



WEA Trust

Group Term Life Insurance Plan

Certificate of Coverage

Underwritten by the WEA Insurance Corporation

**45 Nob Hill Road
Madison, Wisconsin 53713-3959**

**Voice/TTY;
800.279.4000
608.276.4000**

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Important Notices

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS.

PROBLEMS WITH YOUR INSURANCE—If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

WEA Insurance Corporation
P.O. Box 21538
Eagan, MN 55121
Voice/TTY: (800) 279-4000 or (608) 276-4000

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE** at its website at <http://oci.wi.gov/> or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103

You may view your Certificate of Coverage on our website, weatrust.com. If we amend your Certificate, we will add the amendment to our online documents. If you prefer to receive a paper Certificate of Coverage, please call us. Our contact information can be found on the cover page of this document.

WEA TRUST GROUP LIFE INSURANCE PLAN

This is your Certificate of Coverage (Certificate) for your group term life insurance plan. This Certificate explains the rights and benefits that you are entitled to while you are covered under this plan. We will pay the benefits set forth in this Certificate. All benefit payments are governed by the terms, conditions, and limitations described herein. This document may be amended at any time without your consent or notice to you. Any such amendment will not affect any change incurred before the amendment takes effect.

Your entitlement to the benefits described in this Certificate may be changed by the Optional Benefit Provisions that are located at the back of this document. Your Benefit Summary indicates which Optional Benefit Provisions, if any, apply to your coverage.

This Certificate was issued on the basis that the information on your enrollment form was accurate and complete. *If any of the information on the enrollment form was not accurate or complete, please call or write us within 10 days. An error or omission may result in loss of coverage as of its effective date.*

This Certificate automatically supersedes any other life insurance policies or certificates of coverage we previously issued to you.

Please read this document carefully.

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Section 1

General Provisions

These general provisions apply to all the benefits of your Group Life Insurance Plan, unless otherwise stated.

We, Us, Our, You, Your

When the words “we,” “us,” or “our” appear in this document, they refer to the WEA Insurance Corporation.

When the words “you” or “your” appear in this document, they refer to an employee who is covered under this Certificate. The exception to this is Section 3, where “you” and “your” refer to any employee of the Employer who may or may not be covered under this Certificate.

Entire Contract

The entire contract of insurance consists of:

- This Certificate, any amendments, and optional benefit provisions.
- The Benefit Summary
- The Rate Summary
- The Group Life Insurance Agreement (Agreement) between the Employer and us which specifies the obligations of the Employer, eligible class(es) of employees, any waiting period, and the effective date of coverage.
- The employees’ enrollment forms.
- Evidence of Insurability forms, if required.
- Designation of Domestic Partner forms, if applicable.

If there is a conflict between the contract and any summaries provided to you by your Employer, the contract will control.

No change in this contract will be valid unless written and signed by an officer of our company.

Incontestability

We will not use any statement made by you or your Employer to contest the validity of your coverage under this plan unless there is a signed written statement, or fraudulent misrepresentation in the contract documents, evidence of insurability forms, or Designation of Domestic Partner

forms. Note that if your coverage includes Dependent Life Insurance, these incontestability provisions additionally apply to any insured dependents.

After the coverage has been effective for two years, only nonpayment of premium or fraudulent misstatement on the above-mentioned documents may be used to void coverage.

Any requested increase in coverage or reinstatement of coverage, will begin a new two-year contestable period for the amount of the increase or reinstate coverage from the effective date of such coverage.

Conformity With State Statutes

Any provision of this Certificate that conflicts with the applicable statutes of Wisconsin, or with any applicable federal law, is hereby revised to conform to the minimum requirements of those statutes. The effective date of any such required revision will be the latest date permitted by those statutes.

Statements by Our Employees or Agents

No statement or representation by any of our employees or agents can alter or waive any requirement or provision of this Certificate. No statement or representation relating to the interpretations or application of any provision of this Certificate will be binding unless it is issued in writing by an officer of our company.

Under no circumstances will the Employer be deemed our agent without our written authorization.

Premiums

When Due

Premiums are due each month on or before the 20th day of the month that precedes the month of coverage. This due date applies to Employers as well as covered individuals who pay their premiums directly to us.

Amount of Premiums

The premium will always be based on the rates for the benefits that are in effect for the month for which premium is due. Premium is due for each individual for each month the individual is covered at least one day, except when coverage begins after the 15th day of a month, your premium liability will not begin until the first day of the following month.

Your Employer must notify us immediately when you are no longer eligible for coverage. Premium liability will end on the last day of the month in which you cease to be eligible for coverage. We are not obligated to provide benefits to any individual who is not eligible for coverage even if premiums have been paid for that individual.

Premium Changes

We may establish a new premium rate on any of these dates:

- Any date on which the Agreement is renewed, if we notify your Employer at least 31 days in advance.
- Any date premium is due, if the previous rates have been in effect for at least 12 months and we notify your Employer at least 31 days in advance.
- Any date on which your Employer and we agree to materially change any provision of the Agreement.
- Any date on which a premium tax law is changed or added.
- Any date on which a federal or state statute or the governmental administration of a statute change any provision of the Agreement.
- Any date on which your Employer fails to maintain minimum participation requirements, in lieu of termination of the Agreement. An adjustment to the premium will not be deemed a waiver of our rights to terminate the Agreement for lack of participation.

We will never increase premium rates by 25% or more without giving a 60-day notice to your Employer.

Premium Grace Period

We will allow a grace period of 31 days for the payment of any premium due except the first. Coverage will remain in force during the grace period. However, if the premium is not paid within the 31-day grace period, coverage will end at the end of the grace period.

Changes in Benefits

Changes in Your Coverage

If the Employer changes any benefit described in this Certificate or your Benefit Summary while you are covered under this Certificate, you will receive a new Benefit Summary, and the change will apply to your coverage on the later of the following dates:

1. The effective date of the change, if you are not Disabled or Totally Disabled, as determined by us, on that date.
2. Otherwise, the date you begin Actively Working after your Disability or Total Disability.

For example, if your Employer changes coverage from one times (1x) salary to two times (2x) salary while you are Disabled or Totally Disabled, the change will not apply to your coverage until you are no longer Disabled or Totally Disabled and are Actively at Work.

Changes in benefits do not apply to retirees' coverage. The coverage in effect for a retiree is that which was in effect on the date of retirement.

Change in Benefit Amount Due to Salary Increase

If the amount of your life insurance benefit changes due to a salary increase, the change will apply to your coverage on the effective date of the salary change unless you are on a leave of absence or are Disabled or Totally Disabled, as determined by us. If you are on a leave of absence, Disabled, or Totally Disabled on the date of such an increase, the change will not apply to your coverage until you are no longer Disabled or Totally Disabled and are Actively at Work.

Decrease in Benefit Amount

If the amount of your life insurance benefit decreases due to a change in benefits or a decrease in salary, the change will always apply to your coverage on the effective date of the change.

Evidence of Insurability

Under certain circumstances, you will be required to provide, at no cost to us, evidence of insurability that we, in our sole discretion, deem acceptable before we approve your application for coverage. For example, evidence of insurability will be required if:

- You apply for an increase in benefits.
- You apply for a level of benefits that requires you to provide such evidence of insurability.
- You apply for enrollment more than 30 days after you are first eligible for coverage.

In such cases, we base our approval decision on the information you provide on the required form and other documents, including medical records, that we request. We will notify you in writing of our approval or disapproval. If we approve your enrollment having considered evidence of insurability, your coverage will begin on the first day of the month following the date of our approval.

We monitor all claims for two years following our approval. If, during that period, we learn that the information we relied on was incorrect, or relevant information was omitted, we may retroactively rescind the coverage for which we relied on your evidence of insurability, or we may deny your claim.

Beneficiary

The beneficiary of your life insurance is the person or persons or entity you have named on your enrollment form, unless you have subsequently changed your beneficiary designation by notifying us in writing. You are the only one who can make your beneficiary designation.

Irrevocable Beneficiary Designation

We consider all beneficiary designations to be revocable unless we are notified otherwise. You may make an irrevocable beneficiary designation by notifying us in writing. If you wish to make an irrevocable beneficiary designation, please call us for assistance with this notification. Our contact information can be found on the cover page of this Certificate.

Note: To ensure that your life insurance benefits are paid according to your wishes, you will want to remember to review your beneficiary designations whenever changes occur in your marital, family, or financial status and notify us in writing if you want to change your designation after your review. See “How to Change Your Beneficiary” later in this section.

Primary and Secondary Beneficiaries

You may name both primary and secondary beneficiaries. The primary beneficiary is the party you designate to receive your life insurance benefit following your death. A secondary beneficiary is the party entitled to receive your life insurance benefit only if all primary beneficiaries should predecease you. A primary beneficiary must survive you in order to receive the benefit. In other words, the primary beneficiary’s estate is not entitled to receive the benefit if the beneficiary dies before you.

What Happens if You Name More Than One Beneficiary

If you have not indicated an amount or order of payment, benefits will be equally divided among all appropriate, named beneficiaries. If you name more than one primary or secondary beneficiary, you may specify how you would like the benefit divided among them. Otherwise, they will share equally. If one or more beneficiaries die before you, the deceased beneficiaries’ shares will be divided equally among the surviving beneficiaries. This applies to both primary and secondary beneficiaries.

What Happens if All Designated Beneficiaries Predecease You

If none of your named beneficiaries survives you, the benefit will be paid to the first surviving class according to the order under “What Happens if You Name No Beneficiary” below.

What Happens if You Name No Beneficiary

If we have no record of a named beneficiary at the time of your death, we will pay benefits equally to the members of the first surviving class in the following order:

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

How to Change Your Beneficiary

Unless you have made an irrevocable beneficiary designation, you may change your beneficiary at any time by notifying us in writing. Please see the cover page of this Certificate for our contact information. You can make such a change without notifying or getting consent from the current or previous beneficiary or beneficiaries. If, however, you have made an irrevocable beneficiary designation, you must obtain the consent of the beneficiary.

A form for changing your beneficiary designation can be obtained from your Employer or from us. Remember to sign and date the form to avoid delay in processing the change.

The change will be effective on the earlier of these dates:

- The date you signed the written notice.
- A date sometime in the future if your written notice specifies such a future date.

When your beneficiary change notification is received, we will confirm the change in writing to you. We will not be responsible or liable for any benefit payment we make in good faith before we receive the notice of the change. Therefore, it is important for you to sign, date, and immediately send such changes to us.

Assignment Rights

Except for any dismemberment benefits payable under Accidental Death and Dismemberment Insurance, you have the right to assign all or part of your rights and benefits under this Certificate without your revocable beneficiary's consent. If you do, the interests of your beneficiary will be secondary to those of the assignee. In addition, only the assignee will have the following rights:

- The right to pay premiums required for keeping the insurance in force.
- The right to make and change a beneficiary designation. All beneficiary designations made by you before the date of the assignment will be void unless you have made an irrevocable beneficiary designation. If no beneficiary designated by the assignee is living at the time of your death, benefits will be paid to the assignee if living. Otherwise, benefits will be paid to the assignee's estate.
- The right to conversion coverage for you, if conversion coverage is then available.

The assignee receives only the rights that the assignor possessed and assigned, and these rights are subject to state and federal laws and the terms of this Certificate. To be binding, we must receive your assignment in writing and acknowledge it. It will be effective on the date you executed the assignment, except that we will not be responsible or liable for any action we take or payment we make in good faith before your written assignment is received.

We are not responsible for the validity or sufficiency of an assignment, nor for the legal, tax, or any other effects of an assignment.

Accelerated Life Benefit

If you become terminally ill while you are covered under this Certificate, you may apply to receive a portion of the life insurance in force for you while you are still living. This is known as an accelerated benefit. This benefit is available to you if **all** the following apply:

1. You apply for this benefit in writing. Call us at the telephone number on the cover page of this document and speak with a life insurance representative to obtain a request form.
2. You provide proof of your *terminal illness* and, if required, submit to an examination by a health care professional of our choice. If required, the examination will be at no cost to you. A *terminal illness* is a medical condition that, in your Physician's opinion, is expected to result in your death within 12 months.
3. Any irrevocable beneficiaries have agreed to this benefit in writing.
4. Your life insurance is not assigned.
5. You have not already received this benefit.
6. You voluntarily choose to receive this benefit.
7. We approve your request.

Note: Premium for coverage will be payable until the date of death as if an Accelerated Life Benefit had not been paid, unless premium has been waived under the Waiver of Premium provision described below. You may not terminate or reduce any of your coverage under this Certificate.

You are not eligible for this benefit if you are required by law to use this amount to cover debts, whether or not you are in bankruptcy. You are also not eligible for this benefit if you are required by law to use this amount to apply for, obtain, or maintain a governmental benefit or entitlement.

The accelerated benefit is also available to a terminally ill dependent who is covered under the Dependent Life Insurance optional benefit.

The Amount of Your Accelerated Benefit

The maximum amount you are entitled to receive is 50% of the life insurance actually in force for you on the date we receive proof of your terminal illness. If, however, your benefits are scheduled to be reduced within the subsequent 12 months as a result of your age and/or retiree status, the amount of your accelerated benefit will be reduced accordingly. The percentage of life insurance in force based on age and retirement status is shown on the Benefit Summary.

The amount of accelerated benefit you receive will be deducted from the benefit payable at the time of your death. The remainder of your life insurance benefit will be paid according to the provisions of this Certificate. In addition, if conversion coverage is available, the amount of insurance you could have converted under "Your Right to Conversion Coverage" will be reduced by the amount

of accelerated benefit you receive. Because accelerated benefits may be taxable, we encourage you to consult your tax advisor before receiving them.

Waiver of Premium

How You Qualify for Waiver of Premium

If, while you are both Actively Working and covered under this Certificate, you become Totally Disabled, as determined by us, the monthly premium for your life insurance will be waived if all the following apply:

- You become Totally Disabled after the effective date of your coverage but before you reach age 60, you remain Totally Disabled for a period of 9 consecutive months, and your Total Disability is expected to continue indefinitely.
- You apply for waiver of premium on our standard form after 9 consecutive months of Total Disability and within 12 months of the day you ceased to be Actively at Work for the Employer. You can obtain a form by calling us at the telephone number on the cover page of this Certificate.
- You provide proof of Total Disability, satisfactory to us, after 9 consecutive months of Total Disability and within 12 months of the day you ceased to be Actively at Work for your Employer. A Physician's statement that you are Disabled or Totally Disabled, without accompanying objective, contemporaneous medical evidence, is not sufficient to substantiate your Disability or Total Disability.
- The required premiums are received until you qualify for waiver of premium.

If you qualify, we will notify you in writing and begin waiving your premium on the first day of the month following 9 consecutive months of Total Disability. The 9-month waiting period is called an elimination period.

- **Note:** To satisfy the elimination period, you must be Totally Disabled for 9 consecutive months. If you return to work for any employer for any length of time after your elimination period has begun, the required 9-month elimination period will start over.

Note that our definition of Total Disability in Section 2 is the same as the Social Security Administration's definition. Therefore, if you have been awarded Social Security Disability Insurance (SSDI) benefits at the time you would qualify for waiver of your life insurance premiums, we will presume that you are Totally Disabled for purposes of waiving your premium. If, however, you have not been awarded SSDI benefits, or if your SSDI application for those benefits is pending, we will presume that you are not Totally Disabled for purposes of waiving your premium and will not apply the waiver.

If you subsequently receive SSDI benefits retroactively to the last date you worked, we will presume you were Totally Disabled on that date and retroactively apply the waiver, subject to the 9-month elimination period.

Your Coverage During Waiver of Premium

The coverage that will continue under this provision is that which was in effect on the last day you were Actively at Work. The waiver will apply to premiums for all insurance coverage in force on your life on your last day of work. Note, however, that premiums for Dependent Life Insurance will not be waived even if that optional benefit is part of your coverage. To keep that coverage in force, you must pay the applicable premiums when due.

Qualifying for Ongoing Waiver of Premium

To qualify for ongoing waiver of premium, you must provide proof of your continued Total Disability upon request. Further, you must be under the regular care of a Physician. This means that all the following must apply:

- You are being seen by a Physician at intervals of time appropriate for treating your impairments. The Physician is rendering and/or prescribing a pertinent treatment plan or a practical protocol, if one exists, for alleviating or eliminating the impairment(s) causing the Total Disability.
- You are complying with all aspects of the Physician-prescribed treatment plan.

When Waiver of Premium Begins and Ends

Waiver of premium will begin on the first day of the month following 9 consecutive months of Total Disability, provided you have met the qualifying requirements specified above, and will continue until the earliest of the following dates:

- The date you cease to be Totally Disabled and are able to engage in any substantial gainful activity, as determined by us.
- The date your Social Security Disability Insurance benefits end for any reason.
- The date you begin Actively Working for your Employer or any employer, including any self-employment.
- The date you cease to comply with all conditions for ongoing waiver of premium as specified in this Certificate.
- The date you fail to furnish the required proof of continued Total Disability or refuse to be examined by a Physician.
- The date you cease to be eligible for coverage as specified under the terms of this Certificate.
- Your 65th birthday.
- The date of your death.

Misstated Age or Sex

If you misstate your age or sex (or that of a dependent, if applicable) at the time you apply for insurance, and you do not correct it during the person's lifetime, the benefits payable under this Certificate will be those payable, for the premium paid, had you stated the correct age and sex.

Noncompliance With Plan Requirements

If we expressly waive any requirement of this Certificate, including the optional benefits if any, our waiver will not establish a continuing waiver of that requirement. Further, if we fail to insist on compliance with any provision, our failure will not constitute a waiver or amendment of that provision.

Section 2

Definitions That Apply to All Provisions

The Terms defined below appear throughout this Certificate of Coverage. When these terms are capitalized in the text of this Certificate, they have the meaning that is defined below.

Actively at Work, Active Work, or Actively Working means working all your regular work hours, as specified by your Employer, and performing all your regular job duties.

Agreement between the Employer and the WEA Insurance Corporation or Agreement means the Group Insurance Agreement (Agreement) signed by the Employer and the WEA Insurance Corporation.

Annual Salary means your total wage compensation, as determined and reported by your Employer, that you earn in exchange for the performance of a normal year of service to your Employer at your current rate of pay. If you become Disabled or Totally Disabled, as determined by us, your Annual Salary is that which you were receiving on the last day you were Actively at Work and performing your regular job duties for your Employer. Annual Salary does not include bonuses, overtime, and special or non-contracted assignments.

Benefit Summary means the document captioned “Group Term Life Insurance Benefit Summary.” The Benefit Summary specifies your coverage and identifies any optional benefits that apply to your coverage.

Date of Disability means the date we determine to be the first day on which you were Disabled. We determine your Date of Disability based on these:

- Statements provided by you, your Employer, your Physician, and other relevant sources.
- Objective, contemporaneous medical evidence including, but not limited to, medical records we deem necessary to investigate and administer your claim.

Disabled and Disability mean your inability to perform adequately the material and substantial duties of your regular occupation due to your own involuntary and medically proven physical or mental impairment(s). The physical or mental impairment(s) causing your Disability must be substantiated in objective, contemporaneous medical records and documentation. A Physician’s statement that you are Disabled or Totally Disabled, without accompanying objective, contemporaneous medical evidence, is not sufficient to substantiate your Disability or Total Disability. Your regular occupation is the position you held with your Employer on your Date of Disability.

Employer means an employer that meets all requirements for Employer participation, and that has signed an Agreement with us for the coverage provided by this Certificate.

Letter of Confirmation of Enrollment or Change of Coverage means the letter we send you acknowledging that we have either enrolled you or processed a change in your coverage. The letter specifies the effective date of enrollment or change in coverage.

Physician means a qualified practitioner other than the covered individual or his or her covered dependent who is licensed to diagnose and treat physical or mental impairments. This includes, but is not limited to, the following practitioners and only to the extent that provided services are within the scope of the practitioner's professional license:

- M.D. – Doctor of Medicine
- D.O. – Doctor of Osteopathy
- D.S.C. – Doctor of Surgical Chiropractic
- D.P.M. – Doctor of Podiatric Medicine
- O.D. – Doctor of Optometry
- D.C. – Doctor of Chiropractic
- D.D.S. – Doctor of Dental Surgery
- D.M.D. – Doctor of Medical Dentistry

Physician also includes any other licensed practitioner of the healing arts required to be recognized for benefit payments under the law of the state in which you reside, provided the practitioner is acting within the scope of his or her license.

Plan Maximum means the total amount that is payable on a covered individual's life. Plan Maximum includes benefit amounts payable for Base Term Life Insurance and Additional Purchase Life Insurance. Plan Maximum does not include benefit amounts payable for Accidental Death and Dismemberment Insurance. The amount of your Plan Maximum is specified on your Benefit Summary.

Totally Disabled and Total Disability mean a disability that meets the criterion established by the Social Security Act for the receipt of Social Security Disability Insurance benefits as amended from time to time. This criterion is the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. Substantial gainful activity means activity of a nature generally performed as work for remuneration or profit, involving the performance of significant physical or mental duties, or a combination of the two. Work will be considered substantial even if it is performed part-time, and even if it is less demanding and less responsible than your former work. It will be considered gainful even if it pays less than your former work.

Section 3

Eligibility and Coverage

This section describes the individuals who are eligible for coverage. It explains when those individuals become eligible for coverage, when their coverage begins, and when coverage ends. It also describes their rights and obligations with respect to conversion coverage, if such conversion coverage is available.

When the words “you” and “your” are used in this section, they refer to any employee of the Employer who may or may not be covered.

Who is Eligible for Coverage

You are eligible for coverage if all the following apply:

- You are a member of the eligible class of employees specified in the Agreement between the Employer and the WEA Insurance Corporation. Your Employer determines your eligible class.
- You are Actively at Work.
- You have completed any waiting period specified by your Employer in the Agreement.

How to Obtain Coverage

To obtain coverage, you must submit an enrollment form to us within 30 days of the date you are first eligible. If you apply after the 30-day period, your enrollment will be subject to the Rules for Late Enrollment, which appear later in this section.

After you are enrolled, you receive a Letter of Confirmation of Enrollment or Change of Coverage and a Benefit Summary. These documents describe your coverage and specify when your coverage begins.

When You Are Eligible and When Coverage Begins

Two distinct dates play a role in determining when your coverage begins. You will want to keep them in mind as you read this section. They are:

1. The date you become eligible for coverage.
2. The date your coverage actually begins.

Current Employees

You are eligible for coverage on the date your Employer's coverage takes effect. Your coverage begins on the date your Employer's coverage takes effect if all the following apply:

You are a member of the eligible class of employees specified in the Agreement between the Employer and us.

- You are Actively at Work on the effective date.
- You have completed any waiting period specified by your Employer in the Agreement.
- You submit an enrollment form within 30 days of the effective date.

If you are either Disabled or Totally Disabled, as determined by us, or absent from work on the date your coverage would otherwise take effect, you are not eligible for coverage until the date you are no longer Disabled or Totally Disabled and are Actively at Work for the Employer as a member of the eligible class of employees. The subsections entitled "Disabled Employees" and "Employees on a Leave of Absence" later in this section explain when you become eligible, how to apply for coverage, and when your coverage will be effective.

New Employees

You will be eligible for coverage on the first date you are Actively at Work as a member of the eligible class of employees specified in the Agreement between the Employer and us or the date you complete any waiting period specified by your Employer, whichever is later. Your coverage will begin on the date you are eligible if you submit an enrollment form to us within 30 days of becoming eligible.

Employees Who Experience a Reduction in Hours Worked

If you are a covered employee and have a temporary or permanent reduction in the number of hours you work while you are covered, your eligibility for coverage may change. If your reduced hours no longer meet the requirements your Employer has specified in the Agreement for the eligible class of employees to which you belong, your coverage will end on the date your hours change. In this case, you have the right to purchase a conversion policy, if an individual policy is then available from us and if we are required under applicable law to provide such a policy to you. Read about "Conversion Coverage" later in this section.

If your reduced hours meet the requirements your Employer has established for your eligible class of employees and if your benefits are based on your salary, your benefits in the event of a loss will be based on the Annual Salary you are earning on the date of your loss. Your Benefit Summary specifies the amount of your Base Term Life Insurance.

Employees on a Leave of Absence

If you are an employee on a leave of absence approved by your Employer, or you are otherwise absent from work, on the date this plan takes effect for your Employer, you are not eligible for

coverage until the date you are Actively at Work as a member of the eligible class of employees and you complete any waiting period specified by your Employer in the Agreement. In this case, your coverage will begin on the date you return to Active Work if you are not Disabled or Totally Disabled as determined by us and you submit an enrollment form within 30 days of that date.

If, you begin a leave of absence approved by your Employer, while you are a covered employee, you may continue your coverage for up to two years or until your 65th birthday, whichever is earlier, if all the following apply:

- You are under the age of 65 when your leave begins.
- If you are over the age of 65 when your leave begins, your coverage will end unless your Benefit Summary indicates your coverage includes Retiree Benefit—Pay-As-You-Go or Retiree Benefit—Prepaid. Read about these retiree benefits and the provisions that apply to them in the Optional Benefit Provisions.
- We receive advance written notice from your Employer that advises of the Employer's intent to continue your coverage during the leave. The notice must also include the beginning and ending dates of the leave and document the amount of your Annual Salary. The Annual Salary is your pre-leave salary and not the salary you will receive upon your return to work at the end of the leave.
- The leave is a temporary leave of two years or less, and both you and your Employer reasonably expect you to return to Active Work as a member of the eligible class of employees at the end of the leave.
- Such leaves and the right to continue coverage during an approved leave of absence are available to all employees in your eligible class.
- The eligible class of employees to which you belonged before your leave began continues to be insured under this Certificate.
- We approve your continued coverage.
- The required premiums for your continued coverage are received.

Disabled Employees

If you are Disabled or Totally Disabled, as determined by us, on the date this plan takes effect for the Employer, you are not eligible for coverage until the date all the following apply:

- You are no longer Disabled or Totally Disabled.
- You resume Active Work as a member of the eligible class of employees.
- You have completed any waiting period specified by your Employer in the Agreement.

Your coverage will begin on the date you are eligible for coverage if you submit an enrollment form within 30 days of the date you become eligible.

If you are a covered under this Certificate, and you become Disabled, as determined by us, you may continue your coverage for up to two years or until your 65th birthday, whichever is earlier, if all the following apply:

- You provide initial proof of Disability acceptable to us.
- You provide continued proof of Disability at any time we request it during your leave.
- You are under the age of 65 when your leave begins.
- The eligible class of employees to which you belonged before your leave began continues to be insured under this plan.
- We approve your continued coverage.
- The required premiums for your continued coverage are received.

If you are over the age of 65 when your leave begins, your coverage will end unless your Benefit Summary indicates your coverage includes Retiree Benefit—Pay-As-You-Go or Retiree Benefit—Prepaid. Read about these retiree benefits and the provisions that apply to them in the Optional Benefit Provisions.

If you become Totally Disabled, as determined by us, while you are both a covered employee and Actively Working, but before you reach age 60, you may be eligible for waiver of premium. Read about the waiver of premium benefit in Section 1.

Rules for Late Enrollment

It is important that you apply for coverage within 30 days after the date you first become eligible. If you do not apply within 30 days, as a condition of enrollment you will be required to furnish evidence of insurability that we, in our sole discretion, deem acceptable. In this case, we notify you in writing of our approval or disapproval of your enrollment. If we approve your enrollment based on evidence of insurability, your coverage will begin on the first day of the month following the date of our approval.

Important information about evidence of insurability: Evidence of insurability, when required, must be provided without cost to us. We review the evidence of insurability and decide, in our sole discretion, whether it is acceptable. In each case where evidence of insurability is required, we base our approval decision on the information provided on the required form and other documents, including medical records, that we request. We monitor all claims for two years following our approval. If, during that two-year period, we learn that the information we relied on was incorrect, or relevant information was omitted, we may retroactively rescind the coverage for which we relied on your evidence of insurability.

Your Duty to Provide Information

If you are a covered employee, you must provide the information we need to administer the provisions of this Certificate and pay benefits. For example, you must provide, at your own

expense, the medical documentation we need to determine whether you are Totally Disabled and qualify for waiver of premium.

If your coverage includes the Dependent Life Insurance option, you must let us know when you have a dependent that is newly eligible and when one of your covered dependents is no longer eligible for coverage.

Section 5 describes the information you must provide to file a claim for benefits and provide the required proof of loss. Section 5 also describes our right to require an examination or autopsy in connection with a claim.

When Coverage Ends

Your coverage will end on the earliest of the following dates:

- The date the Employer plan terminates for any reason.
- The end of the period for which the last required premium was paid for your coverage.
- The date on which you enter the military forces of any state or country, including the United States.
- The date on which you are called to active duty in the armed forces of any state or country, including the United States. This includes being called to active duty as a member of a reserve unit of the armed forces.
- Your 65th birthday if you are not Actively at Work for your Employer.
- The date you retire.
- The date you cease to be a member of the eligible class of employees specified by your Employer in the Agreement.
- The date the eligible class of employees to which you belong ceases to be covered.
- The date you cease to be eligible for coverage under any provision of this Certificate.
- The date on which you fail to comply with any provision of this Certificate.
- The date your Active Work terminates, and you are not covered under any other provision of this Certificate.
- Two years from the date you began a leave of absence unless you are Actively at Work as a member of the eligible class of employees specified by your Employer in the Agreement.
- Two years from your initial Date of Disability, as determined by us, unless you are Actively at Work as a member of the eligible class of employees specified by your Employer in the Agreement.
- The date on which your Employer terminates coverage.
- The date of your death.

We will not be obligated to provide benefits if you are not eligible for coverage, even if premium has been paid.

Exceptions to “When Coverage Ends” Above

Retiree Coverage—If your Benefit Summary indicates your coverage includes Retiree Benefit—Pay-As-You-Go or Retiree Benefit—Prepaid, your Base Term Life Insurance will not end solely because you have attained age 65 or retired from Active Work as a member of the eligible class of employees specified by your Employer. Read about these retiree benefits and the provisions that apply to them in the Optional Benefits.

- **Special Circumstances**—There are special circumstances under which you may retain your coverage in the event your Employer terminates this coverage. If your Employer terminates this coverage because of a change in life insurance coverage from this to another insurer’s policy, you may retain this coverage if, on the date of the change to a different policy, all the following apply:
 - You are covered under this Certificate.
 - You are Disabled or Totally Disabled.
 - The successor policy will not enroll you.

To keep coverage in force under these special circumstances, the required premiums must be received when they are due. Your coverage under these special circumstances will end on the earliest of the following:

- The end of the period for which the last required premium was paid for your coverage.
- The dates specified above under “When Coverage Ends.”
- The date you are no longer Disabled or Totally Disabled, as determined by us.
- The date you return to work for your Employer or any employer.

Conversion Coverage

If you lose coverage due to one of the reasons described below in this subsection, you may be entitled by law to purchase a conversion policy that provides benefits reasonably similar to the lost coverage. **Note that, as of 2019, such a conversion policy is NOT available. Any reference to a conversion right or a conversion policy in this Certificate will only apply, if at all, on some future date when the conversion right is required by applicable law.**

If and when it is available, you can obtain a conversion policy, without further evidence of insurability, if you do so within the 31-day conversion period. The 31-day conversion period begins on the date you lose coverage.

Note that if you lose coverage because premiums are not paid as required, you are not eligible to purchase a conversion policy.

The type of conversion coverage which may be available will be any individual life insurance policy, except for term life insurance, that we may have available for your age group and benefit level. The premium will be the current rate applicable to your risk and age class.

You may have the right to purchase a conversion policy when your coverage ends for any of the following reasons:

1. You have not resumed Actively Working for your Employer following a two-year leave of absence.
2. You are no longer employed by your Employer.
3. You are no longer a member of the eligible class of employees specified by your Employer in the Agreement between the Employer and us.

If your coverage ends for one of the above three reasons, the amount of your conversion policy, if any, may not exceed the amount of life insurance in effect for you on the day your coverage ended, less any amount paid under the accelerated life benefit. The accelerated life benefit is described in Section 1.

Premiums received for conversion coverage when your Active Work terminated due to Disability or Total Disability will be refunded only when we have approved waiver of premium for you.

You may also be entitled to purchase a conversion policy if you have been continuously covered by this plan for five years when your coverage ends for either of the following reasons:

- Your Employer no longer provides life insurance for the eligible class of employees to which you belonged.
- This plan terminates for all employees.

If your coverage has continued for at least five years and ends for one of the above two reasons, the amount of your conversion policy may not exceed the lesser of these two amounts:

(a) The amount of life insurance in effect for you on the day your coverage ended reduced by any amount of life insurance you become eligible for within 31 days of that termination and any amount paid under the accelerated life benefit.

(b) \$5,000.

How to Obtain Conversion Coverage

To obtain a conversion policy, when one is available, you must apply for coverage and pay the first month's premium within 31 days after your coverage ends. If you do, your conversion coverage will become effective on the date your coverage under this Certificate terminates. Please call us for information on how to apply. Our contact information can be found on the cover page of this Certificate. **Note that, as of 2019, no such conversion coverage is available.**

If you do not apply for a conversion policy and pay the first month's premium for the conversion policy within 31 days after your coverage ends, conversion coverage will no longer be available to you.

If you die within the 31-day period allowed for conversion but before a conversion policy is effective, we will pay your beneficiary the amount that could have been converted, less any premium due. If you have applied for conversion coverage, the benefits will be paid to the beneficiary named on your application.

Section 4

Base Term Life Insurance

The benefits described in this Certificate are term life insurance benefits. A death benefit will be paid if you die during the period your coverage is in force. This plan does not accumulate cash value and, therefore, has no cash surrender value. This section describes your Base Term Life Insurance benefit. The amount of your Base Term Life Insurance is specified on your Benefit Summary.

If you die while you are covered under this Certificate, we will pay your Base Term Life Insurance benefit to the designated beneficiary(ies) on file, according to the terms and conditions of this Certificate. Payment will be made in a lump sum when we have received a claim and the required proof of loss. Claim and proof of loss requirements are described in Section 5.

Amount of Your Base Term Life Insurance Benefit

The amount of your Base Term Life Insurance benefit is:

- The amount of Base Term Life Insurance in force on the date of your death;
- Subject to any reduction applicable to your age and retirement status;
- Less any benefit paid to you as an accelerated life benefit; and
- Less any premium due.

The amount of your Base Term Life Insurance and any applicable reduction based on age and retirement status is specified on your Benefit Summary.

Note: The total amount of life insurance in force on your life and, thus, your life insurance benefit, cannot exceed the Plan Maximum established for coverage and shown on your Benefit Summary. Plan Maximum includes benefit amounts payable for Base Term Life Insurance and Additional Purchase Life Insurance, if any. The Plan Maximum does not include benefit amounts payable for Accidental Death and Dismemberment Insurance.

If there is no named beneficiary, we may, at our discretion, pay up to \$1,000 of your benefits to anyone who has paid expenses for your final illness or burial. Any amount paid for this purpose will be deducted from the benefit amount we pay to the final beneficiary.

Any payment made in good faith under these provisions will release our liability for the amount of that payment.

Section 5

Claim Procedure

This section tells how to file a claim for benefits. Before benefits are paid, the claimant must give notice of claim and proof of loss that provides the information we need to establish a covered loss, determine the proper beneficiary, and pay the appropriate benefits.

The claimant must provide notice of claim and proof of loss within the time limits specified below. Wisconsin law extends this time to 12 months beyond the time limit required by this Certificate, but only if we are not prejudiced by the delay and it was not reasonably possible to meet that limit. Proof of loss must be provided without cost to us.

Notice of Claim

To initiate a claim for benefits, the claimant must send us written notice of the claim within the following time periods:

- For a death claim, written notice must be given within 90 days after the date of death.
- For an accidental dismemberment claim, written notice must be given within 90 days after the covered employee's date of loss.
- For a waiver of premium claim, written notice must be given after 9 consecutive months of Total Disability and within 12 months of the last date the employee was Actively at Work for the Employer.

You may provide notice of claim on our claim form, which can be obtained by calling us. You can find our contact information on the cover page of this Certificate. Claim forms will be sent within 15 days of a request. If a claim form is not sent within 15 days of your request, we will consider any written notice of claim to be sufficient if it contains enough information for us to identify the insured person and the nature of the claim.

Proof of Loss

To substantiate a claim for benefits, the claimant must send us proof of loss within the time period specified above for notice of claim. Proof of loss must be provided on our claim form, which specifies the information we need to establish that there has been a covered loss.

The claimant is responsible for providing proof of loss that we deem sufficient. Depending on the type of claim, proof of loss may include, but is not limited to, certified death certificates, statements from the attending Physician, autopsy reports, police accident reports, affidavits, laboratory results, toxicology results, and medical records.

We do not pay any cost a claimant incurs in establishing proof of loss. This includes, but is not limited to, the cost of completing forms, copying and transmitting medical documentation, and securing documents that support the claim for benefits.

Wisconsin law extends the time permitted to file the notice of claim or proof of loss to 12 months beyond the time limit the Policy requires, but only if we are not prejudiced and it was not reasonably possible for the claimant to meet that time limit.

Our Right of Examination or Autopsy

We have the right to require a covered individual to be examined by a health care or vocational professional of our choice and at our expense, when and as often as it is reasonable with respect to any claim for benefits, waiver of premium, or eligibility.

We also have the right to have an autopsy performed in case of death if not forbidden by law. Such an autopsy is at our expense.

How and When Claims Will Be Paid

Benefits will be paid to the beneficiary or beneficiaries we have on record within 30 days after we receive proof of loss that we deem sufficient. Payment will be in a lump sum.

In the event a beneficiary is disqualified by law from receiving the benefits (e.g., the primary beneficiary wrongfully killed the insured person), benefits will be paid to the remaining primary beneficiaries if any, to the secondary beneficiaries if applicable, or to the first surviving class of the insured person in the following order:

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

In the event a beneficiary is a minor child, we may, at our option, pay the benefits in one of the following ways:

- To the individual who has guardianship of the minor child's estate.
- To a trust account set up in the minor child's name at a financial institution.

We have the right to require affidavits or statements we deem necessary to accurately pay benefits. Our decision from such information will be final. We may, at our option, first pay up to \$1,000 of your benefits to anyone who has paid expenses for your final illness or burial. Any amount paid for this purpose will be deducted from the benefit amount we pay to the final beneficiary.

Our Right to Recover Overpayment

Whenever we find that any information related to a claim is fraudulent, misleading, inaccurate, or incomplete, we have the right to retroactively modify our claim payment. Also, if we pay benefits that exceed the policy's entitlements, we are entitled to recover the excess from the party to whom the inaccurate payment was made. Repayment must be made immediately upon our notification that a refund is due. We have the right to charge reasonable interest on the delinquent amount.

Section 6

Your Right to a Resolution of Disputes

You have a right to understand your benefits under the policy and our decisions concerning your claim for benefits. You also have rights under the policy and by law to receive a full and fair review of any denial of a claim. This section explains those rights and how to access them.

Right to Information and Explanation

If you have questions about your benefits or our payment of a claim for benefits, we encourage you to call us and talk with a life insurance representative, who can provide the information you need. Our contact information is located on the cover page of this Certificate.

If your claim is denied, in whole or in part, you will receive a written explanation of the denial, including specific references to the provisions on which the denial is based.

Right to a Full and Fair Review of Your Claim

If, after talking to a WEA Insurance Corporation representative or receiving a written explanation, you believe you have not received the benefits to which you are entitled, you may seek a review of that decision. For information about our review process, contact the following:

Office of General Counsel
WEA Insurance Corporation
45 Nob Hill Rd.
Madison, WI 53713-3959
(608) 276-4000 or (800) 279-4000

Right to File a Complaint With the Office of the Commissioner of Insurance

You also have the legal right to file a complaint with the *Office of the Commissioner of Insurance*, a state agency that enforces Wisconsin's insurance laws. You can file a complaint electronically with the Office of the Commissioner of Insurance at its website at <http://oci.wi.gov//> or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517

Legal Actions

You may not bring an action at law or in equity until 60 days after written proof of loss is required to be given and unless both of the following apply:

- You have exhausted the review procedure described above.
- You file a legal action within three years of the date your claim was required to be submitted.

Optional Benefit Provisions

These benefit provisions do not apply to your coverage unless they are listed on your Benefit Summary.

Coverage under these optional benefit provisions is subject to all the terms, conditions and limitations of this Certificate unless stated otherwise.

Accidental Death and Dismemberment Insurance

This benefit provision applies to your coverage only if your Benefit Summary indicates “Accidental Death and Dismemberment.”

Coverage under this option is subject to all terms, conditions and limitations of this Certificate unless stated otherwise.

This optional benefit provides a benefit for a covered employee:

- Who is accidentally injured while covered under this optional benefit; and
- As a direct result of that accidental injury, suffers a covered loss within 365 days of the injury.

Accidental Death and Dismemberment Benefit

An injury is an occurrence or event that hurts, damages, or wounds the body to the extent that it impairs the soundness of health or bodily functions. An *accidental injury* is an injury that occurs because of an unforeseen, unexpected event. To be eligible for a benefit under this option, the loss must occur within 365 days of the date of the accidental injury that caused the loss. In addition, the loss must be the direct result of the accidental injury and not attributable, in whole or in part, to another cause. Covered losses and the benefit amount payable for each loss are listed on the Benefit Summary.

If you suffer more than one covered loss as the result of the same accidental injury, the maximum benefit payable will never exceed 100% of the Base Term Life Insurance in force on your life on the date of that accident. The amount of your Base Term Life Insurance is specified on the Benefit Summary.

Beneficiary of Your Accidental Death and Dismemberment Insurance

In the event of a covered dismemberment loss, the benefit will be paid to you in a lump sum. In the event of your death as the result of an accidental injury, the benefit will be paid in a lump sum to the beneficiary(ies) you have named for your Base Term Life Insurance.

Payment will be made when we have received a notice of claim and the required proof of loss. Claim and proof of loss requirements are described in Section 5.

Definitions That Apply to This Optional Benefit

Loss of a hand or foot—Complete severance at or above the wrist or ankle joints. A hand or foot that is surgically reattached is not a covered loss.

Loss of a leg or arm—Complete severance at the shoulder or hip, or permanent loss of use due to paralysis or stiffening that includes the loss of use of the attached hand or foot.

Loss of sight—Total and permanent loss of sight that cannot be restored.

Loss of thumb and index finger—Complete severance at or above the metacophalangeal joint of both digits of one hand.

Exclusions and Limitations That Apply to This Optional Benefit

No benefit will be paid for losses caused or contributed to by any of the following:

- War or an act of war, whether war has been declared or not.
- A loss or an injury that occurs while serving on full-time active duty in any armed forces, including the military reserves.
- Active participation in a war, whether declared or undeclared.
- Suicide, attempted suicide, or any intentional self-inflicted injury while sane or insane.
- Injury sustained while incarcerated.
- Participation in a riot, rebellion, or insurrection.
- Mental or bodily infirmity, sickness, disease, any type of hernia, or bacterial infections, except for pyogenic infections that occur through an accidental wound and infections resulting from accidental ingestion of poisonous food substances.
- Medical treatment for any mental or bodily infirmity, sickness, disease, or infection.
- Injury sustained while committing or attempting to commit a crime or engaging in an illegal occupation.
- Intentional injection, inhalation, or ingestion of any controlled substance, drug, narcotic, or hallucinogen not prescribed for you by a Physician or not used in the manner prescribed by the Physician.
- Your intoxication. Intoxication means a diminished ability to act with full mental and physical capabilities because of alcohol or drug consumption. With reference to alcohol, intoxication means that your blood-alcohol level meets or exceeds the legal limit past which you are considered intoxicated under the laws of the state in which the accidental injury occurred. For purposes of this policy, a determination of intoxication will not require the measurement of a blood-alcohol level if no measurement was taken, but can be based upon reliable field reports and clinical observations, specifically police reports and medical records.

When Coverage Under This Option Ends

Your coverage under this optional benefit is subject to the provisions describing “When Coverage Ends” in Section 3. Additionally, your coverage under this option will end on the date on which your Employer terminates coverage under this optional benefit.

“Conversion Coverage” in Section 3 does not apply to this optional benefit.

Additional Purchase Life Insurance

This benefit provision applies to your coverage only if your Benefit Summary indicates “Additional Purchase Life Insurance” and you are enrolled in this optional benefit.

Coverage under this option is subject to all terms, conditions, and limitations of the Policy unless stated otherwise.

This optional benefit offers additional term life insurance to employees who are covered under the Base Term Life Insurance coverage and whose Employer makes this option available. Such term life insurance is in addition to the Base Term Life Insurance.

Minimum Participation Requirement

The Benefit Summary specifies the benefit levels for which purchase is guaranteed if the minimum Employer participation requirements are met. This means that all employees who apply, within 30 days of becoming eligible, for additional insurance at those benefit levels will be enrolled, without evidence of insurability, as long as a minimum of 10 eligible employees, or 25% of the eligible class of employees, whichever is more, are enrolled in this option. If our minimum Employer participation requirements are not met, we will require evidence of insurability from all applicants for all benefit levels.

Amount of This Benefit

The Benefit Summary shows the amount of additional insurance available. The Letter of Confirmation or Change of Coverage, which you receive with your Benefit Summary after you are enrolled in this option, specifies the benefit level applicable to your coverage.

How to Obtain Coverage

To obtain this coverage, your Employer must offer it, and you must apply by submitting an enrollment form and evidence of insurability, if required, to us within 30 days of the date you are first eligible. If you apply after the 30-day period, your enrollment will be subject to the “Rules for Late Enrollment” in Section 4.

You will be required to provide evidence of insurability in any of the following circumstances:

- You do not apply within 30 days of the date you are first eligible for this coverage.
- The minimum Employer participation requirements are not met.

- You apply for coverage at a benefit level that requires evidence of insurability. The benefit levels that always require evidence of insurability are specified on the Benefit Summary.
- You apply for an increase in coverage.

Evidence of insurability procedures and requirements are described in Section 1 and Section 4.

Coverage will be provided only when we have approved your enrollment form and any required evidence of insurability. When we approve your enrollment, we will notify you in writing of the effective date of the coverage.

We will also notify you in writing if we do not approve your enrollment.

While we are considering your application and evidence of insurability for the requested benefit level, you will be enrolled in the highest benefit level for which you are eligible without evidence of insurability if *both* of the following apply:

1. Our minimum Employer participation levels are met.
2. Your application is not late; that is, you apply within 30 days of the date you first become eligible.

Exclusions That Apply to This Optional Benefit

If you die as a result of suicide or other intentionally self-inflicted injury, while sane or insane, no benefit will be paid under this optional provision in the following circumstances:

- Your death occurs within 12 months of the date your coverage under this option first became effective.
- Your death occurs within 12 months after any benefit increase under this option first became effective. In this case, benefits will be paid for any coverage under this optional benefit that has been in effect for 12 months or more.

When Coverage Under This Option Ends

Your coverage under this optional benefit is subject to the provisions describing “When Coverage Ends” in Section 3. Additionally, your coverage under this optional benefit will end on the date on which your Employer terminates coverage under this optional benefit.

Dependent Life Insurance

This benefit provision applies to your coverage only if your Benefit Summary indicates “Dependent Life Insurance” and you are enrolled in this optional benefit.

Coverage under this option is subject to all terms, conditions, and limitations of the policy unless stated otherwise.

Minimum Participation Requirements

This optional benefit offers term life insurance on the lives of eligible dependents of employees who are covered under the Base Term Life Insurance coverage and whose Employer makes this option available. It is available to an Employer group only if a minimum of 10 eligible employees or 10% of the eligible class of employees, whichever is more, enroll a dependent for coverage under this option. If our minimum Employer participation requirements are not met, this optional benefit will not be available to anyone in the eligible class of employees.

Dependents Who Are Eligible for Coverage

If you are covered under the Base Term Life Insurance coverage and your Employer makes this option available to you, the following dependents are eligible for coverage if they are not disabled (see Disabled Dependents below):

1. Your legal spouse.
2. Your biological child, legally adopted child, stepchild, or legal ward* who is unmarried and
 - At least 14 days old but under the age of 19 years.
 - Between the ages of 19 and 25 and enrolled as a *full-time student* in an accredited school, college, or university.

These dependents are covered between school terms (for example, summer months) if they complete the preceding term.

Full-time student means a person who is enrolled in school on a full-time basis as defined by the school the student attends. As used here, the word “school” means an accredited college or university or a licensed or certified vocational or technical training institution. A full-time student will cease to be a full-time student on the date that person is no longer a full-time student according to the records of the school.

***Note:** To be initially eligible for coverage, your legal ward must be under the age of 18 or must be a ward who was covered by the previous employer-sponsored group life insurance policy that was replaced by this plan. In addition, you must have sole and permanent guardianship of both the individual and the individual's estate.

How to Obtain Coverage for Your Dependents

Your dependents are eligible for coverage on the latest of these dates:

- The date this optional benefit is effective for your Employer.
- The date you are eligible for coverage under this policy.
- The date on which your dependents first become eligible.

Coverage for your dependents will begin on the date they first become eligible if you have applied for their coverage by submitting an enrollment form within 30 days of that date.

We will notify you in writing of their enrollment. If you apply for their coverage after the 30-day period, their enrollment will be subject to the "Rules for Late Enrollment" described in Section 2.

New Dependents Obtained Through Marriage

If you marry, you may obtain coverage for any new eligible dependents, if they are not disabled (see Disabled Dependents below).

Their coverage will begin on the date of your marriage if you have applied for their coverage by submitting an enrollment form within 30 days of your marriage. We will notify you in writing of their enrollment. If you do not apply within 30 days of the date of your marriage, coverage for your eligible spouse and dependents will be subject to the "Rules for Late Enrollment" described in Section 4.

Coverage for Newborn and Adopted Children

A newborn is eligible for coverage at the age of 14 days. An adopted child who is 14 days or older is eligible for coverage on the date that a court makes a final order granting adoption or on the date that the child is legally placed with you for adoption, whichever is earlier.

You must apply for the dependent's coverage within 30 days of the date the dependent first becomes eligible, or within 60 days of that date in the case of adoption. If you do not apply within the specified time limit, the dependent's coverage will be subject to the "Rules for Late Enrollment" described in Section 3.

Disabled Dependents

If, on the date coverage would otherwise be effective, a dependent is disabled, as determined by us, and thus cannot perform activities that other dependents of that age regularly or normally perform, that dependent will not be eligible for coverage until the disability ends and regular, normal activity resumes.

Dependent Life Insurance Benefit

If your covered dependent dies while covered under this optional benefit, the life insurance benefit will be paid to you. The benefit will be the amount of life insurance in force on that dependent's life on the date of death. Payment will be made in a lump sum when we have received a notice of claim and the required proof of loss. Claim and proof of loss requirements are described in Section 5.

Accelerated Life Benefit

If a covered dependent becomes terminally ill while covered under this optional benefit, that dependent may choose to receive up to 50% of the life insurance in force while he or she is still living. This is known as an accelerated benefit. The accelerated benefit, including how to apply for it, is described in Section 3.

Note: Premium for coverage will be payable until the date of death as if an accelerated life benefit had not been paid. You may not terminate or reduce any of the dependent's coverage after the accelerated life benefit has been paid.

When Coverage Under This Option Ends

A dependent's coverage will end on the earliest of these dates:

- The date your coverage under this Certificate ends for any reason, as described under "When Coverage Ends" in Section 4.
- The end of the period for which the last required premium was paid for your dependents' coverage under this optional benefit. (Note that waiver of premium never applies to this optional benefit.)
- The date on which your dependent enters the military forces of any state or country, including the United States.
- The date on which your dependent is called to active duty in the armed forces of any state or country, including the United States. This includes being called to active duty as a member of a reserve unit of the armed forces.
- The date on which your dependent ceases to be eligible under the provisions of this optional benefit.

- The date on which your dependent fails to comply with any provision of this Certificate.
- The date on which your Employer terminates coverage under this optional benefit.

Conversion Coverage

A dependent who loses coverage under this optional benefit due to one of the reasons described below may have the right to purchase a conversion policy, without further evidence of insurability, if the dependent applies and pays the first month's premium within 31 days from the date coverage was lost. **Note that conversion coverage is not provided as of 2019. It may be provided as of some future date, if and to the extent required by applicable law.** Note that if coverage was lost because premiums were not paid as required, the dependent is not eligible to purchase a conversion policy.

If conversion coverage becomes available at some future date, the type of coverage available, will be any individual life insurance policy, except for term life insurance, that is available for the dependent's age group and benefit level. The premium will be that applicable to the dependent's age and risk class.

The amount of the conversion coverage may equal, but not exceed, the amount of life insurance in force on the date coverage ended if a dependent loses coverage for one of the following reasons:

- You die.
- You are no longer employed by your Employer.
- You are no longer a member of the eligible class of employees specified by your Employer in the Agreement.
- Your dependent ceases to be eligible for coverage under the provisions of this optional benefit.

A dependent may also be entitled to purchase a conversion policy, if available, if he or she has been covered under this Certificate for five years and coverage ends for one of the following reasons:

- Your Employer terminates coverage for Dependent Life Insurance under this optional benefit.
- Your Employer terminates coverage under the Policy.

Under these two circumstances, the amount of the conversion coverage may not exceed the lesser of these two amounts:

1. The amount of life insurance in effect for the dependent on the day coverage ended, reduced by any amount of life insurance the dependent becomes eligible for within 31 days after that termination and any amount paid under the accelerated life benefit described in Section 3.
2. \$5,000.

You can contact us at the contact information on the cover page of this Certificate to determine whether conversion coverage is available.

How to Obtain Conversion Coverage

To obtain conversion coverage, if and when it is available, the dependent must apply and pay the first month's premium within 31 days from the date coverage under this optional benefit was lost. The conversion coverage will then become effective on the date the dependent's coverage under this Certificate terminates. If the dependent is a minor or is not competent to apply for conversion coverage, a parent or duly appointed guardian may apply on his or her behalf within the 31-day period allowed for conversion. You can call us for information on how to apply.

If application for a conversion policy is not received within the 31-day period, the right to conversion coverage is no longer available.

If the dependent dies within the 31-day period allowed for conversion but before a conversion policy is effective, we will pay you the amount that could have been converted, less any premium due.

Domestic Partner Coverage

This benefit provision applies to your coverage only if your Benefit Summary indicates “Domestic Partner,” and you are enrolled in this optional benefit.

Coverage under this option is subject to all the terms, conditions and limitations of this Certificate of Coverage unless stated otherwise.

This optional benefit offers coverage to domestic partners and their children. It is available to employees who have Base Term Life Insurance and Dependent Life Insurance coverage, and whose Employer makes this option available, subject to all the following provisions.

Under this optional benefit, domestic partners and their children, unless they are disabled, are eligible for coverage under this Certificate as dependents of covered employees. During the term of the domestic partnership, a domestic partner, if approved for coverage, has the same coverage as a legal spouse. under this Certificate. His or her biological or legally adopted children who meet the requirements for dependent eligibility, if approved for coverage, have the same coverage as an employee's stepchildren. under this Certificate.

Definition of Domestic Partner

We define a domestic partner as an individual with whom you have agreed to live as sole domestic partners in a relationship that is characterized by *all* the following:

- You have a committed spousal-type relationship of mutual support and caring, and you intend to remain in the relationship indefinitely.
- Your domestic partnership is, and has been for the past six months, publicly acknowledged and commonly recognized within the communities in which you live and work.
- You share financial resources and have agreed to be responsible for each other's common welfare.

Qualifying for Eligibility as a Domestic Partner

To establish that the individual qualifies for eligibility as a domestic partner, both of you must attest to *all* the following on our Designation of Domestic Partner form:

1. You are both 18 years of age or older.
2. You are both mentally competent to make the declarations required by the form.

3. You are not related by blood closer than would bar marriage in the state of Wisconsin.
4. For at least the past 6 months, *all* of the following have been true:
 - You have lived together in the same dwelling unit.
 - Neither of you was married or legally separated in marriage.
 - Neither of you was a party to an action or proceeding for divorce or annulment.
 - Neither of you was in another domestic partnership.
 - You were financially interdependent as evidenced by at least two of the following:
 1. Common ownership of a motor vehicle.
 2. Joint ownership of a residence.
 3. Joint credit account, for example, a credit card.
 4. Joint checking or savings account.
 5. Your domestic partner is identified as primary beneficiary in your will, life insurance policy(ies), tax-sheltered annuity account(s), IRA(s), or other retirement accounts.
 6. Joint financial investments.
 7. Other evidence of mutual financial interdependency that we deem acceptable.

The signed Designation of Domestic Partner form is part of the contract of insurance, and we reserve the right to verify the information at any time.

Your domestic partner, if not disabled, is eligible for coverage on the later of these two dates:

- The date you are eligible for coverage.
- The earliest date on which your domestic partnership fulfilled all the conditions we have described above.

How to Obtain Coverage

Your domestic partner's coverage begins on the date he or she is eligible if you have submitted the required documents within 30 days of that date and we approve the enrollment. The two required documents are these:

1. An enrollment form, listing all individuals for whom you wish coverage.
2. The signed Designation of Domestic Partner form.

If the required documents are not submitted within 30 days of initial eligibility, the “Rules for Late Enrollment” described in Section 4 apply.

The provisions of this Certificate that pertain to an employee’s covered spouse apply to your covered domestic partner during the term of the domestic partnership.

Biological or legally adopted children, except for disabled children, of your covered domestic partner are eligible to be enrolled under the Dependent Life Insurance optional benefit on the same date as the domestic partner is eligible. Coverage for these children begins on the date they are eligible if you have applied for their coverage by submitting the required documents, listed above, within 30 days after they first become eligible and we have approved enrollment for your domestic partner. Provisions of this Certificate that pertain to the stepchildren of an employee apply to your domestic partner’s children. Therefore, they are eligible for coverage only as long as your domestic partner remains eligible, and they meet the eligibility requirements described in the Dependent Life Insurance optional benefit.

For purposes of this insurance, the domestic partnership ends on the earlier of these dates:

- The date that one or more of the criteria on the Designation of Domestic Partner form ceases to be fulfilled.
- The death of one of the two individuals in the domestic partnership.

The end of a domestic partnership has the same consequences under this Certificate as divorce or annulment of marriage. Therefore, the domestic partner and his or her children are no longer eligible for coverage as of the date the domestic partnership ends. They may be able to obtain a conversion policy, if available, without further evidence of insurability, if they apply within the 31-day conversion period, which begins on the date they lost coverage and if such coverage must be legally provided then (As of November 1, 2019, it does not have to be provided in 2019). Conversion rights are explained in Section 4.

Retiree Benefit—Pay-As-You-Go

This benefit provision applies to your coverage only if your Benefit summary indicates “Retiree Benefit – Pay-As-You-Go.”

Coverage under this option is subject to all the terms, conditions, and limitations of this Certificate of Coverage unless stated otherwise.

This optional benefit provides an opportunity to extend your Base Term Life Insurance, which would otherwise end at retirement, subject to all of the following provisions.

Coverage Continuation Option for Retirees

If you separate from your Employer at age 55 or older while you are covered by this optional benefit, you have the option of continuing your Base Term Life Insurance coverage under the same conditions as before your separation, even though you are no longer Actively Working as a member of the eligible class of employees. You may continue coverage under this option as long as **both** of the following apply:

- The required premiums are received.
- The eligible class of employees to which you belonged before you left employment continues to be insured under this Certificate.

If you do not choose to continue coverage under this option at the time you retire, you may not do so later even during an open enrollment period. Note that this continuation option is **not** available for any of the following optional benefit provisions:

- Accidental Death and Dismemberment Insurance
- Additional Purchase Life Insurance
- Dependent Life Insurance

Premiums

Premiums will be based on the group rates in effect for your Employer for each month for which premium is due. Premiums are due on or before the premium due date.

If you are on waiver of premium when you reach age 65, your coverage will continue without further premium payments until your death.

Amount of Your Benefit

The coverage you are entitled to continue is the Base Term Life Insurance in force for you on the date you retire, subject to any reduction applicable to your age and retirement status. The percentage of life insurance in force based on your age and retirement status is shown on the Benefit Summary.

If your Employer changes any benefit of its life insurance plan after you retire, the change will not apply to your coverage.

Retiree Benefit—Prepaid

This benefit provision applies to your coverage only if your Benefit Summary indicates “Retiree Benefit – Prepaid.”

Coverage under this option is subject to all the terms, conditions, and limitations of this Certificate of Coverage unless stated otherwise.

This optional benefit provides an opportunity for your Base Term Life Insurance, which would otherwise end at retirement, to remain in force, without further premium payments after age 65 or retirement, whichever is later, subject to all of the following provisions and requirements.

Coverage Continuation Option for Retirees

If you separate from your Employer at age 55 or older while you are covered by this optional benefit, you have the option of continuing your Base Term Life Insurance coverage under the same conditions as before your separation, even though you are no longer Actively Working as a member of the eligible class of employees. If you do not choose to continue coverage under this option at the time you retire, you may not do so later even during an open enrollment period.

The coverage continuation option is *not* available for any of the following:

- Accidental Death and Dismemberment Insurance
- Additional Purchase Life Insurance
- Dependent Life Insurance

You may continue Base Term Life Insurance coverage under this option only if you meet the eligibility requirements specified below.

Eligibility Requirements

You may continue coverage as long as *all* the following apply:

- You meet at least one of the following three criteria:
 1. You have 10 or more years of service with your current Employer
 2. You have 10 or more years of coverage under a WEA-sponsored group term life insurance plan that includes the Retiree Benefit—Prepaid optional benefit.
 3. You have 10 or more years of service in the Wisconsin Retirement System (WRS), as “years of service” is defined under WRS.

- The eligible class of employees to which you belonged before you left employment continues to be insured under this Certificate.
- The required premiums are received when due.

If you are eligible to continue coverage, as described above, we will notify you in writing.

Premiums

Premiums for your coverage continuation will be based on the group rates in effect for the Employer for each month for which premium is due. Premiums are due on or before the premium due date.

Amount of Your Benefit

The coverage you are entitled to continue is the Base Term Life Insurance that was in effect on the date you retired, subject to any reduction applicable to your age and retirement status. The percentage of life insurance in force based on your age and retirement status is shown on the Benefit Summary.

If your Employer changes any benefit in its life insurance plan after you leave employment, the change will not apply to your coverage.

When You Qualify for the Prepaid Benefit

You will qualify for the prepaid benefit on the later of the following dates if all required premiums have been received until that date:

- Your 65th birthday.
- The date you leave employment.

Once you have qualified for the prepaid benefit, your coverage will remain in effect until your death without future premium payments.

AMENDMENT

to the WEA Trust Group Term Life Plan

This amendment modifies various provisions of your
WEA Trust Group Term Life Insurance Plan.

The address on the face page of the Certificate of Coverage (Certificate) is deleted and replaced with the following:

P.O. Box 259537
Madison, WI 53725-9537

The “Important Notice” on the first page of the policy is deleted and replaced with the following:

Important Notice

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE—If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

WEA Insurance Corporation
P.O. Box 259537
Madison, WI 53725-9537
Voice/TTY: (800) 279-4000 or (608) 276-4000

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin’s insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE** at its website at <http://oci.wi.gov/>, or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103

Section 6, on page 25, of the Certificate of Coverage (Certificate) is deleted and replaced with the following:

Section 6

Your Right to a Resolution of Disputes

You have a right to understand your benefits under the policy and our decisions concerning your claim for benefits. You also have rights under the policy and by law to receive a full and fair review of any denial of a claim. This section explains those rights and how to access them.

Right to Information and Explanation

If you have questions about your benefits or our payment of a claim for benefits, we encourage you to call us and talk with a life insurance representative, who can provide the information you need. Our contact information is located on the cover page of this Certificate.

If your claim is denied, in whole or in part, you will receive a written explanation of the denial, including specific references to the provisions on which the denial is based.

Right to a Full and Fair Review of Your Claim

If, after talking to a WEA Insurance Corporation representative or receiving a written explanation, you believe you have not received the benefits to which you are entitled, you may seek a review of that decision. For information about our review process, contact the following:

Office of General Counsel
WEA Insurance Corporation
P.O. Box 259537
Madison, WI 53725-9537
(608) 276-4000 or (800) 279-4000

Right to File a Complaint With the Office of the Commissioner of Insurance

You also have the legal right to file a complaint with the *Office of the Commissioner of Insurance*, a state agency that enforces Wisconsin's insurance laws. You can file a complaint electronically with the Office of the Commissioner of Insurance at its website at <http://oci.wi.gov//> or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517