Tom Doe (son) and any other children of my marriage to Mary Doe, equally, survivors or survivor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member’s Estate</th>
<th>Trustee Under “Inter Vivos” Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>To the Estate of John Doe - 100%</td>
<td>An existing trust created during your lifetime by a written instrument</td>
</tr>
<tr>
<td>100 South Park · Hometown, MO 65100</td>
<td>Second National Bank of Hometown, MO (trustee), or successor or successors in trust under that certain declaration of trust dated 7/17/92 created by John Doe as trustor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization</th>
<th>Testamentary Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Baptist Church - 100%</td>
<td>A trust created by your will - the trust does not take effect until after the will has been probated following your death</td>
</tr>
<tr>
<td>100 South Park · Hometown, MO 65100</td>
<td>Second National Bank of Hometown, MO (trustee), or the successor or successors in trust under that certain trust created by the will of John Doe.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trustee Under “Inter Vivos” Trust</th>
<th>Testamentary Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second National Bank (trustee)</td>
<td></td>
</tr>
<tr>
<td>600 Main Street · Hometown, MO 65100</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revocable Living Trust</th>
<th>Testamentary Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>You, the grantor, transfers property into the trust and the trustee administers the trust for the benefit of the beneficiary named</td>
<td>Second National Bank of Hometown, MO (trustee), or the successor or successors in trust under that certain trust created by the will of John Doe.</td>
</tr>
<tr>
<td>John Doe, revocable living trust dated</td>
<td></td>
</tr>
<tr>
<td>April 2, 2002</td>
<td></td>
</tr>
</tbody>
</table>
SPOUSE AND CHILD(REN) COVERAGE

You, the member, are automatically designated as the beneficiary for your spouse and child(ren)’s insurance benefits. Dependent life insurance benefits that are unpaid at your death will be paid in equal shares to the first surviving class of the classes listed below:

- The children of the dependent
- The parents of the dependent
- The brothers and sisters of the dependent
- Your estate

DIVORCE AND IDENTITY THEFT

In the event of a divorce, you may wish to change your life insurance beneficiary and/or passwords which allow you to make such changes.

Other circumstances may impact your individual circumstances. If you have questions, consult an attorney for legal guidance in your particular situation and verify and update your beneficiary(ies) as needed. You may change your beneficiary(ies) at any time by completing and submitting a new Life Insurance Beneficiaries form online.

At all times you should be aware of those who have access to your personal information or passwords, and especially when going through a divorce or other life event. In these cases, it is important to routinely check the accuracy of your information from any institution that administers your retirement, insurance, credit, or any other financial benefits.
Information for Your Beneficiary

HOW TO FILE A CLAIM

Once you have designated your beneficiary(ies), it is important to advise them that they may become entitled to certain benefits at the time of your death. In order to claim benefits, your beneficiary(ies) must be familiar with the steps involved in collecting the benefit amount.

Step 1 - Notification of Death
Your beneficiary should notify a MOSERS benefit counselor as soon as reasonably possible after your death. The beneficiary may contact us at:

Missouri State Employees’ Retirement System
907 Wildwood Drive, PO Box 209
Jefferson City, MO 65109
(573) 632-6100 · (800) 827-1063

Step 2 - Verification of Death and Insurance Coverage
Once we receive notice of your death, MOSERS will send a letter to the informant describing the claims procedure. Your beneficiary must submit a copy of your death certificate to MOSERS. We will, in turn, submit the life insurance records to Standard Insurance Company.

Step 3 - Collection of Benefits
Once the previous two steps have been completed, Standard Insurance Company will pay your beneficiary(ies). If a funeral assignment was submitted, Standard will pay the funeral home directly.

To the extent permitted by law, the amount payable to the beneficiary will not be subject to any legal process or claims of any creditor or creditor’s representative.
**COST TO TRANSPORT BODY (REPATRIATION PROVISION)**

If you should die away from home, it could be very costly to transport your body from one location to another. The MOSERS life insurance plan has a “repatriation benefit” to cover the expenses incurred to transport your body to a mortuary near your primary place of residence. The repatriation benefit provides up to $5,000 or 10% of your basic life insurance coverage amount, whichever is less. The repatriation benefit is in addition to the amount payable from your basic and optional coverage.

If all the following requirements are met, the repatriation benefit will provide reimbursement to the person who paid for the transfer.

- A life insurance benefit is payable because of your death.
- You die more than 200 miles from your primary place of residence.
- Expenses are incurred to transport your body to a mortuary near your primary place of residence.

**CLAIMS APPEAL**

There may be times when a beneficiary’s claim to death benefits is denied. If a claim is denied, your beneficiary will receive written notice of the specific reason(s) for the denial and clear reference to the insurance plan provision(s) on which the denial is based.

If your beneficiary’s claim is denied, your beneficiary may appeal the decision. To do so, your beneficiary or an authorized representative may request a review of the denied claim by notifying Standard Insurance Company in writing. Your beneficiary has the right to:

- Be represented by an attorney.
- Review documents.
- Submit issues and comments to Standard Insurance Company regarding the denial.

After the appeal has been reviewed, a final decision, in writing, will be sent to your beneficiary.
TIME LIMITS ON LEGAL ACTIONS AND CERTAIN DEFENSES

No legal action may be brought as a result of a claim dispute under the group policy until 60 days after written proof of loss has been provided to Standard Insurance Company.

Any statement you make to obtain insurance coverage will be construed as a representation and not a warranty. A misrepresentation by you may not be used to reduce or deny your claim or to deny the validity of your coverage unless both of the following have occurred:

• Your coverage would not have been approved except for your misrepresentation, and
• A copy of the written instrument containing your misrepresentation has been given to you or your beneficiary.

After your insurance coverage has been in effect for two years, any misrepresentation by you may not be used to reduce or deny your claim or to deny the validity of your coverage.

The obligation to provide life insurance benefits is primarily that of the insurance carrier (The Standard) and secondarily that of the MOSERS board. If you are denied life insurance benefits after following the appeal procedures listed above, you may appeal the decision by filing a petition against the insurance carrier in a court of law in your county of residence.

Neither MOSERS nor our board of trustees are liable for the life insurance benefits provided by the carrier and are not subject to litigation with regard to disability benefits unless you obtain a judgement against the insurance carrier and they are unable to satisfy your judgement.
CONTINUED COVERAGE

If you take an approved leave of absence or are laid off, you may continue both your basic and optional life insurance coverage for up to 12 months by paying the required premium. Whether you are laid off or on an approved leave of absence, your human resources representative must notify MOSERS of your status by submitting the Leave of Absence Direct Bill/Back to Work form.

Your insurance coverage will terminate at the end of 12 months as the result of an approved leave of absence or layoff unless you:

- Return to active work
- Retire
- Are approved for waiver of premium
- Are serving on active military duty

If you choose not to continue your basic and/or optional life insurance coverage any time during your leave of absence or layoff and then return to active work, your coverage will be reinstated.

If you choose a level of coverage greater than you had prior to your leave or layoff, you must provide evidence of insurability. For example, if you had $30,000 in optional life insurance coverage prior to your leave, you cannot exceed that amount of coverage on your return to active work without providing evidence of insurability. You can increase coverage at any time by providing evidence of insurability.

Life Insurance Coverage During Military Leave

If you are called to or volunteer for active military duty, the Uniformed Service Employment and Reemployment Rights Act (USERRA) protects your employment and benefit rights, provided you meet the eligibility requirements set forth by law.

**Member Coverage:** You may keep your basic, optional, and dependent life insurance coverage for the duration of deployment by paying the required premiums. During this time, you will be billed for the monthly premiums. Should you die during the time you are on active military duty, your life insurance benefit will be paid to your designated beneficiary(ies).

**Child/Spouse Coverage:** In order to retain child coverage, you must keep your basic life coverage; to retain spouse coverage, you must keep your optional life coverage. The premiums for dependent coverage will be included in your monthly billing.

If you are on a leave of absence and on direct bill, you must retain basic life insurance coverage in order to keep child coverage and you must retain optional life insurance coverage in order to keep spouse coverage.
Paying Premiums While Disabled

WAIVER OF PREMIUM

If you are on approved workers’ compensation leave and are drawing workers’ compensation benefits from the state, you will not be required to pay your basic life insurance premium. However, you are required to pay your optional life insurance premium to maintain that coverage.

If you have either basic or optional life insurance and become disabled while actively employed, you may be eligible to continue your life insurance without paying any premium.

To be eligible for a waiver of premiums you must meet the following conditions:

• You are totally disabled from sickness, accidental injury, or pregnancy rendering you unable to perform the material duties of any work for which you are reasonably qualified by education, training, and experience.

• Your disability occurs prior to age 60.

• You have completed a 90-day waiting period beginning on the date you became totally disabled.

Eligibility for waiver of life insurance premiums is automatically evaluated when you file a claim for long-term disability. While Standard Insurance Company is examining your total disability claim, the state will continue to pay your basic insurance premium. However, you will be responsible for your premiums for optional insurance coverage during this approval period.

If you are approved and have satisfied the 90-day waiting period, your premiums for both basic and optional coverage will be waived the first day of the next pay period following your date of disability. Standard Insurance Company will refund up to 12 months of the optional insurance premiums that you paid during the approval period.

Waiver of premiums is subject to Standard Insurance Company’s approval and will end on the earliest of the following dates:

• The date you are no longer totally disabled.

• Ninety days after Standard Insurance Company mails you a request for proof of your continued total disability, unless you provide the proof within those ninety days.

• The date you fail to provide Standard Insurance Company with a reasonable opportunity to examine you at Standard’s expense. (Standard Insurance Company has the right to have a medical representative examine you, at reasonable intervals, at the company’s expense.)

• The date you retire under the plan.

If your premiums are waived when you retire, your coverage will be reduced to the amount a retiree could retain based on the coverage limits in effect on the date you became totally disabled. If you receive an accelerated benefit, coverage will be reduced according to the accelerated-benefit provision.

For disability benefits beginning on or after July 1, 2005, waiver of premiums end when you retire, or are eligible for normal retirement (whichever occurs first). At that time, you may continue coverage by paying the monthly premium.

If you qualify for a waiver of premiums, all premiums will be waived, including those for spouse and/or child(ren) coverage.

Waiver of premiums is not available for a disability of your spouse and/or child(ren).
ACCELERATED BENEFIT

Assuming you have at least $10,000 in basic or optional life insurance coverage, you may receive benefits prior to your death provided you meet certain conditions. These conditions include qualifying for a waiver of premiums and providing satisfactory proof of having a qualifying medical condition (see the waiver of premiums conditions on page 26).

You may receive an accelerated benefit only once in your lifetime, and the benefit will be paid to you in a lump sum. When you receive this benefit, it may be taxable and may affect your Medicaid or other governmental entitlements. Therefore, we recommend that you consult your tax/legal advisor. If you recover from your qualifying medical condition after receiving an accelerated benefit, you will not be asked to refund the money.

To have a qualifying medical condition, you must be terminally ill with a life expectancy of less than 12 months. If you apply for an accelerated benefit, Standard Insurance Company may have you examined by one or more physicians of their choosing, at no cost to you.

AMOUNT OF AN ACCELERATED BENEFIT

The amount of the accelerated benefit you receive may equal up to 75% of your coverage amount, with a minimum benefit of $5,000 or 10% of your insurance, whichever is greater. The maximum benefit is $500,000.

EFFECTS ON INSURANCE

If you elect to receive an accelerated benefit—which has been paid out of your life insurance coverage—the remainder of your benefit will be reduced by the amount of the payout and any additional interest charge calculated by Standard Insurance Company. If you have any questions regarding an accelerated benefit, please contact a MOSERS benefit counselor at (573) 632-6100 or (800) 827-1063.

EXCLUSIONS

There are some occasions when no accelerated benefits will be paid. You may not receive an accelerated benefit if:

- All or part of your insurance must be paid to your children or your spouse or former spouse as part of a court approved divorce, separate maintenance agreement, or property settlement agreement.
- You are married and live in a community property state (Missouri is not one), unless you provide Standard Insurance Company with a signed written consent from your spouse.
- You have made an assignment of all or part of your insurance, unless you give us a signed written consent from the assignee.
- You have filed for bankruptcy, unless you provide Standard Insurance Company with written approval from the bankruptcy court for payment of the accelerated benefit.
- You are required by a government agency to use the accelerated benefit to apply for, receive, or continue a government benefit or entitlement.
- You have previously received an accelerated benefit under the group policy.
Options to Continue MOSERS Life Insurance Coverage

Subject to the terms of the group policy, there are two options available to continue your MOSERS life insurance coverage, when normally your coverage would end or be reduced:

- **Group Life Portability Insurance** - Retain group term life insurance
- **Conversion to an Individual Policy** - From group term life insurance to an individual whole life insurance policy

If you leave state employment, you may be eligible to continue your basic, optional, and spouse and/or dependent life insurance coverage without proving insurability. Under either provision, you must make your election to continue coverage within 60 days of the qualifying event. The individual life insurance policy will become effective on the day after your insurance under the group policy terminates or is reduced as long as you apply within 60 days after the date your insurance under the group policy terminates or is reduced.

**Group Life Portability Insurance**

- Group policy remains a group policy
- Term coverage remains term coverage

If all the following statements are true, you may continue your group life insurance coverage at a group rate:

- The amount of insurance to be continued must have been continuously in effect for at least 12 consecutive months.
- You must be younger than age 65.
- You must be able to perform, with reasonable continuity, the material duties of at least one gainful occupation for which you are reasonably fitted by education, training, and experience on the date you leave state employment.

To continue your life insurance coverage under the portability provision:

- You must apply in writing and pay the first premium within 60 days of leaving state employment, and
- The amount of insurance you continue under the portability provision cannot exceed the amount in effect on the date your insurance terminates or is reduced.
- You must purchase portable group life insurance for yourself in order to purchase any other insurance eligible for portability.

Portability insurance ends on the earlier of:

- The date your coverage would otherwise end under the group policy.
- The date you become insured under any other group life insurance plan.
Conversion to an Individual Policy
• Group policy converts to individual policy
• Term coverage converts to whole life coverage

This option allows you to convert your group term life insurance coverage to an individual whole life policy. The premium rates for an individual whole life policy are higher than the rates for a group term policy.

When You Can Convert to an Individual Policy
You may convert your group policy to an individual life insurance policy without providing evidence of insurability if all of the following statements are true:
• Your insurance coverage did not end because you failed to make the required premium contribution.
• You have not received an accelerated benefit payment from Standard Insurance Company.
• You complete a Group Conversion card and submit it to Standard Insurance Company.
• You pay Standard Insurance Company the first premium within the 60-day conversion period.

The maximum amount you have a right to convert is the amount of insurance which was previously in force. The individual life insurance policy will become effective on the day after the 60-day conversion period. Standard Insurance Company will use its published “Rates for Standard Risks” to determine the premium.

CONVERSION/PORTABILITY OF COVERAGE FOR SPOUSE AND CHILD(REN)
When life insurance coverage ends for your spouse and/or child(ren), you have 60 days in which to convert coverage to an individual life insurance policy or buy portable group insurance. Evidence of insurability is not required.

DEATH DURING THE 60-DAY CONVERSION PERIOD
If you, your spouse, and/or child(ren) die during the 60-day conversion period, Standard Insurance Company will pay a death benefit equal to the maximum amount you had a right to convert, whether or not you applied for an individual policy.

If you have questions regarding the portability or conversion of coverage, you may contact Standard Insurance Company at (844) 505-6026 or email: ebpcontinuedbenefits@standard.com.
THE ACTIVE-WORK REQUIREMENT

Regardless of when you enroll, if you are not actively at work due to illness, pregnancy, or injury on the date before the scheduled effective date of your insurance, coverage will be effective on the day after you complete one full day of active employment. If the date you would normally become insured is a regularly scheduled day off, holiday, or vacation day and you were not actively at work due to illness, pregnancy, or injury on the last regularly scheduled working day prior to that date, coverage will be effective on the day after you complete one full day of active employment.

PROVIDING EVIDENCE OF INSURABILITY

Certain situations may require evidence of insurability before insurance coverage can take effect. For example, evidence of insurability is required if you:

• Enroll for any coverage more than 31 days after the employment date.
• Wish to increase coverage on yourself or your spouse after the initial eligibility period.
• Wish to insure your spouse for coverage in excess of $10,000.

You must provide Standard Insurance Company with evidence of insurability if you:

• Enroll late.
• Increase your coverage outside the Optional Term Life Insurance Annual Review period.
• Elect spouse coverage of more than $10,000.

You must submit an Enrollment/Change - Optional Life Insurance form to MOSERS. In addition, you must submit a completed Medical History Statement, which is available on MOSERS’ website, to the Standard Insurance Company. Before Standard Insurance Company approves an application for coverage, you or your spouse may be asked to have a health examination at Standard’s expense. Approval is not automatic. The underwriting requirements of Standard Insurance Company must be met.

Your coverage will be effective the first day of the next pay period following the date that MOSERS receives notice of Standard Insurance Company’s approval of the medical history statement, provided you meet the active-work requirement on that date.

TRANSFER TO ANOTHER JOB

If you transfer employment between agencies that are covered by the MOSERS life insurance plan, your levels of coverage will remain the same. Work with the human resource representative at your new job to make sure the coverage and deductions are correct.
Certificate of Insurance

GROUP POLICY NUMBER
604201

NAME AND ADDRESS OF INSURANCE CARRIER
Standard Insurance Company
Group Benefits Department
P. O. Box 2800
Portland, OR 97208-2800
(844) 505-6026

NAME AND ADDRESS OF POLICYHOLDER
Board of Trustees
Missouri State Employees’ Retirement System (MOSERS)
907 Wildwood Drive
Jefferson City, MO 65109
(573) 632-6100 or (800) 827-1063

• This is not an insurance policy. The group policy is held by MOSERS.
• All claims must be filed through MOSERS. Claims are subject to the terms of the group policy. Standard Insurance Company will pay the insured amount to your designated beneficiary(ies) upon receipt of satisfactory, written proof of your death.
• As long as you meet the eligibility requirements set forth in group policy number 604201, you will have life insurance coverage through MOSERS.
• For details regarding your life insurance coverage, please refer to your Life Insurance Handbook.

EFFECTIVE DATE
January 1, 2019
Index

A
Accelerated benefit ........................................ 6, 26, 27, 29, 34
Active work/Actively at work................................. 9, 30, 34
Additional coverage ........................................ 13
Adoption of child ........................................ 11, 17, 19, 35
Amount of coverage ........................................ 6, 9, 10-18, 25
Annual earnings ........................................ 6, 9, 11-13, 34
Annual Term Life Review period ............... 6, 12, 13, 30, 34
Appealing decisions ........................................ 23, 24

Autopay Authorization form .................................. 25

B
Basic coverage ........................................ 6-10, 23, 25
Basic coverage exceeding $50,000 ......................... 10
Beneficiary ........................................ 9, 19, 22, 24, 34
Beneficiary designations ................................... 19-21
Birth of child ........................................ 11, 13, 17, 35
Board of Trustees .......................................... 24

C
Calculation of premium example ......................... 12
Cash value ........................................ 7, 28
Certificate of Insurance .................................. 31
Child (definition) ........................................ 17, 35
Child coverage ........................................ 6, 17, 18
Child eligibility ......................................... 17
Claims appeal ........................................ 23
Collection of benefits .................................. 22
Contacting Standard Insurance Company .......... 5, 31
Contingent beneficiary ................................... 19, 20, 34
Continuing coverage at retirement 6, 9, 10, 14, 16, 18
Conversion period ..................................... 28, 29, 35
Conversion to individual policy ..................... 6, 28, 29
Cost of coverage ...................................... 12
Cost to transport body .................................. 23

D
Death during conversion period ......................... 29
Death of spouse or child ................................... 11
Death while away from home ......................... 6, 23
Decreasing coverage ................................... 13-14, 16
Designation of beneficiary ................................ 19-21
Direct bill ........................................ 25
Disability ........................................ 26
Disabled child ........................................ 17, 35
Divorce ........................................ 11, 21
Duty-Related Death Provision ......................... 6, 9

E
Effective date of coverage ................. 9, 11, 15, 17, 19, 20
Eligible employees ....................................... 8
Eligibility ........................................ 9, 11, 15, 17
Eligibility period ................................... 9, 11, 15, 17
Employees not eligible ................................... 8
Enrollment ........................................ 9, 11, 15, 17
Evidence of insurability ......................... 12, 13, 15, 16, 35

F
Family status change ................................... 11, 35
Filing a claim ........................................ 22
Forms ........................................ 12-13, 15-20, 25, 28, 30

G
Glossary ........................................ 34, 35
Group policy ........................................ 5, 31

I
Increasing coverage ................................... 6, 13, 16
Individual policy ...................................... 28, 29
| L | Late enrollment | 12, 16 |
|   | Layoff | 25 |
|   | Leave of absence | 25 |
|   | Leaving state employment | 28, 29 |
|   | Life Insurance Beneficiaries form | 20 |
|   | Litigation | 24 |

| M | Marriage | 11, 15, 16 |
|   | Maximum coverage | 9, 11, 15, 16, 27 |
|   | Medical History Statement | 12, 13, 16, 30 |
|   | Member eligibility | 9, 11 |
|   | Military leave | 25 |
|   | Minimum coverage | 9, 11, 15, 17 |
|   | Minor child as beneficiary | 19 |

| N | Non-eligible employees | 8 |
|   | Notification of death | 22 |

| O | Optional coverage | 6, 11-18, 25, 28, 29 |

| P | Paying the premiums while disabled | 26 |
|   | Policyholder | 5, 31 |
|   | Policy number | 5, 31 |
|   | Portability of group policy | 6, 28, 29, 35 |
|   | Premium amount | 9, 11, 15, 17 |
|   | Premium rates | 12 |
|   | Primary beneficiary | 19-20 |
|   | Proof of insurability | 30 |
|   | Public School Retirement |
|   | System employees (PSRS) | 8, 10, 14 |

| Q | Qualifying event | 10 |

| R | Repatriation benefit | 6, 23, 35 |
|   | Retirement | 6, 10, 14, 16, 18, 35 |

| S | Schedule of monthly premiums | 12 |
|   | Spouse (definition) | 35 |
|   | Spouse coverage | 6, 15, 16, 28, 29 |
|   | Spouse eligibility | 6, 15 |
|   | Stopping coverage | 10, 14, 16, 18 |
|   | Summary of benefits | 6 |

| T | Tax liability if basic coverage exceeds $50,000 | 10 |
|   | Tax liability table | 10 |
|   | Term life insurance | 7 |
|   | Terminal illness | 27 |
|   | Terminating coverage | 10, 14, 16, 18 |
|   | Time limits on legal actions | 24 |
|   | Transfer of employment | 30 |
|   | Type of insurance | 7 |

| W | Waiver of premiums | 14, 25, 26, 35 |
|   | When coverage begins | 9, 11, 15, 17 |
|   | When coverage ends | 10, 14, 16, 18 |
|   | Work-related death | 9 |
Glossary

Definition of Terms
To better understand your rights and obligations while covered by either basic or optional life insurance, familiarize yourself with the following definitions. Remember, these definitions are specific to the contract between MOSERS and Standard Insurance Company, and you should not assume that these definitions are universal to all insurance/financial situations.

A
Accelerated Benefit - A provision of the policy that allows you to receive a portion of your life insurance benefit early (if you qualify).

Active Work/Actively at Work - Active work and actively at work mean performing the material duties of your own occupation at your employer’s usual place of business. If you are incapable of active work because of sickness, injury, or pregnancy on the day before the scheduled effective date of your insurance (or increase in your insurance), your insurance will not become effective until the day after you complete one full day of active work as an eligible member.

You will also meet the active-work requirement if you were:

• Absent from active work because of a regularly scheduled day off, holiday, or vacation day.

• Actively at work on your last scheduled work day before the date of your absence and capable of active work on the day before the scheduled effective date of your insurance or increase in your insurance.

Annual Earnings - For the purpose of determining the amount of your life insurance benefit, annual earnings refers to your annualized pay: (1) on your first full day of active work, or (2) as of July 31 of the previous year (whichever is later).

• Includes pay for: Regular monthly earnings, shift differential

• Excludes pay for: Overtime, bonuses, commissions, your employer’s contributions on your behalf to any deferred compensation arrangement or pension plan, and any other extra compensation.

Annual Term Life Insurance Review Period - The annual life insurance review period is a window of opportunity that occurs in October of each year in which eligible members may increase their MOSERS optional term life insurance amount (within the established guidelines) without proving insurability.

B
Beneficiary - The person(s) or organization(s) you name on the Designation of Life Insurance Beneficiaries (paper) form or the Life Insurance Beneficiary (online) form to receive your life insurance proceeds at the time of your death. MOSERS recognizes the three following types of beneficiaries:

• Primary Beneficiary - The person(s) or organization(s) who will be recognized first by Standard Insurance Company to receive your life insurance proceeds.

• Contingent Beneficiary - The alternative beneficiary(ies) who will receive your life insurance proceeds in the event your primary beneficiary(ies) does not survive you.

• Automatic Beneficiary - You are automatically the beneficiary of any optional life insurance you purchase to cover your spouse and/or child(ren).
C
Child - For coverage purposes only, a child is defined as your child from live birth to age 26 or disabled child. This includes dependent stepchildren, dependent grandchildren, adopted children, and children for whom you are the court appointed legal guardian, provided they are living with you. **Full-time members of the armed forces of any country, regardless of age, are not included in this definition of “child.”**

Conversion Period - The 60-day period from the date your life insurance coverage is terminated or reduced when you may elect to change your group life insurance coverage (including spouse and dependent) to an individual policy with Standard Insurance Company or buy portable group life insurance.

D
Disabled Child - A child older than age 26, who is continuously incapable of self-sustaining employment because of developmental, intellectual or physical handicap and dependent on you for support.

E
Evidence of Insurability - The proof required by Standard Insurance Company to support your insurability at time of late enrollment, or when increasing life insurance coverage outside of the annual review period. In addition to a **Medical History Statement**, you may be required to undergo a physical examination and blood testing at no cost to you.

F
Family Status Change
One of the following life events:
- Your marriage, divorce, or legal separation.
- The birth of your child.
- The adoption of a child.
- The death of your spouse or child.

P
Portability of Insurance Provision - A provision that allows you to continue your term life insurance coverage (including spouse and dependent) at the group rate, when you leave state employment.

Q
Qualifying Event - When termination or reduction of your insurance will occur for any reason except:
- a. Failure to make a required premium contribution.
- b. Payment of an Accelerated Benefit.

R
Repatriation Benefit - Covers the expenses incurred to transport your body more than 200 miles from where you died to a mortuary near your primary place of residence (if you qualify).

Retirement - The first day of a calendar month when you no longer work in a MOSERS-covered position and begin receiving retirement benefits.

S
Spouse - The person to whom you are legally married. For coverage purposes only, **full-time members of the armed forces of any country are not included in this definition of “spouse.”**

W
Waiver of Premiums - A provision of the policy that allows you to continue your life insurance coverage without paying any premium (if you qualify).
Visit MOSERS’ website for the most current version of this publication.

Missouri State Employees’ Retirement System
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Office Location: 907 Wildwood Drive, Jefferson City, MO
Phone: (573) 632-6100 • (800) 827-1063 | Fax: (573) 632-6103
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Please contact MOSERS to obtain alternative formats of this publication.
STANDARD INSURANCE COMPANY
A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon  97204-1282
(503) 321-7000

GROUP LIFE INSURANCE POLICY

Policyholder: Trustees of the Missouri State Employees’ Retirement System (MOSERS)
Policy Number: 604201-H
Effective Date: July 1, 2010

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

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

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

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

All provisions on this and the following pages are part of this Group Policy. "You" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY
By

[Signatures]
President

[Signatures]
Corporate Secretary

GP190-LIFE/S399
# Table of Contents

COVERAGE FEATURES ............................................................................................................ 1  
GENERAL POLICY INFORMATION ....................................................................................... 1  
BECOMING INSURED ........................................................................................................ 1  
PREMIUM CONTRIBUTIONS ................................................................................................. 3  
SCHEDULE OF INSURANCE ............................................................................................... 3  
REDUCTIONS IN INSURANCE ............................................................................................. 6  
OTHER BENEFITS .............................................................................................................. 6  
OTHER PROVISIONS .......................................................................................................... 6  
PREMIUM RATES AND RENEWALS .................................................................................. 7  

LIFE INSURANCE .............................................................................................................. 8  
A. Insuring Clause .................................................................................................................. 8  
B. Amount Of Life Insurance ............................................................................................... 8  
C. Changes In Life Insurance .............................................................................................. 8  
D. Repatriation Benefit ......................................................................................................... 8  
E. Suicide Exclusion: Life Insurance .................................................................................. 9  
F. When Life Insurance Becomes Effective ...................................................................... 9  
G. When Life Insurance Ends ............................................................................................ 9  
H. Reinstatement Of Life Insurance .................................................................................. 10  
I. Occupational Death Benefit .......................................................................................... 11  

DEPENDENTS LIFE INSURANCE ..................................................................................... 12  
A. Insuring Clause ................................................................................................................. 12  
B. Amount Of Dependents Life Insurance ......................................................................... 12  
C. Changes In Dependents Life Insurance ........................................................................ 12  
D. Definitions For Dependents Life Insurance .................................................................. 12  
E. Becoming Insured For Dependents Life Insurance ...................................................... 12  
F. When Dependents Life Insurance Ends ......................................................................... 13  

ACTIVE WORK PROVISIONS .......................................................................................... 13  
CONTINUITY OF COVERAGE ........................................................................................... 14  
RETIREMENT CONTINUATION PROVISION .................................................................... 14  
PORTABILITY OF INSURANCE ......................................................................................... 14  
WAIVER OF PREMIUM ....................................................................................................... 15  
ACCELERATED BENEFIT .................................................................................................... 17  
RIGHT TO CONVERT .......................................................................................................... 18  
CLAIMS ............................................................................................................................... 19  
ASSIGNMENT ...................................................................................................................... 21  
BENEFIT PAYMENT AND BENEFICIARY PROVISIONS .................................................. 21  
ALLOCATION OF AUTHORITY ......................................................................................... 21  
TIME LIMITS ON LEGAL ACTIONS ..................................................................................... 23  
INCONTESTABILITY PROVISIONS .................................................................................... 24  
CLERICAL ERROR AND MISSTATEMENT .......................................................................... 24  
TERMINATION OR AMENDMENT OF THE GROUP POLICY ........................................... 25  
DEFINITIONS ...................................................................................................................... 25  
POLICYHOLDER PROVISIONS ........................................................................................... 27
# Index of Defined Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerated Benefit</td>
<td>17</td>
</tr>
<tr>
<td>Active Work, Actively At Work</td>
<td>13</td>
</tr>
<tr>
<td>Annual Earnings</td>
<td>25</td>
</tr>
<tr>
<td>Beneficiary</td>
<td>22</td>
</tr>
<tr>
<td>Child</td>
<td>26</td>
</tr>
<tr>
<td>Child, 26</td>
<td>26</td>
</tr>
<tr>
<td>Class Definition</td>
<td>1</td>
</tr>
<tr>
<td>Continuation During Total Disability</td>
<td>10</td>
</tr>
<tr>
<td>Contributory</td>
<td>26</td>
</tr>
<tr>
<td>Conversion Period</td>
<td>18</td>
</tr>
<tr>
<td>Dependent</td>
<td>12</td>
</tr>
<tr>
<td>Dependent</td>
<td>12</td>
</tr>
<tr>
<td>Dependents Life Insurance</td>
<td>26</td>
</tr>
<tr>
<td>Disabled</td>
<td>26</td>
</tr>
<tr>
<td>Eligibility Waiting Period</td>
<td>26</td>
</tr>
<tr>
<td>Employer(s)</td>
<td>1</td>
</tr>
<tr>
<td>Evidence Of Insurability</td>
<td>26</td>
</tr>
<tr>
<td>Family Status Change</td>
<td>26</td>
</tr>
<tr>
<td>Grace Period</td>
<td>7</td>
</tr>
<tr>
<td>Group Policy</td>
<td>27</td>
</tr>
<tr>
<td>Group Policy Effective Date</td>
<td>1</td>
</tr>
<tr>
<td>Group Policy Number</td>
<td>1</td>
</tr>
<tr>
<td>Guarantee Issue Amount (for Dependents Life Insurance)</td>
<td>2</td>
</tr>
<tr>
<td>Initial Rate Guarantee Period</td>
<td>7</td>
</tr>
<tr>
<td>Injury</td>
<td>27</td>
</tr>
<tr>
<td>Insurance (for Accelerated Benefit)</td>
<td>18</td>
</tr>
<tr>
<td>Insurance (for Right to Convert)</td>
<td>18</td>
</tr>
<tr>
<td>Insurance (for Waiver Of Premium)</td>
<td>16</td>
</tr>
<tr>
<td>Leave Of Absence Period</td>
<td>6</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>27</td>
</tr>
<tr>
<td>Maximum Conversion Amount</td>
<td>6</td>
</tr>
<tr>
<td>Member</td>
<td>1</td>
</tr>
<tr>
<td>Minimum Conversion Amount</td>
<td>6</td>
</tr>
<tr>
<td>Minimum Participation</td>
<td>7</td>
</tr>
<tr>
<td>Minimum Participation Number</td>
<td>7</td>
</tr>
<tr>
<td>Minimum Participation Percentage</td>
<td>7</td>
</tr>
<tr>
<td>Minimum Time Insured</td>
<td>6</td>
</tr>
<tr>
<td>Noncontributory</td>
<td>27</td>
</tr>
<tr>
<td>Notice of Rate Change</td>
<td>7</td>
</tr>
<tr>
<td>Physician</td>
<td>27</td>
</tr>
<tr>
<td>Policyholder</td>
<td>1</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>27</td>
</tr>
<tr>
<td>Premium Due Dates</td>
<td>7</td>
</tr>
<tr>
<td>Premium Rates</td>
<td>7</td>
</tr>
<tr>
<td>Prior Plan</td>
<td>27</td>
</tr>
<tr>
<td>Proof Of Loss</td>
<td>19</td>
</tr>
<tr>
<td>Qualifying Event</td>
<td>18</td>
</tr>
<tr>
<td>Qualifying Medical Condition</td>
<td>17</td>
</tr>
<tr>
<td>Recipient</td>
<td>23</td>
</tr>
<tr>
<td>Right To Convert</td>
<td>18</td>
</tr>
<tr>
<td>Sickness</td>
<td>27</td>
</tr>
<tr>
<td>Spouse</td>
<td>27</td>
</tr>
<tr>
<td>Totally Disabled</td>
<td>27</td>
</tr>
<tr>
<td>Waiting Period (for Waiver Of Premium)</td>
<td>16</td>
</tr>
<tr>
<td>Waiver Of Premium</td>
<td>15</td>
</tr>
<tr>
<td>You, Your (for Right To Convert)</td>
<td>18</td>
</tr>
</tbody>
</table>
**COVERAGE FEATURES**

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

**GENERAL POLICY INFORMATION**

Group Policy Number: 604201-H

Type of Insurance Provided:
- Life Insurance: Yes
- Dependents Life Insurance: Yes

Policyholder: Trustees of the Missouri State Employees' Retirement System (MOSERS)

Employer(s): State of Missouri

Group Policy Effective Date: July 1, 2010

Policy Issued in: Missouri

**BECOMING INSURED**

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The Active Work requirement does not apply to Members who are retired on the Group Policy Effective Date. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member: You are a Member if you are:

1. Working in a position normally requiring at least 1,040 hours a year as an employee of the state of Missouri and you are a member of the Missouri State Employees' Retirement System, Missouri Judicial Retirement System or the Administrative Law Judge and Legal Advisor Retirement System;

2. An active member of the General Assembly who is a member of MOSERS;

3. A member of the Public School Retirement System who is employed full time by a state agency; or

4. A retired employee who, at the time of retirement, (a) met the requirements of 1., 2. or 3. above, and (b) was eligible to receive an annuity.

You are not a Member if you are:

1. A member of the College and University Retirement Plan (CURP); or

2. An employee participating in another Employer sponsored life insurance plan.

Class Definition: Class 1: Active Members. Class 1 is further subdivided as follows:
Class 1A: Active Members who were insured for Option 1 on December 31, 2003

Class 1B: Active Members who were insured for Option 2 on December 31, 2003

Class 1C: All other active Members

Class 2: Retired Members

Eligibility Waiting Period:

- If you are a Member on the Group Policy Effective Date, you are eligible on that date.
- If you become a Member after the Group Policy Effective Date, you are eligible on the first day as a Member.

Evidence of Insurability:

- Required:
  a. For late application for Contributory insurance.
  b. For reinstatements if required.
  c. For Members and Dependents eligible but not insured under the Prior Plan.
  d. Any elective increase in Optional Life Insurance
  e. For any Dependents Life Insurance Benefit in excess of the Guarantee Issue Amount of $10,000 for your Spouse.

This requirement will not apply to an amount of Plan 1 (Spouse) Dependents Life Insurance equal to or less than the amount for which the Spouse was formerly insured for Optional Life Insurance as a Member, provided 1) the Member applies for Dependents Life Insurance within 31 days of the date the Spouse ceases to be insured for Optional Life Insurance as a Member, and 2) the amount of Dependents Life Insurance may not exceed the amount available for a Spouse as shown in the Schedule Of Insurance.

- f. Any increase in Dependents Life Insurance for your Spouse.

The requirement in a. above will not apply to late application:

  i. For Plan 1 Dependents Life Insurance for a Spouse formerly insured for Optional Life Insurance as a Member, up to an amount equal to the Optional Life Insurance for which the individual was insured, provided Plan 1 Dependents Life Insurance is applied for within 31 days of the date the individual ceases to be insured as a Member.

  The amount of Plan 1 Dependents Life Insurance for your Spouse may not exceed 100% of the amount of your Optional Life Insurance.

  ii. For Optional Life Insurance of $30,000 or less, if you apply within 31 days of a Family Status Change. However, this requirement is not waived for a Member whose Evidence of Insurability was previously disapproved by Standard.

The requirement in d. above will not apply to an elective increase:

  i. Of $10,000, if you apply during an annual enrollment period and you are either a Class 1A or Class 1B Member insured under Option 3 or a Class 1C Member.
ii. Of $30,000 or less, if you apply during the first 31 days following a Family Status Change and you are currently insured for Optional Life Insurance.

If you are insured under Option 1 and you apply to change to Option 3 during the Employer's annual enrollment period, the requirement in d. above will not apply to an increase in your insurance to an amount equal to A times B below, rounded to the next higher multiple of $10,000:

\[
A = \text{The multiple of Annual Earnings for which you are insured on December 31.}
\]

\[
B = \text{Your Annual Earnings.}
\]

If you are insured under Option 2 and you apply to change to Option 3 during the Employer's annual enrollment period, the requirement in d. above will not apply to an elective increase to the next higher multiple of $10,000.

Evidence Of Insurability is not required for a Child.

---

**PREMIUM CONTRIBUTIONS**

<table>
<thead>
<tr>
<th>Life Insurance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic:</td>
<td>Noncontributory</td>
</tr>
<tr>
<td>Optional:</td>
<td>Contributory</td>
</tr>
<tr>
<td>Dependents Life Insurance:</td>
<td>Contributory</td>
</tr>
</tbody>
</table>

**SCHEDULE OF INSURANCE**

**SCHEDULE OF LIFE INSURANCE**

For you:

**Life Insurance Benefit:**

You will become insured under Basic Insurance if you meet the requirements to become insured under the Group Policy.

You may also become insured under Optional Insurance if you meet the requirements to become insured for Optional Insurance under the Group Policy. Optional Insurance is a Contributory plan requiring premium contributions from Members.

**Basic Life Insurance:**

Class 1 Members: $1 times your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $500,000. The minimum amount is $15,000.

Class 2 Members:

Members of the Administrative Law Judges/Legal Advisors’ and Judicial Retirement Systems who retired on or after August 1, 1995: $5,000

Members of the Administrative Law Judges/Legal Advisors’ and Judicial Retirement Systems
who retired prior to August 1, 1995: None
Retired Members of the Public School Retirement System: None
All other Retired Members who retired before September 28, 1985: None
All other Retired Members who retired on or after September 28, 1985: $5,000

The Repatriation Benefit: The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed $5,000 or 10% of the Life Insurance Benefit, whichever is less.

Occupational Death Benefit: An amount equal to two times the amount of your Basic Life Insurance.

The Occupational Death Benefit is available only to active Members.

Optional Life Insurance:

Class 1A: You may be a) insured under Option 1, or b) insured under Option 3. However once you become insured under Option 3, you may not become insured under Option 1 again.

Option 1: The multiple of Annual Earnings for which you were insured on December 31, 2003, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $800,000.

Option 3: An amount you select in multiples of $10,000, subject to a maximum amount equal to the lesser of (a) $800,000, or (b) 6 times your Annual Earnings, rounded to the next higher multiple of $10,000, if not already a multiple of $10,000.

Class 1B: You may be a) insured under Option 2, or b) insured under Option 3. However once you become insured under Option 3, you may not become insured under Option 2 again.

Option 2: The multiple of $1,000 for which you were insured on December 31, 2003, subject to a maximum amount equal to the lesser of (a) $800,000, or (b) 6 times your Annual Earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000.

Option 3: An amount you select in multiples of $10,000, subject to a maximum amount equal to the lesser of (a) $800,000, or (b) 6 times your Annual Earnings, rounded to the next higher multiple of $10,000, if not already a multiple of $10,000.
Class 1C:

You may select any multiple of $10,000, subject to a maximum amount equal to the lesser of (a) $800,000, or (b) 6 times your Annual Earnings, rounded to the next higher multiple of $10,000, if not already a multiple of $10,000.

Class 2 Members:

- Retired Members who retired prior to May 1, 1984:
  - A multiple of $500, from $1,000 to $2,500

- Retired Members who retired on or after May 1, 1984, but prior to September 1, 1988:
  - A multiple of $500, from $1,000 to $5,000

- Retired Members who retired on or after September 1, 1988 but before May 1, 1996:
  - A multiple of $500, from $1,000 to $10,000

- Retired Members who retire on or after July 1, 2000, and who retire under the rule of 80 provisions established under Missouri Revised Statutes (MRS) 104.1003 through 104.1093:
  - The amount of your Optional Life Insurance in effect on the date immediately preceding the date your annuity begins. On the earliest date you become eligible for reduced Social Security retirement benefits but no later than age 62, the amount of your Optional Life Insurance is a multiple of $500, from $1,000 to $60,000.

- All other Retired Members who retired on or after May 1, 1996:
  - A multiple of $500, from $1,000 to $60,000

Dependents Life Insurance:

Dependents Life Insurance for a Spouse is available only for Class 1 Members. Dependents Life Insurance for a Child is available only to Class 1 Members, and Class 2 Members who insured their Child(ren) on the day before retirement.

Plan 1 (Spouse only):
- Spouse: An amount you select in multiples of $10,000, from $10,000 to $100,000.

Plan 2 (Child only):
- $10,000 per Child; regardless of the number of Children.

You must be enrolled in Optional Life Insurance to apply for Dependents Life Insurance Plan 1.

The amount of Plan 1 Dependents Life Insurance for your Spouse may not exceed 100% of the amount of your Optional Life Insurance.

You may retain the multiple of $1,000 of Plan 1 Dependents Life Insurance for a Spouse in effect on December 31, 2003. However, any subsequent elective change will be to a multiple of $10,000.

A newborn Child is automatically insured from the moment of birth. An adopted Child is automatically insured from the time of placement. If you do not otherwise have Dependents Life Insurance in place for your Child(ren), you must apply in writing within 31 days after the date Dependent Life Insurance under this provision is effective. If you do not apply, Dependent Life Insurance under this provision for the newborn or adopted Child will end automatically after that 31 day period.
REDUCTIONS IN INSURANCE

Your insurance will not be reduced because of your age unless your insurance is subject to termination under the Waiver of Premium provision.

OTHER BENEFITS

Waiver Of Premium: Class 1: Yes
Class 2: No (unless approved while an active Member)

Accelerated Benefit: Class 1: Yes
Class 2: No (unless approved while an active Member)

OTHER PROVISIONS

Limits on Right To Convert if Group Policy terminates or is amended:

- Minimum Time Insured: 5 years
- Maximum Conversion Amount: $10,000

Suicide Exclusion: Applies to Optional Life Insurance

Leave Of Absence Period: See Life Insurance, When Your Insurance Ends

Continuity Of Coverage: Yes

Insurance Eligible For Portability:

For you:

- Life Insurance: Yes
  - Minimum combined amount: $10,000
  - Maximum combined amount: $300,000

For your Spouse:

- Dependents Life Insurance: Yes
  - Minimum combined amount: $5,000
  - Maximum combined amount: $100,000

For your Child:

- Dependents Life Insurance: Yes
  - Minimum combined amount: $1,000
  - Maximum combined amount: $5,000

Annual Earnings based on: Earnings in effect on the preceding July 31.
PREMIUM RATES AND RENEWALS

Premium Rates:

Life Insurance:

Basic: Class 1: 0.330% monthly of Insured Earnings
Class 2: 0.115% monthly of Insured Earnings

Insured Earnings means the total Annual Earnings of all Class 1 Members divided by 12.

Optional:

<table>
<thead>
<tr>
<th>Age of Member On Last January 1</th>
<th>Monthly Rate Per Multiple of $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 35</td>
<td>$0.080</td>
</tr>
<tr>
<td>35 through 39</td>
<td>0.120</td>
</tr>
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<td>40 through 44</td>
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<td>45 through 49</td>
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<td>65 through 69</td>
<td>1.980</td>
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<tr>
<td>70 or over</td>
<td>3.480</td>
</tr>
</tbody>
</table>

Dependents Life Insurance:

Plan 1:

<table>
<thead>
<tr>
<th>Age of Member On Last January 1</th>
<th>Monthly Rate Per Multiple of $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 35</td>
<td>$0.080</td>
</tr>
<tr>
<td>35 through 39</td>
<td>0.120</td>
</tr>
<tr>
<td>40 through 44</td>
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<td>45 through 49</td>
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<td>1.980</td>
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<tr>
<td>70 or over</td>
<td>3.480</td>
</tr>
</tbody>
</table>

Plan 2: $2.00 monthly per Member electing Plan 2 Dependents Life Insurance, regardless of the number of Dependents covered

Premium Due Dates: July 1, 2010 and the first day of each calendar month thereafter.

Grace Period: 60 days

Initial Rate Guarantee Period: July 1, 2010 to January 1, 2013

Notice of Rate Change: 180 days

Minimum Participation:

Life Insurance:

<table>
<thead>
<tr>
<th>Number: 10 insured Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage: Plan 1: 100% of eligible Members</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Plan 2: 25% of eligible Members</td>
</tr>
</tbody>
</table>
**LIFE INSURANCE**

A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Life Insurance

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

C. Changes In Life Insurance

1. Increases

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

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

   a. Increases Subject To Evidence Of Insurability

      An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the pay period following the date the Policyholder receives notice of Standard's approval of your Evidence Of Insurability.

   b. Increases Not Subject To Evidence Of Insurability

      An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on:

      (i) the January 1 following the date of change in Annual Earnings.

      (ii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

      (iii) The beginning of the next plan year following the date you apply for an elective increase, if you apply during an Annual Enrollment Period.

2. Decreases

   A decrease in your Life Insurance because of your retirement becomes effective on the first day of the first month for which an amount is paid to you as an annuity.

   A decrease in your Life Insurance because of a change in your Annual Earnings becomes effective on the January 1 following the date of change in Annual Earnings.

   Any other decrease in your Life Insurance becomes effective on the first day of the pay period following the date the Policyholder or Employer receives your written request for the decrease.

D. Repatriation Benefit

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

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

1. A Life Insurance Benefit is payable because of your death.

2. You die more than 200 miles from your primary place of residence.

3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.
E. Suicide Exclusion: Life Insurance

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

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

1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 1 year on the date of your death. In computing the 1-year period, we will include time you were insured under the Prior Plan.

2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

F. When Life Insurance Becomes Effective

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

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

1. Life Insurance subject to Evidence Of Insurability

   Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the pay period following the date the Policyholder receives notice of Standard’s approval of your Evidence Of Insurability.

2. Life Insurance not subject to Evidence Of Insurability

   a. Noncontributory Life Insurance

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

   b. Contributory Life Insurance

   You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

   (i) The date you become eligible if you apply on or before that date.

   (ii) The date you apply if you apply within 31 days after you become eligible.

   (iii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

   Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

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

   b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

G. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance;

2. The date the Group Policy terminates;

3. The last day of the calendar month in which your employment terminates, unless you are a
retired member or as provided in item 5. b. below; and

4. The effective date of any statute which amends or terminates your Insurance.

5. The last day of the calendar month following the date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 4 above.

   a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.

   b. While your ability to work is limited because of Sickness, Injury, or Pregnancy, but not beyond the date your employment is terminated by you or your Employer except while you continue to accrue service credits.

Continuation During Total Disability: If you are Totally Disabled and you are not eligible for Waiver Of Premium (see Waiver Of Premium), your Life Insurance will continue, while you remain Totally Disabled, for a period of six months, but not beyond the date the Group Policy terminates. This applies even if your employment terminates. (See Definitions for definition of Totally Disability).

   c. During a leave of absence if continuation of your insurance under the Group Policy is required by the Family Medical Leave Act or other federal or a state-mandated family or medical leave act or law.

   d. During a leave of absence if continuation of your insurance under the Group Policy is required by the Uniform Services Employment and Reemployment Rights Act of 1994 or any similar state law.

   e. During: (a) the first 12 months of an absence from Active Work because of an approved leave of absence with or without pay, or (b) the first 12 months of an absence from Active Work because of a temporary layoff. The continuation of your insurance under this provision will be subject to the following rules:

      (1) With respect to Basic Insurance, you must pay the entire cost of your Basic Insurance to your Employer.

      (2) Your insurance will end on the last day of the last period for which you paid the required premium contribution for your insurance.

      (3) Your insurance will end on the date you are scheduled to return to work unless you are Totally Disabled or Actively At Work on that date.

H. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 5 below will apply.

1. If your Optional Insurance ends because you fail to make the required premium contributions while you are on an approved leave of absence or temporary layoff and you become a Member again, your Optional Insurance in effect on the day before your Optional Insurance ended will be reinstated automatically on the date you become a Member again.

2. If your Optional Insurance ends because you fail to make the required premium contribution in any other situation, you must submit Evidence of Insurability satisfactory to Standard before becoming insured for Optional Insurance again.

3. If your insurance ends because you cease to be a Member and you become a Member again without being off payroll for an entire calendar month after your Insurance ends, your Insurance in effect on the day before your Insurance ended will be reinstated automatically on the date you become a Member again, provided you did not exercise your Right To Convert.
4. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.

5. If your Life Insurance ends because you are on a military leave of absence or a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the Uniform Services Employment and Reemployment Rights Act of 1994 or the federal or state-mandated family or medical leave act or law.

I. Occupational Death Benefit

The amount of the Occupational Death Benefit is shown in the Coverage Features.

We will pay an Occupational Death Benefit if all of the following requirements are met.

1. A Basic Life Insurance benefit is payable because of your death.

2. Proof is provided that your death is a Covered Occupational Death.

Covered Occupational Death means:

1. Death caused by or resulting from an Injury sustained during working hours as an active employee of the Employer, or in the case of a required period of work not coinciding with regular work hours, while in transit to or from such work. Such a death, if it occurs more than five days after the accident, will be a Covered Occupational Death only if the Member receives treatment from a licensed physician as a result of the accident within five days after the accident.

2. Death resulting from any disease or infection which arises out of and in the scope of employment as an active employee of the Employer and to which the Member is not ordinarily subjected or exposed other than during working hours as an active employee of the Employer. Such a death will be a Covered Occupational Death only if the Member receives treatment from a licensed physician within 42 days after the Member was subjected or exposed to the condition which caused the disease or infection.

Exclusions

No payment will be made if your death is caused or contributed to by any of the following:

1. Insurrection, War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict with organized forces of a military nature.

2. Suicide or any other intentionally self-inflicted injury, while sane. No Life Insurance will be subject to the suicide exclusion unless we can show that you intended suicide when you applied for Insurance.

3. Committing or attempting to commit an assault or a felony.

4. The voluntary use or consumption of any poison, chemical compound or drug (including but not limited to prescribed medications), unless used or consumed in accordance with the directions of a physician.

Time Limits on Filing Proof of Occupational Injury, Disease or Infection

Proof of occupational injury, disease or infection must be provided within 365 days after the date of Injury or the date the Member was subjected to or exposed to the condition which caused the disease or infection.

If proof of occupational injury, disease or infection is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.
DEPENDENTS LIFE INSURANCE

A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

B. Amount Of Dependents Life Insurance

See the Coverage Features for the amount of your Dependents Life Insurance.

C. Changes In Dependents Life Insurance

1. Increases

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

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

   a. Increases Subject To Evidence Of Insurability

      An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the pay period following the date the Policyholder receives notice of Standard's approval of that Dependent's Evidence Of Insurability.

   b. Increases Not Subject To Evidence Of Insurability

      An increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase.

2. Decreases

A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

D. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

E. Becoming Insured For Dependents Life Insurance

1. Eligibility

   a. Plan 1 Dependents Life Insurance

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

      (1) The date your Optional Life Insurance becomes effective; and

      (2) The date you first acquire a Spouse.

   b. Plan 2 Dependents Life Insurance

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

      (1) The date your Basic Life Insurance becomes effective; and

      (2) The date you first acquire a Child.

2. Effective Date

   a. Contributory Dependents Life Insurance
You must apply in writing for Contributory Dependents Life Insurance and agree to pay premiums. Your Dependents Life Insurance becomes effective on:

i. The date you apply, if you apply before or within 31 days after you become eligible.

ii. The first day of the pay period following the date the Policyholder receives notice of our approval of that Dependent's Evidence Of Insurability, if you apply more than 31 days after you become eligible (late application).

With respect to Plan 2, while your Plan 2 Dependents Life Insurance is in effect, each new Dependent becomes insured immediately.

b. Dependents Life Insurance Subject To Evidence Of Insurability

Insurance subject to Evidence of Insurability becomes effective on the first day of the pay period following the date the Policyholder receives notice of our approval of that Dependent's Evidence Of Insurability.

F. When Dependents Life Insurance Ends

Dependents Life Insurance ends automatically on the earliest of:

1. Five months after you die (no premiums will be charged for your Dependents Life Insurance during this time);

2. The date your Life Insurance ends for reasons other than your death;

3. With respect to Plan 1 Dependents Life Insurance, the date your Optional Life Insurance ends for a reason other than your death;

4. The date the last period ends for which you made a premium contribution;

5. For your Spouse, the date you become a Class 2 Member;

6. For your Spouse, the last day of the calendar month in which your divorce is final;

7. The date the Group Policy terminates, unless: (a) your Dependents Life Insurance continues under 1. above; or (b) you qualify for Waiver Of Premium;

8. For any Dependent, the last day of the calendar month in which the Dependent ceases to be a Dependent; and

9. For a Child who is Disabled, 90 days after we mail you a request for proof of Disability, if proof is not given.

ACTIVE WORK PROVISIONS

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

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer’s usual place of business. You will also meet the Active Work requirement if:
1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

CONTINUITY OF COVERAGE

A. Waiver Of Active Work Requirement

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

B. Payment Of Benefit

The benefits payable before you meet the Active Work requirement will be:

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

2. Any benefits payable under the Prior Plan.

RETIREMENT CONTINUATION PROVISION

Insurance may be continued during your retirement under your Employer's retirement program. See Coverage Features for the insurance which may be continued under this provision. Rules 1 through 4 below will apply.

1. You must go from active employment to retirement within 60 days and apply in writing for a continuation of insurance on or before the last day of the calendar month in which you retire and agree to pay any premiums required by your Employer.
2. Insurance under this provision becomes effective on the first day of the first month for which an amount is paid to you as an annuity.
3. Insurance under this provision will end on the earlier of:
   a. Any Premium Due Date if you fail to make the required premium contribution to your Employer on or before that date.
   b. The date the Group Policy terminates.
4. You will not become eligible for Waiver Of Premium or the Accelerated Benefit if you become Totally Disabled while your insurance is continued under this provision.

PORTABILITY OF INSURANCE

A. Portability Of Insurance

If your insurance under the Group Policy ends because your insurance under the Group Policy terminates or is reduced, you may be eligible to buy portable group insurance coverage as shown in the Coverage Features for yourself and your Dependents without submitting Evidence Of Insurability. To be eligible you must satisfy the following requirements:
1. On the date your insurance under the Group Policy terminates or is reduced, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience. 

(If you are unable to meet this requirement, see the Right To Convert and Waiver Of Premium provisions for other options that may be available to you under the Group Policy.)

2. On the date your insurance under the Group Policy terminates or is reduced, you are under age 65.

3. On the date your insurance under the Group Policy terminates or is reduced, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.

4. You must apply in writing and pay the first premium directly to us at our Home Office within 31 days after the date your insurance under the Group Policy terminates or is reduced. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

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

B. Amount Of Portable Insurance

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the Coverage Features. You may buy less than the maximum amounts in increments of $1,000.

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

C. When Portable Insurance Becomes Effective

Portable group insurance will become effective the day after your insurance under the Group Policy terminates or is reduced, if you apply within 31 days after the date your insurance under the Group Policy terminates or is reduced.

If death occurs within 31 days after the date your insurance under the Group Policy terminates or is reduced, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your insurance under the Group Policy terminates or is reduced and not the terms of the Group Life Portability Insurance Policy. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your insurance under the Group Policy terminates or is reduced.

WAIVER OF PREMIUM

A. Waiver Of Premium Benefit

Insurance will be continued without payment of premiums while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and under age 60;
2. You complete your Waiting Period; and
3. You give us satisfactory Proof Of Loss.
We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

B. Definitions For Waiver Of Premium

1. Insurance means all your insurance under the Group Policy.
2. Waiting Period means the 90 consecutive day period beginning on the date you become Totally Disabled. Waiver Of Premium begins when you complete the Waiting Period.

C. Premium Payment

Premium payment must continue until the later of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium.

D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for Insurance after the date you become Totally Disabled.

E. Amount Of Insurance

The amount of Insurance eligible for Waiver Of Premium is the amount in effect on the day before you become Totally Disabled. However, the following will apply:

1. Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If the Schedule of Insurance provides for a reduction of the amount of Insurance because of your retirement, the amount of Insurance continued will also reduce because of your retirement.
3. If you receive an Accelerated Benefit, Insurance will be reduced according to the Accelerated Benefit provision.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled.

H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given;
3. The date you fail to attend an examination or cooperate with the examiner;
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured; and
5. The date you retire or become eligible for normal retirement under the Employer’s retirement plan, whichever is earlier.

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ACCELERATED BENEFIT

A. Accelerated Benefit

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

If your Insurance is scheduled to end within 24 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

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

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

B. Application For Accelerated Benefit

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

C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance. The maximum Accelerated Benefit is $500,000. The minimum Accelerated Benefit is $5,000 or 10% of your Insurance, whichever is greater.

If the amount of your Insurance is scheduled to reduce within 24 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

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

D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Benefit will be the greater of the amounts in (1) and (2) below; however, if you assign your rights under the Group Policy, the amount of your Insurance will be the amount in (2) below.

(1) 10% of the amount of your Insurance as if no Accelerated Benefit had been paid; or

(2) The amount of your Insurance as if no Accelerated Benefit had been paid; minus

The amount of the Accelerated Benefit; minus

An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.
E. Exclusions

No Accelerated Benefit will be paid if:

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

F. Definitions For Accelerated Benefit

Insurance means your Basic Life Insurance Benefit and Optional Life Insurance Benefit, if any, under the Group Policy.

RIGHT TO CONVERT

A. Right To Convert

You may buy an individual policy of life insurance without Evidence Of Insurability if:

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

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

B. Definitions For Right To Convert

1. Conversion Period means the 31-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, including insurance continued under Waiver Of Premium.
3. Qualifying Event means termination or reduction of your Insurance for any reason except:
   a. The Member’s failure to make a required premium contribution.
   b. Payment of an Accelerated Benefit.
4. You and your mean any person insured under the Group Policy.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy, 1 and 2 below will apply.

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See Coverage Features.
2. The maximum amount you have a Right To Convert is the lesser of:
   a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
   b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;
3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

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

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

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**CLAIMS**

A. Filing A Claim

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

B. Time Limits On Filing Proof Of Loss

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

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

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

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

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

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.
D. Investigation Of Claim

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

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

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims except Waiver Of Premium claims (or other benefits based on disability), within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to Waiver Of Premium claims, within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the Waiver Of Premium claim; or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the Waiver Of Premium claim, the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

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

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

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

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant’s right to a review of our decision.

G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for Waiver Of Premium;
2. Within 60 days after receiving notice of the denial of any other claim.

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

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims, within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.
With respect to Waiver Of Premium claims, within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

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

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

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

With respect to Waiver Of Premium claims, the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgement, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgement and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for Waiver Of Premium.

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

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

ASSIGNMENT

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

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. Except as provided in item 4 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.

2. The benefits below will be paid to you if you are living.
   a. Dependents Life Insurance benefits.
   b. Accelerated Benefits.

3. Dependents Life Insurance benefits which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
   a. The children of the Dependent.
   b. The parents of the Dependent.
c. The brothers and sisters of the Dependent.
d. Your estate.

4. Additional Benefits will be paid as follows:
   The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

B. Naming A Beneficiary

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

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

You must name or change Beneficiary in writing. Writing includes a form signed by you or a verification from the Policyholder or Employer of an electronic or telephonic designation made by you.

Your designation:
1. Must be dated;
2. Must be delivered to the Policyholder or Employer during your lifetime;
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered to the Policyholder or Employer.

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

C. Simultaneous Death Provision

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

D. No Surviving Beneficiary

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

1. Your Spouse. (See Definitions)
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.
E. Methods Of Payment

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

1. Lump Sum

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

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is $25,000, or more, we will deposit it into a Standard Secure Access checking account which:
   a. Bears interest;
   b. Is owned by the Recipient;
   c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
   d. Is fully guaranteed by us.

3. Installments

Payment to a Recipient may be made in installments if:
   a. The amount payable is $25,000 or more;
   b. The Recipient chooses; and
   c. We agree.

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

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy. However, this provision will not restrict any right you may have to file a lawsuit if your claim for benefits is denied or ignored.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
   a. Eligibility for insurance;
   b. Entitlement to benefits;
   c. Amount of benefits payable;
   d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.
Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

**TIME LIMITS ON LEGAL ACTIONS**

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than ten years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

**INCONTESTABILITY PROVISIONS**

A. Incontestability Of Insurance

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

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

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

B. Incontestability Of Group Policy

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

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

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

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

**CLERICAL ERROR AND MISSTATEMENT**

A. Clerical Error

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

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

B. Agency
The Policyholder and your Employer act on their own behalf as your agent, and not as our agents.

C. Misstatement Of Age

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

1. The amount of insurance based on the correct age; and

2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

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

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

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

DEFINITIONS

Your Annual Earnings will be based on your normal earnings in effect on the preceding July 31. If you were not a Member on the preceding July 31, your Annual Earnings will be based on your Annual Earnings in effect on your first day as a Member.

Annual Earnings means your annual normal earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
   a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p) or 457 deferred compensation arrangement; or
   b. An executive nonqualified deferred compensation arrangement.

2. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

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

6. Any other extra compensation.

Child means:

1. Your child from live birth to age 26, covered by the Policyholder-sponsored group health plan if over age 25; or

2. Your unmarried child who meets either of the following requirements:
   a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
   b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.
   c. The child was Disabled on the day before the effective date of your coverage under the Group Policy, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:
   i. Your adopted child;
   ii. Your stepchild or dependent grandchild, if living in your home; or
   iii. A child living in your home for whom you are the court appointed legal guardian.

Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, we may require further proof, and have your Child examined at our expense.

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

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

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

Evidence Of Insurability means an applicant must:

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

Family Status Change means any of the following events:

1. Your marriage, divorce or legal separation.
2. The birth of your Child.
3. The adoption of a Child by you.

4. The death of your Spouse and/or Child.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

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

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

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

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

Sickness means your sickness, illness, or disease.

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

Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform the material duties of any occupation for which you are reasonably fitted by education, training and experience.

**POLICYHOLDER PROVISIONS**

A. Premiums

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

B. Contributions From Members

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

C. Changes In Premium Rates

   We may change Premium Rates when:

   1. A change or clarification in law or governmental regulation affects the amount payable under the Group Policy. Any such change in Premium Rates will reflect only the change in our obligations; or

   2. Factors material to underwriting the risk we assumed under the Group Policy, including, but not limited to, number of persons insured, age, Annual Earnings, gender and occupational classification, change by 25% or more; or

   3. We and the Policyholder mutually agree to change Premium Rates.

   Except as provided above, Premium Rates will not be changed during the Initial Rate Guarantee Period shown in the **Coverage Features**. Thereafter, except as provided above, we may change Premium Rates upon advance written notice to the Policyholder. The minimum advance notice is shown in the **Coverage Features** as Notice of Rate Change. Any such change in Premium Rates may be made effective on any Premium Due Date, but no such change will be made more than
once in any contract year. Contract years are successive 12 month periods computed from the end of the Initial Rate Guarantee Period.

D. Payment Of Premiums

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

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

E. Grace Period And Termination For Nonpayment

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

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

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

F. Termination For Other Reasons

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

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

We may terminate the Group Policy as follows:

1. On any Premium Due Date if the number of persons insured is less than the Minimum Participation Number or less than the Minimum Participation Percentage shown in the **Coverage Features**.

2. On any Premium Due Date if we determine that the Policyholder has failed to promptly furnish any necessary information requested by us, or has failed to perform any other obligations relating to the Group Policy.

The minimum advance notice of such termination by us is the same as the Notice of Rate Change stated in the **Coverage Features**.

G. Premium Adjustments

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

H. Certificates

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

I. Records And Reports

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

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

The Policyholder and Employer are liable for their own negligent, intentional or wrongful acts or omissions, and those of any insurance broker/agent or administrator acting for or on behalf of either of them, arising from or connected with the administration of the Group Policy. The Policyholder and Employer will indemnify and hold us harmless from any and all contractual or extra-contractual claims, demands, losses, costs and expenses, including interest, penalties and attorney’s fees, which we may incur or suffer as a result of any such negligent intentional or wrongful acts.

L. Entire Contract, Changes

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

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

M. Effect On Workers' Compensation, State Disability Insurance

The coverage provided under the Group Policy is not a substitute for coverage under a workers' compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.
GROUP POLICY AMENDMENT NO. 1

Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees’
Retirement System (MOSERS)
as Policyholder.

Effective July 1, 2010, the Group Policy is amended as follows:

1. Group Policy 604201-D is replaced by Group Policy 604201-H.

2. The Active Work Provisions will not be construed to terminate insurance for any Member who was insured under Group Policy 604201-D as of June 30, 2010.

3. For the purposes of the Incontestability Provisions, Group Policy 604201-H will be deemed to be in effect since May 1, 1988.

4. The Becoming Insured portion of the Coverage Features is amended to provide that employees of the Division of Employment Security who retired under the Employer’s retirement plan prior to January 1, 1996 are deemed to be Members. Such Members are not subject to the Active Work requirement and are not eligible for Waiver Of Premium or Accelerated Benefits.

5. The Schedule Of Insurance portion of the Coverage Features is amended to provide that the amount of insurance for a Member identified in item 4. above is the amount of insurance in effect on December 31, 1995 under General American Life Insurance Company group policy MCP-6850.

6. The Active Work requirement does not apply on the Group Policy Effective Date for the persons listed below, subject to the following: (1) The Member is not eligible for the Waiver Of Premium benefit or Accelerated Benefit; and (2) the amount of insurance for such a Member is listed below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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<tbody>
<tr>
<td></td>
<td>$5,000</td>
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7. The Definition of Member in the Becoming Insured portion of the Coverage Features is amended to provide employees of Lincoln University who retired under the Employer’s retirement plan prior to January 1, 2004 are deemed to be Members. The Active Work requirement does not apply to these Members. These Members are not eligible for the Waiver Of Premium benefit or Accelerated Benefit until meeting the Active Work requirement.

8. The Schedule of Insurance portion of the Coverage Features is amended to provide that the amount of insurance for a Member identified in item 7. above is $5,000.

9. With respect to a Member who has exercised the cash-out option of the Employer’s retirement plan and whose Insurance is continued under Waiver Of Premium, the reduction in the amount of Insurance because of retirement is postponed until what would have been the Member’s normal retirement date had the Member not exercised the cash-out option.
10. The Active Work requirement does not apply on the Group Policy Effective Date for the persons listed below, subject to the following: (1) The Member is not eligible for Waiver Of Premium or Accelerated Benefit; and (2) the amount of insurance for such a Member is listed below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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<td>5,000</td>
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<td>5,000</td>
</tr>
</tbody>
</table>

Any increase in amounts of coverage for a Member who is incapable of Active Work on June 30, 2010 will be deferred until the next day after the Member completes one full day of Active Work.

This amendment is presented with the Group Policy.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
GROUP POLICY AMENDMENT NO. 2

Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees’
Retirement System (MOSERS)
as Policyholder.

Effective January 1, 2011, the definition of Child in the Definitions is amended to read:

Child means:

1. Your child from live birth to age 26; or

2. Your child who meets either of the following requirements:
   a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child’s age, is continuously Disabled.
   b. The child was insured under the Prior Plan on the day before the effective date of your Employer’s coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.
   c. The child was Disabled on the day before the effective date of your coverage under the Group Policy, and is continuously Disabled thereafter.

Child includes any of the following, if they otherwise meet the definition of Child:

i. Your adopted child;
ii. Your stepchild or dependent grandchild, if living in your home; or
iii. A child living in your home for whom you are the court appointed legal guardian.

Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child’s age or b) the effective date of your Employer’s coverage under the Group Policy if your child is Disabled on that date. At reasonable intervals thereafter, we may require further proof, and have your Child examined at our expense.

STANDARD INSURANCE COMPANY

By

[Signatures]
President
Corporate Secretary
GROUP POLICY AMENDMENT NO. 3
Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees’
Retirement System (MOSERS)
as Policyholder.

Effective January 1, 2012, and subject to the Active Work Provisions, the definition of Annual Earnings in the Definitions is amended to read:

Your Annual Earnings will be based on your normal earnings in effect on the preceding July 31. If you were not a Member on the preceding July 31, your Annual Earnings will be based on your Annual Earnings in effect on your first day as a Member.

Annual Earnings means your annual normal earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
   a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p) or 457 deferred compensation arrangement; or
   b. An executive nonqualified deferred compensation arrangement.

2. Shift differential pay

3. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Bonuses.

2. Commissions.

3. Overtime pay.

4. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.

5. Any other extra compensation.

STANDARD INSURANCE COMPANY

By

[Signatures]
President
Corporate Secretary

Printed 7/2011
GROUP POLICY AMENDMENT NO. 4

Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees’
Retirement System (MOSERS)
as Policyholder.

Effective June 1, 2011, the Group Policy is amended to provide the following:

The payment of premium requirement will be waived with respect to Optional Life Insurance for the last month of coverage in which an insured retired Member has died, if the Member’s beneficiary designation includes multiple beneficiaries.

All other terms of the Group Policy will apply.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
GROUP POLICY AMENDMENT NO. 5

Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees’
Retirement System (MOSERS)
as Policyholder.

Effective June 1, 2011, the Group Policy is amended to provide that Group Policy Amendment No. 4 never came into effect.

STANDARD INSURANCE COMPANY

By

[Signature]
President

[Signature]
Corporate Secretary
GROUP POLICY AMENDMENT NO. 6

Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees’
Retirement System (MOSERS)
as Policyholder.

Effective January 1, 2013, the Group Policy is amended as follows:

1. That portion of A. Portability Of Insurance in the Portability Of Insurance provision which reads:
   4. You must apply in writing and pay the first premium directly to us at our Home Office within 31 days after the date your insurance under the Group Policy terminates or is reduced. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.
   
   This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

   is amended to read:
   4. You must apply in writing and pay the first premium directly to us at our Home Office within 60 days after the date your insurance under the Group Policy terminates or is reduced. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

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

2. Item C. When Portable Insurance Becomes Effective of the Portability Of Insurance provision is amended to read:

   C. When Portable Insurance Becomes Effective

   Portable group insurance will become effective the day after your insurance under the Group Policy terminates or is reduced, if you apply within 60 days after the date your insurance under the Group Policy terminates or is reduced.

   If death occurs within 60 days after the date your insurance under the Group Policy terminates or is reduced, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your insurance under the Group Policy terminates or is reduced and not the terms of the Group Life Portability Insurance Policy. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your insurance under the Group Policy terminates or is reduced.

3. That portion of B. Definitions For Right To Convert in the Right To Convert provision which reads:
   1. Conversion Period means the 31-day period after the date of any Qualifying Event.

   is amended to read:
   1. Conversion Period means the 60-day period after the date of any Qualifying Event.
STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
GROUP POLICY AMENDMENT NO. 7

Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees'
Retirement System (MOSERS)
as Policyholder.

Effective December 1, 2014, and subject to the Active Work Provisions, the Evidence Of Insurability in the Becoming Insured portion of the Coverage Features is amended to include the following:

The Evidence Of Insurability requirements for late application for Contributory insurance will be waived for an amount of Dependents Life Insurance up to $30,000 for your same-sex Spouse, if you apply during your Employer's enrollment period December 1, 2014 through December 31, 2014.

The effective date of such coverage not subject to Evidence Of Insurability is December 1, 2014.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
GROUP POLICY AMENDMENT NO. 8
Attached to and made a part of Group Policy 604201-H issued to
Trustees of the Missouri State Employees' Retirement System (MOSERS)
as Policyholder.

Effective December 1, 2014, and subject to the Active Work Provisions, the Group Policy is amended as follows:

1. Group Policy Amendment NO. 7 never came into effect.

2. The Evidence Of Insurability in the Becoming Insured portion of the Coverage Features is amended to include the following:

   The Evidence Of Insurability requirements for late application for Contributory insurance will be waived for an amount of Dependents Life Insurance up to $10,000 for your same-sex Spouse, if you apply during your Employer’s enrollment period December 1, 2014 through December 31, 2014.

   The effective date of such coverage not subject to Evidence Of Insurability is December 1, 2014.

STANDARD INSURANCE COMPANY

By

[Signatures]
President

Corporate Secretary

01/07/2015
GROUP POLICY AMENDMENT NO. 9

Attached to and made a part of Group Policy 604201-H issued to Trustees of the Missouri State Employees’ Retirement System (MOSERS) as Policyholder.

Effective September 1, 2015, and subject to the Active Work Provisions, the Becoming Insured portion of the Coverage Features is amended to provide the following:

Evidence of Insurability:

Required:

a. For late application for Contributory insurance.

b. For reinstatements if required.

c. For Members and Dependents eligible but not insured under the Prior Plan.

d. Any elective increase in Optional Life Insurance

e. For any Dependents Life Insurance Benefit in excess of the Guarantee Issue Amount of $10,000 for your Spouse.

This requirement will not apply to an amount of Plan 1 (Spouse) Dependents Life Insurance equal to or less than the amount for which the Spouse was formerly insured for Optional Life Insurance as a Member, provided 1) the Member applies for Dependents Life Insurance within 31 days of the date the Spouse ceases to be insured for Optional Life Insurance as a Member, and 2) the amount of Dependents Life Insurance may not exceed the amount available for a Spouse as shown in the Schedule Of Insurance.

f. Any increase in Dependents Life Insurance for your Spouse.

Evidence Of Insurability is not required for a Child.

The requirement in a. above will not apply to late application:

i. For Plan 1 Dependents Life Insurance for a Spouse formerly insured for Optional Life Insurance as a Member, up to an amount equal to the Optional Life Insurance for which the individual was insured, provided Plan 1 Dependents Life Insurance is applied for within 31 days of the date the individual ceases to be insured as a Member.

The amount of Plan 1 Dependents Life Insurance for your Spouse may not exceed 100% of the amount of your Optional Life Insurance.

ii. For Optional Life Insurance of $30,000 or less, if you apply within 31 days of a Family Status Change. However, this requirement is not waived for a Member whose Evidence of Insurability was previously disapproved by Standard.

The requirement in d. above will not apply to an elective increase of $30,000 or less, if you apply during the first 31 days following a Family Status Change and you are currently insured for Optional Life Insurance:

Annual Enrollment Period:
If you are a Member prior to September 1 of the current calendar year, certain Evidence Of Insurability requirements will be waived for you if you apply during your Employer's Annual Enrollment Period as follows:

i. The requirement in d. above will not apply to an elective increase of $10,000, if you apply during an Annual Enrollment Period and you are either a Class 1A or Class 1B Member insured under Option 3 or a Class 1C Member.

ii. If you are insured under Option 1 and you apply to change to Option 3 during the Employer’s annual enrollment period, the requirement in d. above will not apply to an increase in your insurance to an amount equal to A times B below, rounded to the next higher multiple of $10,000:

   A = The multiple of Annual Earnings for which you are insured on December 31.
   B = Your Annual Earnings.

iii. If you are insured under Option 2 and you apply to change to Option 3 during the Employer’s annual enrollment period, the requirement in d. above will not apply to an elective increase to the next higher multiple of $10,000.

If you become a Member after September 1 of the current calendar year, you may apply as described above but Evidence Of Insurability will be required.

Annual Enrollment Period means the period designated each year by your Employer when you may change insurance elections without submitting Evidence Of Insurability. Any election outside of the Annual Enrollment Period will require you to submit Evidence Of Insurability.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary
GROUP POLICY AMENDMENT NO. 10

Attached to and made a part of Group Policy 604201-H issued to Trustees of the Missouri State Employees' Retirement System (MOSERS) as Policyholder.

Effective April 1, 2017, and subject to the Active Work Provisions, item H.5. of the Waiver Of Premium section is amended to read as follows:

5. The date you retire, become eligible for normal retirement or receive a refund of your contributions and interest credited under the Employer’s retirement plan, whichever is earliest.

STANDARD INSURANCE COMPANY

By

[Signatures]

President

Corporate Secretary

(03/21/2017)
GROUP POLICY AMENDMENT NO. 11

Attached to and made a part of Group Policy 604201-H
issued to Trustees of the Missouri State
Employees’ Retirement System (MOSERS) as Policyholder.

Effective January 1, 2018, and subject to the Active Work Provisions, the Group Policy is amended as follows:

1. Part B. Definitions For Waiver Of Premium of the Waiver Of Premium section is amended by the addition of the following:

   3. Totally Disabled means:
      a. You are unable to perform with reasonable continuity the material duties of Any Occupation as a result of Sickness, accidental Injury, or Pregnancy; or
      b. You are eligible to receive disability benefits under a group long term disability policy issued by us to the Policyholder.

   4. Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Annual Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

2. The monthly Premium Rate for Basic Life Insurance, for Class 1, will be as follows, beginning January 1, 2018, and continuing until changed as provided in the Group Policy:

   Basic Life Insurance:
   Class 1: 0.315% monthly of Insured Earnings
   Insured Earnings means the total Annual Earnings of all Class 1 Members divided by 12.

3. The monthly Premium Rates for Optional Life Insurance will be as follows, beginning January 1, 2018, and continuing until changed as provided in the Group Policy:

   Optional Life Insurance:
   
<table>
<thead>
<tr>
<th>Age of Member On Last January 1:</th>
<th>Monthly Rate Per Multiple of $1,000:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 35</td>
<td>$0.08</td>
</tr>
<tr>
<td>35 through 39</td>
<td>0.10</td>
</tr>
<tr>
<td>40 through 44</td>
<td>0.16</td>
</tr>
<tr>
<td>45 through 49</td>
<td>0.24</td>
</tr>
<tr>
<td>50 through 54</td>
<td>0.43</td>
</tr>
<tr>
<td>55 through 59</td>
<td>0.76</td>
</tr>
<tr>
<td>60 through 64</td>
<td>1.18</td>
</tr>
<tr>
<td>65 through 69</td>
<td>1.90</td>
</tr>
<tr>
<td>70 or over</td>
<td>3.33</td>
</tr>
</tbody>
</table>
4. The monthly Premium Rates for Plan 1 Dependents Life Insurance will be as follows, beginning January 1, 2018, and continuing until changed as provided in the Group Policy:

Dependents Life Insurance:
   Plan 1 (Spouse only):

<table>
<thead>
<tr>
<th>Age of Member On Last January 1:</th>
<th>Monthly Rate Per Multiple of $1,000:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 35</td>
<td>$0.08</td>
</tr>
<tr>
<td>35 through 39</td>
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<tr>
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<tr>
<td>65 through 69</td>
<td>1.90</td>
</tr>
<tr>
<td>70 or over</td>
<td>3.33</td>
</tr>
</tbody>
</table>

STANDARD INSURANCE COMPANY

By

Chairman, President and CEO

Corporate Secretary
GROUP POLICY AMENDMENT NO. 12

Attached to and made a part of Group Policy 604201-H
issued to Trustees of the Missouri State
Employees' Retirement System (MOSERS) as Policyholder.

Effective March 1, 2018, the Group Policy is amended as follows:

1. The monthly Premium Rates for Optional Life Insurance will be as follows, beginning March 1, 2018, and continuing until changed as provided in the Group Policy:

   Optional Life Insurance:
   
<table>
<thead>
<tr>
<th>Age of Member On Last January 1:</th>
<th>Monthly Rate Per Multiple of $1,000:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 35</td>
<td>$0.08</td>
</tr>
<tr>
<td>35 through 39</td>
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<tr>
<td>45 through 49</td>
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<td>50 through 54</td>
<td>0.42</td>
</tr>
<tr>
<td>55 through 59</td>
<td>0.76</td>
</tr>
<tr>
<td>60 through 64</td>
<td>1.18</td>
</tr>
<tr>
<td>65 through 69</td>
<td>1.90</td>
</tr>
<tr>
<td>70 or over</td>
<td>3.32</td>
</tr>
</tbody>
</table>

2. The monthly Premium Rates for Plan 1 Dependents Life Insurance will be as follows, beginning March 1, 2018, and continuing until changed as provided in the Group Policy:

   Dependents Life Insurance:
   
<table>
<thead>
<tr>
<th>Age of Member On Last January 1:</th>
<th>Monthly Rate Per Multiple of $1,000:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 35</td>
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<tr>
<td>65 through 69</td>
<td>1.90</td>
</tr>
<tr>
<td>70 or over</td>
<td>3.32</td>
</tr>
</tbody>
</table>

STANDARD INSURANCE COMPANY

By

Chairman, President and CEO

Corporate Secretary

3/26/2018

- 138 -
GROUP POLICY AMENDMENT NO. 13

Attached to and made a part of Group Policy 604201-H
issued to Trustees of the Missouri State
Employees’ Retirement System (MOSERS) as Policyholder.

Effective January 1, 2019, and subject to the Active Work Provisions, the Group Policy is amended as follows:

1. The part of the exceptions to Evidence of Insurability in the Becoming Insured portion of the Coverage Features which reads:

   The requirement in d. above will not apply to an elective increase of $30,000 or less, if you apply during the first 31 days following a Family Status Change and you are currently insured for Optional Life Insurance.

is amended to read as follows:

   If you are insured for Optional Life Insurance, Evidence Of Insurability will not be required to increase your Optional Life Insurance by a multiple of $10,000, not to exceed $100,000, if you apply during the first 31 days following a Family Status Change.

2. The part of the Annual Enrollment Period section in the Becoming Insured portion of the Coverage Features which reads:

   i. The requirement in d. above will not apply to an elective increase of $10,000, if you apply during an Annual Enrollment Period and you are either a Class 1A or Class 1B Member insured under Option 3 or a Class 1C Member.

is amended to read as follows:

   i. The requirements in a. and d. above will not apply to late application or an elective increase as follows, if you apply during an Annual Enrollment Period and you are either a Class 1A or Class 1B Member insured under Option 3 or a Class 1C Member.

   (a) During your Employer’s Annual Enrollment Period in October 2018:

       If you are insured for Optional Life Insurance, Evidence Of Insurability will not be required to increase your Optional Life Insurance by a multiple of $10,000, not to exceed $100,000. This increase in coverage will become effective January 1, 2019.

       If you are eligible but not insured for Optional Life Insurance, Evidence Of Insurability will not be required to become insured for an amount of Optional Life Insurance not to exceed $100,000. However, we will not waive the Evidence of Insurability requirement if you previously submitted Evidence Of Insurability that was not approved by us. Your Optional Life Insurance will become effective January 1, 2019.

   (b) During your Employer’s Annual Enrollment Period in October 2019: Evidence Of Insurability will not be required to increase your Optional Life Insurance by $20,000. This increase in coverage will become effective January 1, 2020.

   (c) During your Employer’s Annual Enrollment Period in October 2020: Evidence Of Insurability will not be required to increase your Optional Life Insurance by $20,000. This increase in coverage will become effective January 1, 2021.
(d) During your Employer’s Annual Enrollment Period in October 2021: Evidence Of Insurability will not be required to increase your Optional Life Insurance by $20,000. This increase in coverage will become effective January 1, 2022.

(e) During your Employer’s Annual Enrollment Period in October 2022: Evidence Of Insurability will not be required to increase your Optional Life Insurance by a multiple of $10,000, not to exceed $100,000. This increase in coverage will become effective January 1, 2023.

STANDARD INSURANCE COMPANY

By

[Signatures]

Chairman, President and CEO

Corporate Secretary
GROUP POLICY AMENDMENT NO. 14

Attached to and made a part of Group Policy 604201-H
issued to Trustees of the Missouri State
Employees’ Retirement System (MOSERS) as Policyholder.

Effective July 1, 2018, and subject to the Active Work Provisions, the definition of Child in the Definitions section is amended to read as follows:

Child means:

1. Your child from live birth to age 26; or

2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon you for support and maintenance or institutionalized because of mental retardation or physical handicap.

Child includes any of the following:

i. Your adopted child;

ii. Your stepchild or dependent grandchild, if living in your home; or

iii. A child living in your home for whom you are the court appointed legal guardian.

STANDARD INSURANCE COMPANY

By

Chairman, President and CEO

Corporate Secretary
GROUP POLICY AMENDMENT NO. 15

Attached to and made a part of Group Policy 604201-H issued to Trustees of the Missouri State Employees’ Retirement System (MOSERS) as Policyholder.

Effective December 1, 2018, the Becoming Insured portion of the Coverage Features is amended to provide the following Class 2 definition:

Class Definition: Class 2: All other Retired Members who retire on or after May 1, 1996, including retired members of the General Assembly and the Judiciary Plan

STANDARD INSURANCE COMPANY

By

[Signatures]

Chairman, President and CEO

Corporate Secretary

12/31/2018
GROUP POLICY AMENDMENT NO. 16

Attached to and made a part of Group Policy 604201-H
issued to Trustees of the Missouri State
Employees’ Retirement System (MOSERS) as Policyholder.

Effective December 1, 2018, the Group Policy is amended as follows:

1. **Group Policy Amendment No. 15** never came into effect.

2. The part of the Optional Life Insurance benefit for Class 2 Members in the Schedule Of Insurance portion of the **Coverage Features** which reads:

   - All other Retired Members who retired on or after May 1, 1996: A multiple of $500, from $1,000 to $60,000

is amended to read as follows:

   - All other Retired Members who retired on or after May 1, 1996, including retired members of the General Assembly and the Judiciary Plan: A multiple of $500, from $1,000 to $60,000

STANDARD INSURANCE COMPANY

By

[Signatures]

Chairman, President and CEO

Corporate Secretary

2/6/2019
GROUP POLICY AMENDMENT NO. 17

Attached to and made a part of Group Policy 604201-H
issued to Trustees of the Missouri State
Employees' Retirement System (MOSERS) as Policyholder.

Effective January 1, 2020, and subject to the Active Work Provisions, the Group Policy is amended as follows:

1. The part of the exceptions to Evidence of Insurability in the Becoming Insured portion of the Coverage Features which reads:

   The requirement in d. above will not apply to an elective increase of $30,000 or less, if you apply during the first 31 days following a Family Status Change and you are currently insured for Optional Life Insurance.

is amended to read as follows:

   If you are insured for Optional Life Insurance, Evidence Of Insurability will not be required to increase your Optional Life Insurance by a multiple of $10,000, not to exceed $100,000, if you apply during the first 31 days following a Family Status Change.

2. The part of the Annual Enrollment Period section in the Becoming Insured portion of the Coverage Features which reads:

   i. The requirement in d. above will not apply to an elective increase of $10,000, if you apply during an Annual Enrollment Period and you are either a Class 1A or Class 1B Member insured under Option 3 or a Class 1C Member.

is amended to read as follows:

   i. The requirements in a. and d. above will not apply to late application or an elective increase as follows, if you apply during an Annual Enrollment Period and you are either a Class 1A or Class 1B Member insured under Option 3 or a Class 1C Member.

   (a) During your Employer’s Annual Enrollment Period in October 2019:

      If you are insured for Optional Life Insurance, Evidence Of Insurability will not be required to increase your Optional Life Insurance by a multiple of $10,000, not to exceed $100,000. This increase in coverage will become effective January 1, 2020.

      If you are eligible but not insured for Optional Life Insurance, Evidence Of Insurability will not be required to become insured for an amount of Optional Life Insurance not to exceed $100,000. However, we will not waive the Evidence of Insurability requirement if you previously submitted Evidence Of Insurability that was not approved by us. Your Optional Life Insurance will become effective January 1, 2020.

   (b) During your Employer’s Annual Enrollment Period in October 2020: Evidence Of Insurability will not be required to increase your Optional Life Insurance by $20,000. This increase in coverage will become effective January 1, 2021.

   (c) During your Employer’s Annual Enrollment Period in October 2021: Evidence Of Insurability will not be required to increase your Optional Life Insurance by $20,000. This increase in coverage will become effective January 1, 2022.
(d) During your Employer’s Annual Enrollment Period in October 2022: Evidence Of Insurability will not be required to increase your Optional Life Insurance by $20,000. This increase in coverage will become effective January 1, 2023.

(e) During your Employer’s Annual Enrollment Period in October 2023: Evidence Of Insurability will not be required to increase your Optional Life Insurance by $20,000. This increase in coverage will become effective January 1, 2024.

STANDARD INSURANCE COMPANY
By

[Signatures]

Chairman, President and CEO  
Corporate Secretary