
Term Life Insurance Benefits



**All eligible Nebraska Department of Labor active employees who elected to
participate in the plan prior to July 1, 1991
All eligible Nebraska Department of Labor retirees**

Revised July 1, 2011
12380GCB-EZ

GROUP TERM LIFE AND AD&D INSURANCE SUMMARY OF COVERAGE



State of Nebraska
GLUG-91L8

Revised: July 1, 2011

All eligible Nebraska Department of Labor active employees who elected to participate
in the plan prior to July 1, 1991
All eligible Nebraska Department of Labor retirees

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Life Insurance Benefit for You	<p>An amount equal to 100% of the Employee's "Base Annual Earnings," adjusted to the next higher multiple of \$1,000.00 plus \$2,000.00. If the amount is already a multiple of \$1,000.00, it will only be adjusted upward \$2,000.00. The amount is subject to a minimum of \$10,000.00 and a maximum of \$60,000.00.</p> <p>The term "Base Annual Earnings" means the annual equivalent of the Employee's base weekly, bi-weekly, semi-monthly or monthly earnings for his or her normal work schedule as verified by the Policyholder's pay records. This excludes overtime, bonuses or any other special form of compensation.</p> <p>If the actively working Employee reaches age 70 after becoming insured, the amount of coverage will be reduced to 65% of the amount shown above on the Employee's 70th birthday.</p>

	<p>With respect to Retiring Employees age 65 to 70, the amount of insurance will be reduced by an amount equal to 2% of the amount shown above on the Employee's retirement date and by an additional amount equal to 2% of the amount of insurance in force prior to the Employee's retirement date on the 1st of each month thereafter, but in no event will the amount of Life Insurance be less than 25% of the amount of insurance in force prior to the Employee's retirement date.</p> <p>For active and retiring employees, the reduced amount of insurance will be adjusted to the next higher multiple of \$1,000.00 if not already a multiple of \$1,000.00.</p> <p>Any change in amount of insurance due to a change in earnings will become effective on the first of the month coinciding with or following the date of change in earnings. However, any increase will become effective only if the Employee is Actively at Work, as defined in Section II, Eligibility, Effective Date and Termination of Coverage.</p>
Life Insurance Benefit for Your Dependent(s)	<p>Spouse: \$2,000</p> <p>Child:</p> <p>6 months but less than 26 years: \$1,000</p> <p>3 days but less than 6 months: \$500</p>
EMPLOYEE ELIGIBILITY	
Coverage for You	<p>If You are hired on the first workday of the month, You will be eligible and insured on the first of the month following the date of Your hire date.</p> <p>If You are hired on any other workday other than the first workday of the month, You are eligible and insured on the first day of the second month following the date of Your hire date.</p> <p>If You are in the eligible class, You become eligible for coverage on the effective date of the Plan.</p> <p>You are also eligible for coverage under the Plan if You are retired and You enrolled in the Nebraska Department of Labor Independent Group Life Plan prior to Your retirement.</p>
Change in Amount of Your Life Insurance	<p>Any change in amount of insurance due to a change in earnings will become effective on the first of the month coinciding with or following the date of change in earnings. However, any increase will become effective only if the Employee is Actively at Work, as defined in Section II, Eligibility, Effective Date and Termination of Coverage.</p>
When Insurance Ends	<p>Your coverage will cease on the sooner of:</p> <ul style="list-style-type: none"> • the date the Plan ceases; • the date the Plan ceases for the closed group of Employees to which You belong; • the date You are no longer a member of the closed group eligible; • the date ending the period for which Your last contribution is made, if You are required to pay a part of the cost of the Plan; or • the date Your active employment with the Policyholder ceases, except for the 12 months approved leave continuation provided under Section II.

DEPENDENT ELIGIBILITY

Dependent means	<p>The term Dependent means Your spouse and Your dependent children within the specified age limits. Spouse means the person to whom You are legally married. The term children means Your natural children and:</p> <ul style="list-style-type: none"> • adopted children for whom the final court order has been issued; • step-children; • any other children related to You by blood or marriage; and • foster child.
When Dependent Insurance Begins	<p>You become eligible for Dependent coverage on:</p> <ul style="list-style-type: none"> • the date You become eligible, if You have an eligible Dependent at that time; or • the first day of the calendar month beginning with or after the date You first acquire an eligible Dependent. <p>Your Dependents will be covered on the later of:</p> <ul style="list-style-type: none"> • the date You become eligible for Dependent coverage, if You complete the necessary enrollment form on or before that date; or • the date You complete the necessary enrollment form, if You do so within one month after the date You become eligible for Dependent coverage; <p>provided they are not then in the Hospital.</p>
When Dependent Insurance Ends	<p>Your coverage with respect to Dependents will cease on the sooner of:</p> <ul style="list-style-type: none"> • the date ending the period for which Your last contribution is made, if You are required to pay a part of the cost of the Plan; • the date Your coverage cease; or • the date a Dependent ceases to be eligible as a Dependent; or • the date the Employees retires. <p>Dependent Child coverage ends on the child's 26th birthday.</p>

FEATURES

Living Benefits Option For You	<p>If You become Terminally Ill while insured under the Life Insurance provision or while Your death benefit is being continued under the Insurance During Disability Before Age 60, You may apply for this Living Benefit Option. This election is allowed only once in Your lifetime.</p> <p>The amount of the Living Benefit will be:</p> <ul style="list-style-type: none"> • 50% of the amount of Life Insurance amount in force on Your life but not to exceed \$100,000.00; • determined as of the date We accept proof that You are Terminally Ill; and • payable only if You are living when payment is made.
Continuation Due to Leave of Absence	<p>Upon payment of the premium, Your insurance may be continued for twelve months in the event of an approved leave of absence.</p>
Insurance During Disability Before Age 60	<p>If You become disabled before age 60, and while insured, the insurance will continue as long as You are disabled without further payment of premium. To be considered disabled, You must be unable to do any work for pay or profit.</p> <p>You must provide proof of disability acceptable to Us. The first proof must be given:</p> <ul style="list-style-type: none"> • after the disability has lasted 6 months; and • filed within the 12th month of disability. <p>Proof must be given each year thereafter within 3 months prior to the anniversary of the first proof.</p>

Conversion

If Your employment ends, You may apply for an individual life insurance policy without evidence of good health. You will be responsible for the premium for the coverage.

Publication Date: June 20, 2011

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CERTIFICATE OF INSURANCE

UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office: Mutual of Omaha Plaza
Omaha, Nebraska 68175

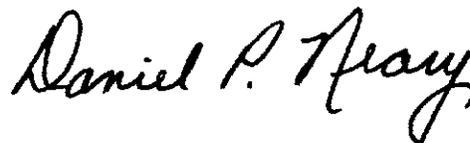
United of Omaha Life Insurance Company certifies that Group Policy No(s). GLUG-91L8 (policy) has been issued to State of Nebraska (Policyholder).

Insurance is provided for certain employees as described in the policy.

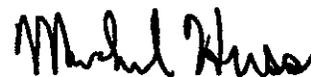
The benefits described in this Certificate are subject to the terms and conditions of the policy. Benefits are effective only if You and Your dependent(s) are eligible for the insurance, become insured and remain insured as described in this Certificate.

This Certificate replaces any certificate previously issued under the Policy.

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chairman of the Board and Chief Executive Officer



Corporate Secretary

DEFINITIONS

When used in the policy or Your certificate:

Our, We, Us means the Company shown on Your Certificate of Insurance.

You, Your means an employee or member who is insured under the policy.

Physician means any of the following licensed practitioners:

- (a) a doctor of medicine (MD), osteopathy (DO), podiatry (DPM) or chiropractic (DC);
- (b) a licensed doctoral clinical psychologist;
- (c) a Master's level counselor and licensed or certified social worker who is acting under the supervision of a doctor of medicine or a licensed doctoral clinical psychologist;
- (d) a licensed physician's assistant (PA); or
- (e) where required to cover by law, any other licensed practitioner who is acting within the scope of his/her license.

A physician does not include a person who lives with You or is part of Your family (You; Your spouse; or a child, brother, sister or parent of You or Your spouse).

CERTIFICATE

Life Insurance

Payable to beneficiary in the event of death from any cause.....See Schedule Below

Schedule of Life Insurance

An amount equal to 100% of the Employee’s “Base Annual Earnings,” adjusted to the next higher multiple of \$1,000.00 plus \$2,000.00. If the amount is already a multiple of \$1,000.00, it will only be adjusted upward \$2,000.00. The amount is subject to a minimum of \$10,000.00 and a maximum of \$60,000.00.

The term “Base Annual Earnings” means the annual equivalent of the Employee’s base weekly, bi-weekly, semi-monthly or monthly earnings for his or her normal work schedule as verified by the Policyholder’s pay records. This excludes overtime, bonuses or any other special form of compensation.

If the actively working Employee reaches age 70 after becoming insured, the amount of coverage will be reduced to 65% of the amount shown above on the Employee’s 70th birthday.

With respect to Retiring Employees age 65 to 70, the amount of insurance will be reduced by an amount equal to 2% of the amount shown above on the Employee’s retirement date and by an additional amount equal to 2% of the amount of insurance in force prior to the Employee’s retirement date on the 1st of each month thereafter, but in no event will the amount of Life Insurance be less than 25% of the amount of insurance in force prior to the Employee’s retirement date.

For active and retiring employees, the reduced amount of insurance will be adjusted to the next higher multiple of \$1,000.00 if not already a multiple of \$1,000.00.

Any change in amount of insurance due to a change in earnings will become effective on the first of the month coinciding with or following the date of change in earnings. However, any increase will become effective only if the Employee is Actively at Work, as defined in Section II, Eligibility, Effective Date and Termination of Coverage.

- (1) Active employees age 65 to 70 will have a deduction for life insurance based on their salary as stated in Schedule of Life Insurance above. When an active employee reaches age 70, there will be no more deductions from the employee’s paycheck for life insurance.

SECTION I
SCHEDULE OF BENEFITS

Benefits For You

- (2) Employees retiring before age 65 who opt to continue their life insurance coverage, will pay their share and the agency's share of the premium based on the amount of life insurance at their retirement. When a retiree reaches age 65, no further premiums will be paid by the retiree for life insurance coverage and life insurance benefits in force immediately prior to age 65 will reduce by 2% at age 65; and further reduce by 2% each month thereafter, but in no event will the amount of Life Insurance Benefits be less than 25% of the amount of Life Insurance in force immediately prior to age 65.

SECTION I
SCHEDULE OF BENEFITS

Benefits For You

Life Insurance

Payable in the event of death of a Dependent from any cause as follows:

Spouse	\$2,000.00
Child, age	
3 days but less than 6 months	\$500.00
6 months but less than 26 years	\$1,000.00

SECTION I
SCHEDULE OF BENEFITS

Provisions Applicable To All Coverage

Any representations or statements made to the Employee by the Policyholder, its representative or agent, about being covered for benefits under this Plan, which disagree with the provisions of the Plan shall:

- (a) not be considered as representations or statements made by, or on behalf of, Ours; and
- (b) not bind Us for benefits under the Plan.

The Plan Sponsor reserves the right to terminate, suspend, withdraw, amend or modify the Plan at any time. Any such change or termination in benefits (a) will be based solely on the decision of the Plan Sponsor and (b) may apply to active Employees, future retirees and current retirees as either separate groups or as one group.

SECTION II

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE

You are eligible for coverage under the Plan if You:

- (a) are a regular full-time Employee of the Policyholder who enrolled in the Nebraska Department of Labor Independent Group Life Plan prior to July 1, 1991; and
- (b) You are and continue to be actively employed.

Actively employed and active employment means working full-time at the regularly scheduled hours during each pay period at Your:

- (a) regular job; and
- (b) customary place of employment.

If You are hired on the first workday of the month, You will be eligible and insured on the first of the month following the date of Your hire date.

If You are hired on any other workday other than the first workday of the month, You are eligible and insured on the first day of the second month following the date of Your hire date.

If You are in the eligible class, You become eligible for coverage on the effective date of the Plan.

You are also eligible for coverage under the Plan if You are retired and You enrolled in the Nebraska Department of Labor Independent Group Life Plan prior to Your retirement.

However, upon payment of the premium, Your insurance may be continued for twelve months in the event of an approved leave of absence.

SECTION II

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE

This provision is only applicable to regular full-time Employee of the Policyholder who enrolled in the Nebraska Department of Labor Independent Group Life Plan prior to July 1, 1991

For Your Dependents

The term Dependent means Your spouse and Your dependent children within the specified age limits. Spouse means the person to whom You are legally married. The term children means Your natural children and:

- (a) adopted children for whom the final court order has been issued;
- (b) step-children;
- (c) any other children related to You by blood or marriage; and
- (d) foster child.

In the case of (b), (c) and (d) above, such children must be living in a regular parent-child relationship with You and dependent upon You for support and maintenance. In the case of (c) and (d) above, a regular parent-child relationship does not exist if either of the child's parents also resides with You. In the case of (d) above, such children must not be: (i) placed with You by a social service agency which retains control of the child; or (ii) a child whose natural parent is in a position to exercise or share parental responsibility and control.

To be eligible, children must be under 26 years of age.

The term Dependent will not include any person who is eligible for coverage as an Employee. Where husband and wife are both covered under the Plan as Employees, either, but not both, may elect to cover children.

Dependent life insurance will not be available for any Dependent for whose death a benefit is provided as an Employee under any policy issued by Us to the Policyholder or any predecessor, parent, subsidiary or affiliated employer.

SECTION II

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE

For Your Dependents

You become eligible for Dependent coverage on the first day of the calendar month beginning with or after the date You first acquire an eligible Dependent.

Your Dependents will be covered on the later of:

- (a) the date You complete the necessary enrollment form, if You do so within one month after the date You become eligible for Dependent coverage; or
- (b) the effective date associated with open enrollment;

provided they are not then in the Hospital.

If a Dependent is in the Hospital, the coverage for that Dependent will become effective on the day following the date of discharge. A natural child born to You or Your spouse while You are covered for Dependents will be covered even though the child is in the Hospital. Coverage will become effective on the child's date of birth if You are covered with respect to Dependents on that date.

To cover any Dependent, You must cover all Your eligible Dependents, except as provided under **If You Do Not Enroll Your Dependents On Time**. The Plan does not permit selection of Dependents to be covered.

Once You have a dependent insured, any newly acquired eligible dependent will be insured automatically or coverage for an acquired dependent will not begin until we receive written request in accord with the above paragraph and the premium is paid.

If You make a written request to insure a dependent after the 31 day limit, You must furnish evidence acceptable to us that each dependent You wish to insure is in good health. If the evidence is acceptable to us, we will determine the date dependents insurance begins.

If You want to reinstate any dependents insurance after You have let it lapse, You must furnish evidence acceptable to us that each dependent You wish to insure is in good health. We will determine the date that the dependents insurance begins.

SECTION II

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE

For Your Dependents

If You Do Not Enroll Your Dependents On Time

You must apply for Dependent coverage when first eligible. If You do not do so, You must:

- (a) wait and apply during the "open enrollment." Coverage for Your Dependents will then become effective on the 1st of the effective month following the "open enrollment," in which You apply; or
- (b) provide proof of good health on forms satisfactory to Us. Coverage for each of Your eligible Dependents who have satisfied proof of good health will then become effective on the date proof of good health is approved by Us. Coverage will not become effective for any eligible Dependent:
 - (1) whose proof of good health is not approved by Us; or
 - (2) who is then hospitalized.

SECTION II

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE

For Your Dependents

When Coverage Ends

Your coverage will cease on the sooner of:

- (a) the date the Plan ceases;
- (b) the date the Plan ceases for the closed group of Employees to which You belong;
- (c) the date You are no longer a member of the closed group eligible;
- (d) the date ending the period for which Your last contribution is made, if You are required to pay a part of the cost of the Plan; or
- (e) the date Your active employment with the Policyholder ceases, except for the 12 months approved leave continuation provided under Section II.

Your coverage with respect to Dependents will cease on the sooner of:

- (a) the date ending the period for which Your last contribution is made, if You are required to pay a part of the cost of the Plan;
- (b) the date Your coverage ceases;
- (c) the date a Dependent ceases to be eligible as a Dependent; or
- (d) the date the Employee retires;

SECTION II

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE

For You and Your Dependents

Family and Medical Leave Act of 1993

You may continue Your coverage and coverage for Your Dependents during a leave of absence in accordance with the Family and Medical Leave Act of 1993.

If You continue such coverage during such leave:

- (a) any required contributions must be paid to Your employer;
- (b) any change in benefits that occurs during the period of continuation will apply on the effective date of the change;
- (c) any Actively at Work or hospital confinement requirement will be waived; and
- (d) the continuation during a Family and Medical Leave will run concurrently with a continuation during any other leave of absence.

If You do not continue Your coverage and Your Dependent's coverage during such leave:

- (a) You and Your Dependents will be covered without proof of good health on the date You return to work from the leave. For this to happen, You must return to work immediately after the Family and Medical Leave ends, but not later than 3 months after Your coverage ends; and
- (b) any eligibility waiting period which has not been completed will not be credited during Your leave.

SECTION II

ELIGIBILITY, EFFECTIVE DATE AND TERMINATION OF COVERAGE

Benefit Provision

The amount of life insurance is shown in the Schedule of Benefits. We will pay the amount shown to Your beneficiary if You die from any cause while insured.

Payment will be made as soon as proof of death is received.

Beneficiary

You may name anyone as Your beneficiary. You must file the name or names at the office of the Policyholder on a form approved by Us.

You may change Your beneficiary at any time by giving notice in writing. The effective date of the change is the date the request is signed. However, We are not liable for any amount paid before the request is received.

If You name more than one beneficiary, they will share equally unless You provide otherwise.

If a beneficiary dies before You, his or her share will be paid equally to the surviving beneficiaries, unless You state otherwise. Any amount for which a beneficiary is not named will be paid to Your estate.

Settlement

Settlement will be by lump sum payment only.

SECTION III

COVERAGE PROVISIONS

Life Insurance For You

Living Benefit Option

NOTE: Benefits paid under this Living Benefit Option may be taxable. If so, You or Your beneficiary may incur a tax obligation. As with all tax matters, You should consult Your personal tax advisor to assess the impact on this benefit.

Benefit Provision

If You become Terminally Ill while insured under the Life Insurance provision or while Your death benefit is being continued under the Insurance During Disability Before Age 60, You may apply for this Living Benefit Option. This election is allowed only once in Your lifetime and is subject to the conditions shown below.

Terminally Ill means You are expected to die within 9 months. This must be certified by a Physician and accepted by Us.

Proof

Living Benefits will be payable when We receive acceptable proof from Your Physician that You are Terminally Ill. Such proof must be in a form that is satisfactory to Us.

Coverage

The amount of the Living Benefit will be:

- (a) 50% of the Life Insurance amount shown in the Schedule of Benefits, if that amount is at least \$10,000.00;
- (b) determined as of the date We accept proof that You are Terminally Ill; and
- (c) payable only if You are living when payment is made.

In no event will the amount payable to Your beneficiary upon Your death, plus the amount payable to You for this Living Benefit, exceed the amount that would have been payable to Your beneficiary if You had not applied for this Living Benefit.

SECTION III
COVERAGE PROVISIONS

Life Insurance For You

The amount available for You to convert to a personal policy under the Conversion of Life Insurance provision will be reduced by the amount of the Living Benefit paid to You.

SECTION III
COVERAGE PROVISIONS

Life Insurance For You

Waiver of Premium

We will waive such premium that becomes due following payment of the Living Benefit. Such waiver of premium will be subject to all paragraphs in the Insurance During Disability Before Age 60 provision; except the first sentence of the first paragraph and item (a) of the second paragraph shall not apply.

Exclusions

Living Benefits will not be payable if:

- (a) Your Life Insurance amount is less than \$10,000.00;
- (b) You have assigned Your Life Insurance benefits;
- (c) We have been notified that all or a portion of Your Life Insurance is to be paid to Your former spouse as part of a divorce agreement; or
- (d) You become Terminally III as a result of:
 - (1) an attempted suicide; or
 - (2) injuring Yourself on purpose.

SECTION III

COVERAGE PROVISIONS

Life Insurance For You

Insurance During Disability Before Age 60

If You become disabled before age 60, and while insured, the insurance will continue as long as You are disabled without further payment of premium. To be considered disabled, You must be unable to do any work for pay or profit.

You must provide proof of disability acceptable to Us. The first proof must be given: (a) after the disability has lasted 6 months; and (b) filed within the 12th month of disability. Proof must be given each year thereafter within 3 months prior to the anniversary of the first proof.

Any reductions in the amount of insurance as provided in the Schedule of Benefits will apply to any insurance being continued under this provision.

If You die during approved disability, the amount of insurance then in effect will be paid to Your beneficiary. Proof must be furnished within one year after death that You were disabled until the date of death.

If a converted policy is issued under the Plan, it must be returned without claim before insurance will be continued under this provision. Any premiums paid for the converted policy will be returned to You.

If You die prior to the time You have to furnish proof, any amount of insurance paid under this provision will be reduced by the amount of the converted policy.

However, if the converted policy is returned without claim, the amount of the policy will be paid to Your beneficiary as a benefit under the Plan. All premiums paid under the converted policy will also be paid to Your beneficiary.

We may have You examined by a Physician of Our choice.

If proof of Your disability is not accepted by Us, any legal suit must be brought within 3 years after proof is not accepted.

SECTION III

COVERAGE PROVISIONS

Life Insurance For You

Conversion of Life Insurance

If The Life Insurance For You Ceases While The Life Insurance Plan Continues -

If all or any part of Your life insurance ceases because Your employment ends, You may convert to an individual policy. The policy can be on any form then in use by Us, except term insurance. The policy will not contain disability or supplementary benefits.

You must apply for the policy within 31 days after Your life insurance ceases. Proof of good health is not required.

The premium for the policy will be based on Your:

- (a) age;
- (b) class of risk; and
- (c) form and amount of policy.

If Your life insurance ceases because You are no longer eligible for coverage under the Plan, You may convert it on the same basis as above.

If The Life Insurance Plan Ceases -

If Your life insurance has been in effect for at least 5 years, and

- (a) the Plan ends, or
- (b) You cease to be eligible for coverage under the Plan,

You may convert to an individual policy on the same basis as above. The converted policy will be limited to the lesser of:

- (a) the amount of life insurance You had under the Plan, less any amount of life insurance You become eligible for under another group policy within 31 days after the Plan ends; or
- (b) \$10,000.00.

If Your life insurance is being continued because of disability and You recover or fail to give any required proof of disability, Your life insurance may be converted. To do so You must apply within 31 days from the date of recovery or from the date proof was required.

The converted policy will become effective at the end of the 31 day period allowed for conversion. If You die during that period, the amount of life Insurance You could have converted will be paid to Your beneficiary. Nothing will be paid under this provision if any amount is paid under the provision "Insurance During Disability Before Age 60".

SECTION III

COVERAGE PROVISIONS

Life Insurance For You

Benefit Provision

The amount of life insurance for a Dependent is shown in the Schedule of Benefits. We will pay You the amount shown if the Dependent dies while covered under the Plan.

Conversion of Life Insurance

If the Life Insurance For Your Dependent Ceases While the Life Insurance Plan Continues

The life insurance may be converted to an individual policy if:

- (a) You die, or Your employment ceases;
- (b) You cease to be eligible for coverage under the Plan;
- (c) a Dependent marries; or
- (d) a Dependent attains the age limit.

The policy can be on any form then in use by Us, except term insurance. The policy will not contain disability or supplementary benefits.

The Dependent must apply for the policy within 31 days after the coverage ends. Proof of good health is not required.

The premium for the policy will be based on Your Dependent's:

- (a) age;
- (b) class of risk; and
- (c) form and amount of policy.

SECTION III
COVERAGE PROVISIONS

Life Insurance For You

Conversion of Life Insurance (Continued)

If the Life Insurance Plan

If the life insurance for a Dependent has been to effect for at least 5 years, and

- (a) the Plan ends; or
- (b) You cease to be eligible for coverage under the Plan; Your Dependent may convert to an individual policy on the same basis as above.

The converted policy will be limited to the lesser of:

- (a) the amount of life insurance Your Dependent had under the Plan, less any amount of life insurance Your Dependent becomes eligible for under another group policy within 31 days after the Plan ends; or
- (b) \$10,000.00.

The converted policy will become effective at the end of the 31 day period allowed for conversion. If Your Dependent dies during that period, the amount of life insurance which could have been converted will be paid to You. However, if You are not living, it will be paid to the estate of the Dependent.

SECTION III
COVERAGE PROVISIONS

Life Insurance For You

Payment of Claims For Life Insurance

Any benefits paid for loss of life will be paid to the beneficiary. If the estate will not be probated, We may use Our discretion in disbursing benefits which would otherwise be payable to Your estate, not to exceed \$2,000.00. We will be discharged to the extent of such payment made in good faith.

SECTION III

COVERAGE PROVISIONS

Claim Payments

How to File Claims

Before benefits are paid, we must be given a written proof of loss, as described below. In the event of Your death or incapacity, Your beneficiary or someone else may give us the proof.

Proof of Loss Requirements

1. First, request a claim form from Nebraska Administrative Services, Central Finance, 521 South 14th Street, Ste #300 Lincoln, Nebraska 68508, or us.

This request should be made:

- (a) within 20 days after a loss occurs; or
- (b) as soon as reasonably possible.

When Nebraska Administrative Services receives the request, they will send a claim form for filing proof of loss. If they do not send it within 15 days, You can meet the proof of loss requirement by giving Administrative Services, 521 South 14th Street, Ste #300, Lincoln, Nebraska 68508, a written statement of what happened. They must receive a written statement within the time shown in 3. below.

2. Next, complete and sign the claim form. If a Physician must complete part of the claim form, have the Physician complete and sign that part.
3. Finally, return the claim form to Nebraska Administrative Services, Central Finance, 521 South 14th Street, Ste #300 Lincoln, Nebraska 68508. The claim form is due:
 - (a) within 90 days after the loss occurs; or
 - (b) as soon as reasonably possible.

NOTE: Benefits for life insurance are not subject to time limits for proof of loss.

When Claims are Paid

Policy benefits will be paid as soon as we receive acceptable proof of loss.

Direct Payments

Any loss of life benefit will be paid in accord with the Life Insurance Benefits provision(s).

Any other benefits will be paid to You except that benefits unpaid at Your death may be paid, at our option to:

- (a) Your beneficiary; or
- (b) Your estate.

SECTION III

COVERAGE PROVISIONS

Claim Payments

If Your beneficiary is unable to give a valid release or if benefits unpaid at Your death are not more than \$1,000, we may pay up to \$1,000 to any relative of Yours who we find is entitled to the benefit.

Any payment made in good faith will fully discharge us to the extent of the payment.

Payment of Claims For Life Insurance

Any benefits paid for loss of life will be paid to the beneficiary. If the estate will not be probated, We may use Our discretion in disbursing benefits which would otherwise be payable to Your estate, not to exceed \$2,000.00. We will be discharged to the extent of such payment made in good faith.

Provisions Applicable To All Other Coverage

Payment of Claims

Any benefits paid for loss of life will be paid to the beneficiary. All other benefits will be paid to You, if living, otherwise to Your estate. If the estate will not be probated, We may use Our discretion in disbursing benefits which would otherwise be payable to Your estate, not to exceed \$2,000.00. We will be discharged to the extent of such payment made in good faith.

Notice of Claim

Written notice of claim must be given within 20 days after loss, or as soon as possible. The notice must be given to Us, an authorized agent, or the Policyholder, with information identifying You.

Claim Form

When a notice of claim is received, We will provide claim forms for the filing of proofs of loss. If such forms are not sent within 15 days, You will have met the proof of loss requirement if You give Us a written statement of the nature and extent of the loss within the time fixed in this Plan.

Proof of Loss

Written proof must be given to Us within 90 days after the date of loss. However, a claim will still be considered if it was not furnished as soon as possible. Except in the absence of legal capacity, in no event will an expense be considered if proof for that expense is furnished more than 2 years after the date the expense was incurred.

After the Insured Person has been totally disabled for two years, We will only require proof once per year.

Time of Payment of Claims

All benefits provided by the Plan will be paid upon receipt of proof of loss.

Physical Examination and Autopsy

We will have the right to examine any person as often as it may require and to perform an autopsy where not forbidden by law. The physical examination requirement does not apply in the case of a living or accelerated benefit. This will be at the Our expense.

CLAIM REVIEW AND APPEAL PROCEDURES

Claim Review Procedures

Once We receive information necessary to evaluate the claim, We will make a decision within the time periods set forth below. Please refer to the Payment of Claims provision of the Policy.

In the event an extension is necessary due to matters beyond Our control, We will notify the person submitting the claim of the extension and the circumstances requiring the extension. Extensions are limited as set forth below.

If an extension is necessary due to failure to submit complete information, We will notify the person submitting the claim of the additional information required. Such notice of incomplete information will be sent within the time periods set forth below.

In order for Us to continue processing the claim, the missing information must be provided to Us within the time periods set forth below.

We may contact the person submitting the claim at any time for additional details about the processing of the claim.

NOTE: We shall, within 15 days of receipt, acknowledge and respond to any written communications from an Insured Person which reasonably suggests a response is expected. Additionally, if a claim is not paid within 30 days, We will notify the Insured Person of the reason for the delay then and every 30 days thereafter until the claim is paid.

NOTE: When the claim becomes a claim for loss of life, settlement shall be made upon receipt of due proof of death, and not later than two (2) months after receipt of such proof.

Claim Review Decisions

- (a) Initial review: We will notify the person submitting the claim of Our claim decision within 45 days after Our receipt of the claim, unless additional information is requested as set forth below;
- (b) Extension period: 30 days; and
- (c) Maximum number of extensions: two.

If additional information is needed, We will notify the person submitting the claim within 30 days of Our receipt of the claim. Once Our request for additional information is received, the person submitting the claim will have 45 days to submit the additional information to Us. We will have a total of 105 days (which includes an additional 30-day extension, if necessary, due to circumstances beyond Our control) to process the claim. If We do not receive the additional information within the specified time period, We will make Our determination based on the available information.

Claim Denials

If a claim is denied or partially denied, the person submitting the claim will receive a written or electronic notice of the denial that will include:

- (a) the specific reason(s) for the denial;
- (b) reference to the specific Policy provisions on which the denial is based;

- (c) if applicable, a description of any additional material or information necessary to complete the claim and the reason We need the material or information;
- (d) a description of the appeal procedures; including the right to request an appeal within 180 days and the right to bring a civil action following the appeal process; and
- (e) any other information which may be required under state or federal laws and regulations.

Opportunity To Request An Appeal

The person submitting the claim may appeal Our claim review decision in accordance with this Claim Review and Appeal Procedures provision. As part of the appeal, We will perform a full and fair review of the decision.

The request for an appeal can be submitted to Us in writing, electronically, or orally and should include any additional information that the person submitting the claim believes should have been considered by Us.

The request for an appeal should include:

- (a) the name of the person for whom the claim has been submitted;
- (b) the name of the person filing the appeal;
- (c) the policy number; and
- (d) the nature of the appeal.

We will establish and maintain procedures for hearing, researching, recording and resolving any appeal. The notification of Our claim review decision will include instructions on how and where to submit an appeal.

The person submitting the claim will:

- (a) have 180 days from receipt of notification to submit a request for an appeal;
- (b) be provided the opportunity to submit written comments, documents, records and other information relating to the claim; and
- (c) be provided, upon request and free of charge, reasonable access to and copies of documents, records and other information relevant to the claim.

In reviewing the appeal, We will consider all comments, documents, records and other information submitted without regard to whether such information was submitted or considered in the claim decision.

A request for an appeal authorizes Us, or anyone designated by Us, to review records relevant to the claim.

Our Response To An Appeal

Once We receive a request for an appeal, We will respond within 45 days, unless additional information is requested. If additional information is requested, the following extensions apply:

- (a) extension period: 45 days; and
- (b) maximum number of extensions: one.

We will have a total of 90 days to process the appeal.

When We make Our decision, the person submitting the claim will be provided with:

- (a) information regarding Our decision; and
- (b) information regarding other internal or external appeal or dispute resolution alternatives, if available, including any required state mandated appeal rights.

STANDARD PROVISIONS

Applications

We may use misstatements or omissions in the application of an Insured Person to contest the validity of insurance, reduce coverage or deny a claim; but we must first furnish you or your beneficiary with a copy of that application. We will not use a person's application to contest or reduce insurance which has been in force for two years or more during that person's lifetime. However, if you or your dependent is not eligible for insurance, there is no time limit on our right to contest insurance or deny a claim.

Statements in an application are treated as representations, not as warranties.

Incontestability

The validity of this policy shall not be contested, except for non-payment of premiums, after it has been in force for two (2) years from its date of issue. No statement made by any Insured Person relating to his or her insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two (2) years during such person's lifetime nor unless it is contained in a written instrument signed by the Insured Person.

Misstatement of Age

If the age of the Insured Person has been overstated, the amount payable will be based on the correct age and any overpayment of premium will be refunded.

If the age of the Insured Person has been understated, the amount payable will be reduced to that amount that premium paid would purchase at the Insured Person's correct age.

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