

# Puget Sound Benefits Trust

## PLAN SUMMARY

### LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFITS

	Active	Dependents
<b>Employee Life Insurance</b>		
Class 1	\$20,000	\$1,000 (spouse & child birth to age 19)
Class 2	\$15,000	\$1,000 (spouse & child birth to age 19)
Class 3	\$10,000	\$500 (spouse & child birth to age 19)
Westin PBX Operators, Paintmakers and Allied Trades	\$10,000	N/A
<b>Accidental Death &amp; Dismemberment</b>		
Benefits Principle Sum	An amount equal to the amount of Life Insurance	
If You are accidentally injured, and that injury is independent of sickness and all other causes, We will pay the <b>Benefit</b> shown in the <b>Table</b> below for any of the following losses:		
Life	Principal Sum	
Both hands, both feet or both eyes	Principal Sum	
One hand and one foot, one hand and one eye or one foot and one eye.	Principal Sum	
One hand, one foot or one eye	One-half Principal Sum	
<p>Loss of a hand means the severance at or above the wrist joint.            Loss of a foot means the severance at or above the ankle joint.            Loss of thumb and index finger means the severance of two or more phalanges of both the thumb and the index finger.            Loss of an eye means the total loss of sight in that eye.            If the injury causes more than one loss, We will pay only the largest benefit.</p>		

### Waiver of Premium for Active Employees

A Person under the age of 60:

- (a) who becomes Totally Disabled while insured under this Policy;
- (b) who has been Totally Disabled for at least 9 months; and
- (c) for whom premium payments have continued to be made or whose coverage is terminated for failure to meet the Eligibility Requirements stated in this Policy because of Total Disability.

May apply to continue his or her life insurance under this Waiver of Premium provision. The initial continuation of insurance under this provision will be for 12 months from the date premium payments on behalf of the Person cease, but in no event longer than 24 months from the date Total Disability began.

Waiver of Premium will continue until the earlier of:

- (a) the date the Person's Total Disability ends; or
- (b) the end of the 12-month period.

Totally disabled and Total Disability mean the Person's complete inability; due to Injury or Illness; to engage in any business, occupation or employment for which the Person is qualified, or become qualified by reason of education, training, or experience, for pay; profit; or compensation.

The Person must submit satisfactory written proof (the "Initial Proof") of Total Disability within 12 months from the date premium payments on behalf of such Person cease; but in no event more than 24 months from the date Total Disability began.

The Initial Proof must show that the Total Disability:

- (a) began while the Person was insured under this Policy;
- (b) began before the attainment of age 60; and
- (c) has rendered the Person Totally Disabled for at least 9 consecutive months.

Notice of Application for Waiver Determination:

The Company will give written notice to the applicant within 10 days of receipt of an application for waiver. The notice will state whether or not the application is approved and give the reasons for any disapproval. If the application for waiver is disapproved, the Person may continue eligibility under this Policy for Life Insurance only if the Policyholder continues the Person on a premium-paying basis.

A Person who is denied continuation of his or her group Life Insurance through Waiver of Premium and;

- (a) is not continued by the Policyholder on a premium-paying basis; or
- (b) did not exercise his or her right to convert to an individual policy of life insurance;

May be entitled to the same conversion rights that applied to the Person on the date his or her Life Insurance would have terminated in the absence of this Waiver of Premium provision.

A Person who holds an individual conversion policy and who has been denied continuation of his or her group Life Insurance through Waiver of Premium, may continue his or her coverage under the individual conversation policy.

Death of Person Before or While Waiver of Premium is in Effect:

If a Person applies for waiver under this provision and dies before this Waiver of Premium is in effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the date the Person became Totally Disabled to the date of death. Except that if at the time of death, Life Insurance on the Person has been continued on a premium paying basis, the Amount of Insurance in force under this Police will be paid to the beneficiary, subject to the all the terms and conditions of the Policy.

If a Person dies while this Waiver of Premium is in effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the last anniversary of the Company's receipt of proof Total Disability to the date of death.

Benefit Amount:

The amount of Life Insurance continued under this Waiver of Premium, will be the Amount of Insurance in force for the Person on the date insurance would otherwise have terminated in the absence of this waiver provision. The amount of Life Insurance continued under this Waiver of Premium is subject to any reduction or termination in the Amount of Insurance, as shown on the Schedule of Benefits.

Any Person who:

- (a) is approved for waiver under this provision and
- (b) holds an individual policy of life insurance through exercise of the Conversion Privilege under this Policy;

Is not entitled to receive benefits under both this Policy and the individual conversion policy for the same amounts of insurance. At the time of the Person's death, payment will be made under this Policy only if the individual policy is surrendered to the Company without claim other than for return of the premiums paid, less dividends.

Continuance of Waiver of Premium:

A Person who has applied for and received approval of Waiver of Premium for the Life Insurance Benefit under this Policy, may continue the Waiver of Premium for additional 12-month periods, provided the Person:

- (a) remains Totally Disabled and
- (b) submits written proof of continued Total Disability each year within 3 months of the anniversary of the Company's receipt of Initial Proof. Such proof must be sent to the Company at the Person's own initiative; the company shall not be required to request such proof.

#### Right to Require Examination:

The Company, at its own expenses, may require a Person whose Life Insurance has been continued by this Waiver of Premium to be examined by a Physician of its choice, at any reasonable time during the Person's first two years of Total Disability. After two years, the Company will not require such examination more than once a year.

#### Conversion Privilege:

A Person, whose Life Insurance was continued by this Waiver of Premium, may be entitled to the same conversion rights that applied to the Person on the date his or her Life Insurance would have terminated in the absence of this Waiver of Premium provision.

#### **Exclusions to Accidental Death & Dismemberment coverage:**

No benefit will be paid for any loss that is caused directly or indirectly, or in whole or in part, by any of the following:

1. bodily or Mental Illness or disease of any kind;
2. ptomaines or bacterial infections (except infections caused by pyogenic organisms which occur with and through an accidental cut or wound);
3. suicide or attempted suicide while sane or insane;
4. intentional self-inflicted injury;
5. participation in, or the results of participation in, the commission of a felony, or a riot, or insurrection;
6. war or act of war, declared or undeclared; or service in the military, naval or air forces;
7. service in the civilian forces auxiliary to the military, naval or air forces or from any cause while a member of any such military, naval or air forces, of any country at war, declared or undeclared;
8. aviation including but not limited to travel or flight as a pilot or crew member in any kind of aircraft; travel or flight in or descent from any kind of aircraft as a passenger, pilot, crew member or participant in training that is owned, operated, or leased by or on behalf of the Policyholder, a Participating Employer or the armed forces; or being operated for any training or instructional purpose;
9. drug addiction including the intake of any drug, medication or sedative unless prescribed by a Physician, or intake of any alcohol in combination with any drug, medication or sedative;
10. alcoholism including the use of alcohol, non-prescriptive drugs such as PCP (also known as "angel dust"), LSD or any other hallucinogens, cocaine, heroin or any other narcotics, amphetamines or other stimulants, barbiturates or other sedatives or tranquilizers, or any other combination of one or more of these substances; or
11. intoxication or while under the influence of any narcotic unless administered on the advice of a Physician.