Princeton University

#44399 – All Employees

Employee Term Life Coverage
  Basic and Optional Plans
Dependents Term Life Coverage
Accidental Death and Dismemberment Coverage

Prudential
Certificate of Coverage

**Prudential** certifies that insurance is provided according to the Group Contract(s) for each Insured Employee. Your Booklet's Schedule of Benefits shows the Contract Holder and the Group Contract Number(s).

Insured Employee: You are insured under the Group Contract. This Certificate of Coverage should be attached to your Booklet. Your Booklet and this Certificate of Coverage together form your Group Insurance Certificate.

Beneficiary for Employee Death Benefits: See the Booklet's Beneficiary Rules.

Coverages and Amounts: The available Coverages and the amounts of insurance are described in the Booklet.

Your Booklet and this Certificate of Coverage form your Group Insurance Certificate. Together they replace any older booklets and certificates issued to you for the Coverages in the Schedule of Benefits in your attached Booklet. The Booklet and Certificate of Coverage are made part of the Group Contract which is delivered in and governed by the laws of the State of New Jersey. Future changes in coverage will be described in either a Booklet Notice of Change, which will become a part of your Certificate, or in a new Booklet. All Benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate.

The Prudential Insurance Company of America
751 Broad Street
Newark, New Jersey 07102
Disclosure Notice

FOR ARKANSAS RESIDENTS

Prudential’s Customer Service Office:

The Prudential Insurance Company of America
Prudential Group Life Claim Division
P.O. Box 8517
Philadelphia, PA  19176
1-800-524-0542

If Prudential fails to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas  72201-1904
1-800-852-5494

FOR FLORIDA RESIDENTS

The benefits of the policy providing your coverage are governed by the law of a state other than Florida.

FOR INDIANA RESIDENTS

Questions regarding your policy or coverage should be directed to:

The Prudential Insurance Company of America
(800) 524-0542

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or e-mail:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana  46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at www.in.gov/doi.
FOR MARYLAND RESIDENTS

The Group Insurance Contract providing coverage under this Certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

FOR WISCONSIN RESIDENTS

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.

Prudential's Customer Service Office:

The Prudential Insurance Company of America
Prudential Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176
1-800-524-0542

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 contact the Office of the Commissioner of Insurance 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
**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

Web:  http://www.tdi.texas.gov
Email:  consumerprotection@tdi.texas.gov

**PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact Prudential first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

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**AVISO IMPORTANTE**

Para obtener información o para someter una queja:

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

Web:  http://www.tdi.texas.gov
Email:  consumerprotection@tdi.texas.gov

**DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con Prudential primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**UNA ESTE AVISO A SU POLIZA:**

Este aviso es sólo para propósito de información y no se convierte en parte o condición del documento adjunto.
Foreword

We are pleased to present you with this Booklet. It describes the Program of benefits we have arranged for you and what you have to do to be covered for these benefits.

We believe this Program provides worthwhile protection for you and your family.

Please read this Booklet carefully. If you have any questions about the Program, we will be happy to answer them.

IMPORTANT NOTICE: This Booklet is an important document and should be kept in a safe place. When you become covered under the Program, you will receive a Certificate of Coverage. You should attach the Certificate of Coverage to your Booklet. That Certificate of Coverage and this Booklet together form your Group Insurance Certificate.

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES: There are state-specific requirements that may change the provisions under the Coverage(s) described in this Group Insurance Certificate. If you live in a state that has such requirements, those requirements will apply to your Coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of residence and your Access Code. Your Access Code is 44399.

If you are unable to access this website, want to receive a printed copy of these requirements or have any questions, call Prudential at 1-866-439-9026.
Schedule of Benefits

Covered Classes: The “Covered Classes” are these Employees of the Contract Holder (and its Associated Companies):

All Employees who are classified by the Contract Holder as: 1) Benefits Eligible Employees defined as a biweekly or monthly paid staff, that fill approved budgeted positions on the regular payroll and who work on a half-time or greater basis, 50% or more of the normal work week schedule for 5 consecutive months or more; 2) Post Doctoral Research Fellows regardless of duty time; and (3) Visiting Faculty and Visiting Academic Professionals. This includes all active benefits eligible faculty or staff whose principal work location is outside the United States, including expatriates, local nationals (individuals living and/or working in their country of citizenship) or third country nationals (defined as citizens of one country working in another country). Those Employees classified by the Contract Holder as Visiting Fellows are not eligible for Basic and Optional Employee Term Life Coverage.

Program Date: April 1, 2014. This Booklet describes the benefits under the Group Program as of the Program Date.

- This Booklet and the Certificate of Coverage together form your Group Insurance Certificate. The Coverages in this Booklet are insured under a Group Contract issued by Prudential. All benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate. It alone forms the agreement under which payment of insurance is made.

BASIC EMPLOYEE TERM LIFE COVERAGE

BENEFIT AMOUNTS:

Amount For Each Benefit Class:

<table>
<thead>
<tr>
<th>Benefit Classes</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Employees</td>
<td>100% of your annual Earnings. If this amount is not a multiple of $1,000, it will be rounded to the next higher multiple of $1,000. Minimum Amount: $15,000. Maximum Amount: $500,000.</td>
</tr>
</tbody>
</table>

The Definitions section explains what “Earnings” means.

Amount Limit Due to Age: When you are age 60 or more, your amount of insurance is limited. It is the Limited Percent (for that Age) of the amount for which you would then be insured if there were no limitation. Each Age and the Limited Percent for that Age are shown below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Limited Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>90</td>
</tr>
<tr>
<td>61</td>
<td>82</td>
</tr>
<tr>
<td>62</td>
<td>75</td>
</tr>
<tr>
<td>63</td>
<td>68</td>
</tr>
<tr>
<td>64</td>
<td>62</td>
</tr>
</tbody>
</table>

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*If the Limited Percent amount is not a multiple of $1,000, it will be rounded to the next higher multiple of $1,000.

NOTE: rounding for Basic Employee Term Life Coverage will only apply once. If age reductions do not apply to you, then your amount of insurance will be rounded. If age reductions apply, then the Limited Percent amount will be rounded.

The Limited Percent for an Age takes effect on the day you become insured if you are then that Age. Otherwise, each Limited Percent for an Age takes effect on the first day of the month following your birthday for that Age.

The Delay of Effective Date section does not apply to this provision.

**Effect of Option to Accelerate Payment of Death Benefits:** Your amount of insurance (as determined in the absence of this provision) will be reduced by the amount of any Terminal Illness Proceeds paid under the Option to Accelerate Payment of Death Benefits.

**OPTIONAL EMPLOYEE TERM LIFE COVERAGE**

You may enroll for one of the options below. The option for which you enroll will be recorded by your Employer and reported to Prudential.

**BENEFIT AMOUNTS:**

**Amount For Each Benefit Class:**

<table>
<thead>
<tr>
<th>Benefit Classes</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Employees</td>
<td></td>
</tr>
<tr>
<td>Option 1</td>
<td>50% of your annual Earnings.*</td>
</tr>
<tr>
<td>Option 2</td>
<td>100% of your annual Earnings.*</td>
</tr>
<tr>
<td>Option 3</td>
<td>150% of your annual Earnings.*</td>
</tr>
<tr>
<td>Option 4</td>
<td>200% of your annual Earnings.*</td>
</tr>
<tr>
<td>Option 5</td>
<td>250% of your annual Earnings.*</td>
</tr>
<tr>
<td>Option 6</td>
<td>300% of your annual Earnings.*</td>
</tr>
<tr>
<td>Option 7</td>
<td>350% of your annual Earnings.*</td>
</tr>
<tr>
<td>Option 8</td>
<td>400% of your annual Earnings.*</td>
</tr>
</tbody>
</table>
Option 9  
450% of your annual Earnings.*

Option 10  
500% of your annual Earnings.*

Option 11  
550% of your annual Earnings.*

Option 12  
600% of your annual Earnings.*

Option 13  
650% of your annual Earnings.*

*If this amount is not a multiple of $1,000, it will be rounded to the next higher multiple of $1,000.

Minimum Amount: $15,000.

Maximum Amount: $1,500,000.

The Definitions section explains what “Earnings” means.

**Non-medical Limit on Amount of Insurance**: There is a limit on the amount for which you may be insured without submitting evidence of insurability. This is called the Non-medical Limit.

If the amount of insurance for your Class and age at any time is more than the Non-medical Limit, you must give evidence of insurability satisfactory to Prudential before the part over the Limit can become effective.

This requirement applies: when you first become insured; when your Class changes; if you request an increase in your Amount of Insurance; or if the amount for your Class is changed by an amendment to the Group Contract. Even if you are insured for an amount over the Limit, you will still have to meet this evidence requirement before any increase in your amount of insurance can become effective. The amount of your insurance will be increased to the amount for your Class and age when Prudential decides the evidence is satisfactory and you meet the Active Work Requirement.

Non-medical Limit: The lesser of (1) 300% of your annual Earnings and (2) $300,000. If the Amount Limit for this Coverage applies at any time to your amount of insurance, that Limit will also apply to the Non-medical Limit as if it were an amount of insurance.

The Delay of Effective Date section does not apply to this provision.

**Initial Enrollment**: Within the first 31 days of becoming benefits eligible, you may enroll for Option 1, Option 2, Option 3, Option 4, Option 5 or Option 6 of the Optional Employee Term Life Coverage without providing evidence of insurability.

**Changing Plans for the January 1, 2014 Annual Enrollment**: For the 2014 Annual Enrollment period only, due to the change in the Basic Employee Term Life Coverage amount available, you may enroll for Optional Employee Term Life Coverage up to 50% of your Annual Earnings or you may elect to have your amount of insurance under the Coverage increased by 50% of your Annual Earnings. You must do this on a form approved by Prudential and agree to make any required contributions. The Delay of Effective Date section does not apply to this change.

You must give evidence of insurability if you request an increase of more than 50% of your Annual Earnings. Changes will become effective on the date designated by the Employer. But a new enrollment or an increase in excess of 50% of your Annual Earnings, which are subject to evidence, will be effective on the date Prudential decides the evidence is satisfactory, if this date is later.

The "Definitions" section explains what "Annual Enrollment Period" means.
Changing Plans at Annual Enrollments other than for the January 1, 2014 Annual Enrollment*: You may enroll for Optional Employee Term Life Coverage or you may elect to have your amount of insurance under the Coverage changed during the Annual Enrollment Period. You must do this on a form approved by Prudential and agree to make any required contributions.

You must give evidence of insurability if you request an increase. Changes will become effective on the date designated by the Employer. But a new enrollment or an increase, which are subject to evidence, will be effective on the date Prudential decides the evidence is satisfactory, if this date is later. The Delay of Effective Date section applies to all changes except decreases.

Increases or Decreases After a Life Event*: You may elect to have your amount of insurance under the Coverage changed within 31 days of a Life Event. You may request an increase of two options up to the lesser of (1) 3 times your annual Earnings and (2) $300,000. In the case of a birth or adoption of a child, you may elect to have your amount of insurance under the Coverage changed within 90 days from the date of the event. You must do this on a form approved by Prudential and agree to make any required contributions.

If you request an increase of two options or if you previously declined Coverage and elect an option of 1 times your Annual Earnings, the amount of your insurance will be increased on the date of your written request or, if later, when you meet the Active Work Requirement.

If you request an increase of more than two options, you must give evidence of insurability. The amount of your insurance will be increased when Prudential decides the evidence is satisfactory and you meet the Active Work Requirement.


Increases or Decreases at any other Time*: You may elect to have your amount of insurance under the Coverage changed at a time other than during Annual Enrollment or within 31 days after a Life Event. If you request an increase, you must give evidence of insurability. The amount of your insurance will be increased when Prudential decides the evidence is satisfactory and you meet the Active Work Requirement.

*If you request a decrease, the amount of your insurance will be decreased on the date of your written request.

Amount Limit Due to Age: When you are age 60 or more, your amount of insurance is limited. It is the Limited Percent (for that Age) of the amount for which you would then be insured if there were no limitation. Each Age and the Limited Percent for that Age are shown below.

<table>
<thead>
<tr>
<th>Age</th>
<th>Limited Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>90</td>
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<tr>
<td>61</td>
<td>82</td>
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<td>62</td>
<td>75</td>
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<td>63</td>
<td>68</td>
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<td>70</td>
<td>34</td>
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<tr>
<td>72</td>
<td>28</td>
</tr>
<tr>
<td>75</td>
<td>25</td>
</tr>
<tr>
<td>80 and more</td>
<td>15</td>
</tr>
</tbody>
</table>

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*If the Limited Percent amount is not a multiple of $1,000, it will be rounded to the next higher multiple of $1,000.

The Limited Percent for an Age takes effect on the day you become insured if you are then that Age. Otherwise, each Limited Percent for an Age takes effect on the first day of the month following your birthday for that Age.

The Delay of Effective Date section does not apply to this provision.

**Effect of Option to Accelerate Payment of Death Benefits**: Your amount of insurance (as determined in the absence of this provision) will be reduced by the amount of any Terminal Illness Proceeds paid under the Option to Accelerate Payment of Death Benefits.

**OPTIONAL DEPENDENTS TERM LIFE COVERAGE**

The amount of insurance is the amount for your Benefit Class. You may enroll your Qualified Dependents for the plan shown below. If you may choose the amount of insurance or if there are options from which to select, the amount for which you enroll will be recorded by your Employer and reported to Prudential. Your Benefit Class is determined by the classification of your dependents and the amount for which you enroll as shown in this table.

<table>
<thead>
<tr>
<th>Qualified Dependents Classification</th>
<th>Amount of Insurance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Spouse or Civil Union/Domestic Partner</td>
<td>$10,000.</td>
</tr>
<tr>
<td>Option 1</td>
<td>$25,000.</td>
</tr>
<tr>
<td>Option 2</td>
<td>$50,000.</td>
</tr>
<tr>
<td>Option 3</td>
<td></td>
</tr>
<tr>
<td>Your children</td>
<td></td>
</tr>
<tr>
<td>Option 1</td>
<td>$5,000.</td>
</tr>
<tr>
<td>Option 2</td>
<td>$10,000.</td>
</tr>
</tbody>
</table>

* The amount of insurance on a dependent will not exceed 100% of the amount for which you are insured under the Optional Employee Term Life Coverage.

**Increases and Decreases**: You may elect to have the amount of insurance on your dependents changed. You must do this on a form approved by Prudential and agree to make any required contributions.

If you request an increase in the amount of insurance on your Spouse or Civil Union/Domestic Partner, you must give evidence of insurability for your Spouse or Civil Union/Domestic Partner. The amount of insurance on your Spouse or Civil Union/Domestic Partner will be increased when Prudential decides the evidence is satisfactory and your Spouse or Civil Union/Domestic Partner is not home or hospital confined for medical care or treatment.
If you request any increase in the amount of insurance for a dependent child, the amount of
insurance on the child will be increased on the date of your written request or, if later, when the child
is not home or hospital confined for medical care or treatment. Evidence of insurability is not required
for an increase in the amount of insurance on a child.

If you request a decrease in the amount of insurance on any dependent, the amount of insurance on
that dependent will be decreased on the date of your written request.

Effect of Option to Accelerate Payment of Death Benefits for your Spouse or Civil
Union/Domestic Partner: The amount of insurance (as determined in the absence of this provision)
will be reduced by the amount of any Terminal Illness Proceeds paid under the Option to Accelerate
Payment of Death Benefits with respect to the dependent.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

BENEFIT AMOUNTS UNDER EMPLOYEE INSURANCE:

Amount For Each Benefit Class: An amount equal to the amount for which you are insured under
the Basic Employee Term Life Coverage. For this purpose only, that amount will be the amount as
determined above, except that if your Basic Employee Term Life Coverage is reduced by any amount
paid under the Option to Accelerate Payment of Death Benefits, that reduction will not apply to this
Coverage.

OTHER INFORMATION

Contract Holder: THE TRUSTEES OF PRINCETON UNIVERSITY

Group Contract No.: G-44399-NJ

Associated Companies: Associated Companies are employers who are the Contract Holder's
subsidiaries or affiliates and are reported to Prudential in writing for inclusion under the Group
Contract, provided that Prudential has approved such request.

Cost of Insurance: Insurance under the Coverage(s) listed below is Non-Contributory Insurance.

- Basic Employee Term Life Coverage
- Basic Accidental Death and Dismemberment Coverage

Insurance under the other Coverage(s) in this Booklet is Contributory Insurance. You will be
informed of the amount of your contribution when you enroll. Any contribution due but unpaid at your
death will be deducted from the death benefit.

Prudential's Address:
The Prudential Insurance Company of America
80 Livingston Avenue
Roseland, New Jersey 07068

This Group Contract underwritten by The Prudential Insurance Company of America provides insured
benefits under your Employer's ERISA plan(s). For all purposes of this Group Contract, the
Employer/Policyholder acts on its own behalf or as an agent of its employees. Under no
circumstances will the Employer/Policyholder be deemed the agent of The Prudential Insurance
Company of America, absent a written authorization of such status executed between the
Employer/Policyholder and The Prudential Insurance Company of America. Nothing in these documents shall, of themselves, be deemed to be such written execution.

WHEN YOU HAVE A CLAIM

Each time a claim is made, it should be made without delay. Use a claim form, and follow the instructions on the form.

If you do not have a claim form, contact your Employer.
Who is Eligible to Become Insured

FOR EMPLOYEE INSURANCE

You are eligible to become insured for Employee Insurance while:

- You are a full-time Employee of the Employer; and
- You are in a Covered Class; and
- You have completed the Employment Waiting Period, if any. You may need to work for the Employer for a continuous full-time period before you become eligible for the Coverage. The period must be agreed upon by the Employer and Prudential. Your Employer will inform you of any such Employment Waiting Period for your class.

You are a benefits eligible Employee if you are regularly working for the Employer at least the number of hours which Princeton University defines as benefits eligible.

Your class is determined by the Contract Holder. This will be done under its rules, on dates it sets. The Contract Holder must not discriminate among persons in like situations. You cannot belong to more than one class for insurance on each basis, Contributory or Non-contributory Insurance, under a Coverage. "Class" means Covered Class, Benefit Class or anything related to work, such as position or Earnings, which affects the insurance available.

This applies if you are an Employee of more than one subsidiary or affiliate of an employer included under the Group Contract: For the insurance, you will be considered an Employee of only one of those subsidiaries or affiliates. Your service with the others will be treated as service with that one.

The rules for obtaining Employee Insurance are in the When You Become Insured section.

FOR DEPENDENTS INSURANCE

You are eligible to become insured for Dependents Insurance while:

- You are eligible for Employee Insurance; and
- You have a Qualified Dependent.

Qualified Dependents:

These are the persons for whom you may obtain Dependents Insurance:

- A person who is your Spouse or Domestic Partner prior to their enrollment for Dependents Insurance.
  
  Your Spouse means your lawful Spouse or Civil Union Partner.
Your Civil Union Partner is a person with whom you have established a civil union relationship which is valid under the laws of the jurisdiction in which the civil union relationship was created. In addition, government-sanctioned same-sex relationships validly established under the laws of other states and foreign nations that provide substantially all of the rights and benefits of marriage are recognized as civil unions.

Your Domestic Partner is a person who:

1. Satisfies the requirements for being a domestic partner or, registered domestic partner under the law of your jurisdiction of residence; or
2. Is a person of the same sex who satisfies all of the following:
   a. is age 18 or older; and
   b. is not related to you by blood or a degree of closeness that would prohibit marriage in the law of the jurisdiction in which you reside; and
   c. is mentally competent to consent to contract; and
   d. is not married to another person under statutory or common law nor in a domestic partnership, registered domestic partnership or civil union with another person; and
   e. is not otherwise a Qualified Dependent under the Program; and
   f. is in a single dedicated, serious and committed relationship with you; and
   g. has shared a single permanent residence with you for at least 12 consecutive months; and
   h. is financially interdependent with you.

Where requested by Prudential, you and/or your Domestic Partner certify that all of the above requirements are satisfied. Such certification shall be in a format satisfactory to Prudential.

Either a Spouse or Civil Union/Domestic Partner may be a Qualified Dependent under the Program at any one time, but not both at the same time.

- Your children from 14 days to 26 years old.*

*This age limit will not apply until the end of the calendar year in which your Qualified Dependent child attains age 26.

Your children include your legally adopted children, children placed with you for adoption prior to legal adoption, and each of your stepchildren, Civil Union/Domestic Partner’s children and foster children. A child placed with you for adoption prior to legal adoption is considered your Qualified Dependent from the date of placement for adoption, and is treated as though the child was your newborn child.

Exceptions:

Your Spouse, Civil Union/Domestic Partner or child is not your Qualified Dependent while:

1. on active duty in the armed forces of any country; or
2. insured for life coverage under the Group Contract as an Employee; or
(3) the Spouse, Civil Union/Domestic Partner or child continues to have life insurance coverage under the Group Contract under a coverage continuation provision such as the Extended Death Benefit and Waiver of Premiums During Total Disability provision of the Employee Term Life Coverage.

A child will not be considered the Qualified Dependent of more than one Employee. If this would otherwise be the case, the child will be considered the Qualified Dependent of the Employee named in a written agreement of all such Employees filed with the Contract Holder. If there is no written agreement, the child will be considered the Qualified Dependent of:

(1) the Employee who became insured under the Group Contract with respect to the child, while the child was a Qualified Dependent of only that Employee; and otherwise

(2) the Employee who has the longest continuous service with the Employer, based on the Contract Holder's records.

The rules for obtaining Dependents Insurance are in the When You Become Insured section.

When You Become Insured

FOR EMPLOYEE INSURANCE

Your Non-contributory Employee Insurance under a Coverage will begin the first day on which you have met the following tests and your Contributory Employee Insurance under a Coverage will begin the first of the month on which you have met the following tests:

• You have enrolled, if the Coverage is Contributory; and

• You are eligible for Employee Insurance; and

• You are in a Covered Class for that insurance; and

• You have met any evidence requirement for Employee Insurance; and

• Your insurance is not being delayed under the Delay of Effective Date section below; and

• That Coverage is part of the Group Contract.

For Contributory Insurance, you must enroll on a form approved by Prudential and agree to pay the required contributions. Your Employer will tell you whether contributions are required and the amount of any contribution when you enroll.

At any time, the benefits for which you are insured are those for your class, unless otherwise stated.

When evidence is required: In any of these situations, you must give evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

(1) For Contributory Insurance, you enroll more than 31 days after you could first be covered, or more than 31 days after a Life Event or, in the case of a birth or adoption of a child, within 90 days of the event.
(2) You enroll after any of your insurance under the Group Contract ends because you did not pay a required contribution.


FOR DEPENDENTS INSURANCE

Your Dependents Insurance under a Coverage for a person will begin the first day on which all of these conditions are met:

- You have enrolled for the person for Dependents Insurance under the Coverage, if the Coverage is Contributory.
- The person is your Qualified Dependent.
- You are in a Covered Class for that insurance.
- To be insured for a Qualified Dependent under the Optional Dependents Term Life Coverage, you must be insured under the Optional Employee Term Life Coverage of the Group Contract.
- Any evidence requirement for that Qualified Dependent has been met.
- Your insurance for that Qualified Dependent is not being delayed under the Delay of Effective Date section below.
- Dependents Insurance under that Coverage is part of the Group Contract.

For Contributory Insurance, you must enroll your Qualified Dependent on a form approved by Prudential and agree to pay the required contributions. Your Employer will tell you whether contributions are required and the amount of any contribution when you enroll your Qualified Dependent.

At any time, the Dependents Insurance benefits for which you are insured are those for your class, unless otherwise stated.

When evidence is required: In any of these situations, evidence of insurability must be given for a Qualified Dependent Spouse or Civil Union/Domestic Partner. This requirement will be met when Prudential decides the evidence is satisfactory. Evidence is not required for a Qualified Dependent child.

(1) For Contributory Insurance, you enroll for Dependents Insurance under a Coverage more than 31 days after you are first eligible for Dependents Insurance or more than 31 days after a Life Event.

(2) You enroll for Dependents Insurance after any of your insurance under the Group Contract ends because Prudential did not receive a contribution that you are required to pay from the Contract Holder.

(3) The Qualified Dependent Spouse or Civil Union/Domestic Partner is a person for whom a previous requirement for evidence of insurability has not been met. The evidence was required for that person to become covered for an insurance, as a dependent or an Employee. That insurance is or was under any Prudential group contract for Employees of the Employer.

Change in Family Status: It is important that you inform the Employer promptly when you first acquire or lose a Qualified Dependent. You should also inform the Employer if your Dependents Insurance status changes from one to another of these categories:
• No Qualified Dependents.
• Qualified Dependent Spouse or Civil Union/Domestic Partner only.
• Qualified Dependent Spouse or Civil Union/Domestic Partner and children.
• Qualified Dependent children only.

If you are insured under a Coverage for one or more children, you need not report additional children. Forms are available for reporting these changes.

Delay of Effective Date

FOR EMPLOYEE INSURANCE

Your Employee Insurance under a Coverage will be delayed if you do not meet the Active Work Requirement on the day your insurance would otherwise begin. Instead, it will begin on the first day you meet the Active Work Requirement and the other requirements for the insurance. The same delay rule will apply to any increase in your insurance that is subject to this section. If you do not meet the Active Work Requirement on the day that an increase would take effect, it will take effect on the day you meet that requirement.

FOR DEPENDENTS TERM LIFE COVERAGE

A Qualified Dependent may be confined for medical care or treatment, at home or elsewhere. If a Qualified Dependent is so confined on the day that your Dependents Insurance under a Coverage for that Qualified Dependent, or any increase in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or increase will take effect upon the Qualified Dependent's final medical release from all such confinement. The other requirements for the insurance or increase must also be met.

Newborn Child Exception: This section does not apply to a child of yours if the child is born to you and either:

(1) is your first Qualified Dependent; or

(2) becomes a Qualified Dependent while you are insured for Dependents Insurance under that Coverage for any other Qualified Dependent.

Also, this section does not apply to any age increase in the amount of insurance for a child under the Dependents Term Life Coverage.
Employee Term Life Coverage

FOR YOU ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON.

If you die while a Covered Person, the amount of your Employee Term Life Insurance under this Coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING CONVERSION PERIOD.

A death benefit is payable under this Section B if you die:

(1) within 31 days after you cease to be a Covered Person or within 31 days after the date your amount of Employee Term Life Insurance under this Coverage is reduced; and

(2) while entitled (under Section C) to convert all or part of your Employee Term Life Insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Employee Term Life Insurance under this Coverage you were entitled to convert. It is payable even if you did not apply for conversion. It is payable when Prudential receives written proof of death.

C. CONVERSION PRIVILEGE.

If you cease to be insured for all or part of the Employee Term Life Insurance of the Group Contract for one of the reasons stated below, you may convert your insurance under this Coverage, which then ends, to an individual life insurance contract. Evidence of insurability is not required. The reasons are:

(1) Your employment ends, you transfer out of a Covered Class, or your amount of insurance is reduced by reason of age or an amendment to the Group Contract that changes the benefits for your class.

(2) All term life insurance of the Group Contract for your class ends by amendment or otherwise. But, on the date it ends, you must have been insured for five years for that insurance (or for that insurance and any or group contract replaced by that insurance).

Any such conversion is subject to the rest of this Section C.

Availability: You must apply for the individual contract and pay the first premium by the later of:

(1) the thirty-first day after you cease to be insured for all or part of the Employee Term Life Insurance; and

(2) the fifteenth day after you have been given written notice of the conversion privilege. But, in no event may you convert the insurance to an individual contract if you do not apply for the contract and pay the first premium prior to the ninety-second day after you cease to be insured for all or part of the Employee Term Life Insurance.
**Individual Contract Rules:** The individual contract must conform to the following:

**Amount:** If you cease to be insured for all of the Employee Term Life Insurance under this Coverage, not more than your amount of such insurance when your insurance ends. But, if it ends because all term life insurance of the Group Contract for your class ends, the total amount of individual insurance which you may get in place of all your life insurance then ending under the Group Contract will not exceed the lesser of the following:

1. The total amount of all your life insurance then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which you are or become eligible within the next 31 days.

2. $10,000.

If your amount of Employee Term Life Insurance under this Coverage is reduced, not more than the amount of the reduction.

**Form:** Any form of a life insurance contract that:

1. conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and

2. is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

**Premium:** Based on Prudential's rate as it applies to the form and amount, and to your class of risk and age at the time.

**Effective Date:** The end of the 31 day period after you cease to be insured for the Employee Term Life Insurance.

Any death benefit provided under a section of this Coverage is payable according to that section, the Beneficiary and Mode of Settlement Rules, and these rules.

1. If Prudential determines that all or part of a claim is payable, Prudential will pay that benefit within 60 days after Prudential receives written proof of death.

2. If Prudential determines that all or part of a claim is not payable, Prudential will send written notice of the denial to the claimant within 45 days after Prudential receives written proof of death. The notice will state the reason the claim is being denied. But the notice will not state the reason the claim is being denied if Prudential reasonably believes that the claim constitutes probable cause for fraud.

3. If Prudential needs more information to determine if all or part of a claim is payable, Prudential will send written notice to the claimant within 45 days after Prudential receives written proof of death. The notice will state the reason the claim is being investigated. But the notice will not state the reason the claim is being investigated if Prudential reasonably believes that the claim constitutes probable cause for fraud. Prudential will then either pay the benefit or deny the claim within 90 days after Prudential receives the additional information.
(4) Any part of a payable claim that is not paid to the claimant within the above time limits is an Overdue Payment. Prudential will pay interest on an Overdue Payment beginning on the date the payment becomes overdue, and ending on the date payment is made to the claimant. The annual interest rate will be the average rate of return of the State of New Jersey Cash Management Fund for the preceding fiscal year, rounded to the nearest one-half percent.
Option to Accelerate Payment of Death Benefits

The following is added to the Basic Employee Term Life Coverage provision:

Definitions

- Terminally Ill Employee: An Employee whose life expectancy is 12 months or less.

- Terminal Illness Proceeds: The amount of Basic Employee Term Life Insurance that you may elect to place under this option. The Terminal Illness Proceeds are equal to 50% of the amount in force on your life on the date Prudential receives the proof that you are a Terminally Ill Employee but not more than $250,000. However, the Terminal Illness Proceeds may be reduced if, within 12 months after the date Prudential receives such proof, a reduction on account of age would have applied to the amount of your Basic Employee Term Life Insurance. In that case, the amount of the Terminal Illness Proceeds may not exceed the amount of such Insurance after applying the reduction.

Option: If you are a Terminally Ill Employee while insured under the Basic Employee Term Life Insurance provision or while your death benefit protection is being extended under the Basic Employee Term Life Coverage provision, you may elect to have the Terminal Illness Proceeds placed under this option. That election is subject to the conditions set forth below. To exercise this option, you should use a claim form and follow the instructions on the form. If you do not have a claim form, contact your Employer.

Payment of Terminal Illness Proceeds: If you elect this option, Prudential will pay the Terminal Illness Proceeds you place under this option in one sum when it receives proof that you are a Terminally Ill Employee.

If you do not want the Terminal Illness Proceeds in one sum, you may elect to have them paid in 12 equal monthly installments. The first monthly payment will be due when Prudential receives proof that you are a Terminally Ill Employee. The other payments are due on the same day of each later month.

To Whom Payable: The benefits under this provision are payable to you.

Amount Due But Unpaid at Your Death: If you elect this option and you die before Prudential has paid the Terminal Illness Proceeds to you, Prudential will pay the amount of Basic Employee Term Life Insurance payable on your death to your Beneficiary or Beneficiaries determined under the Beneficiary Rules.

If you elect monthly installments and you die before all payments have been made, Prudential will pay your Beneficiary or Beneficiaries determined under the Beneficiary Rules in one sum. That sum will be the total of the payments that remain.

Conditions: Your right to be paid under this option is subject to these terms:

1. You must choose this option in writing in a form that satisfies Prudential.

2. You must furnish proof that satisfies Prudential that your life expectancy is 12 months or less, including certification by a Doctor.
(3) Your Basic Employee Term Life Insurance must not be assigned.

(4) Terminal Illness Proceeds will be made available to you on a voluntary basis only. Therefore:

(a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.

(b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this benefit.

**Effect on Coverage:** This benefit is in lieu of the benefits that would have been paid on your death with respect to the Terminal Illness Proceeds. When you elect this option, the total amount of Basic Employee Term Life Insurance otherwise payable on your death, including any amount under an extended death benefit, will be reduced by the Terminal Illness Proceeds. Also, any amount you could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds. Your Dependents Insurance, if any, will not end solely due to payment of the Terminal Illness Proceeds.

**Effect on Contributions:** The amount of your contribution, if any, will be adjusted based on the amount of your Basic Employee Term Life Coverage remaining in force.

**Cancellation:** You may cancel this Option to Accelerate Payment of Death Benefits at any time. If you wish to do so, contact your Employer.

____________________
Option to Accelerate Payment of Death Benefits

The following is added to the Optional Employee Term Life Coverage provision:

Definitions

- Terminally Ill Employee: An Employee whose life expectancy is 12 months or less.

- Terminal Illness Proceeds: The amount of Optional Employee Term Life Insurance that you may elect to place under this option. The Terminal Illness Proceeds are equal to 50% of the amount in force on your life on the date Prudential receives the proof that you are a Terminally Ill Employee but not more than $350,000. However, the Terminal Illness Proceeds may be reduced if, within 12 months after the date Prudential receives such proof, a reduction on account of age would have applied to the amount of your Optional Employee Term Life Insurance. In that case, the amount of the Terminal Illness Proceeds may not exceed the amount of such Insurance after applying the reduction.

Option: If you are a Terminally Ill Employee while insured under the Optional Employee Term Life Insurance provision or while your death benefit protection is being extended under the Optional Employee Term Life Coverage provision, you may elect to have the Terminal Illness Proceeds placed under this option. That election is subject to the conditions set forth below. To exercise this option, you should use a claim form and follow the instructions on the form. If you do not have a claim form, contact your Employer.

Payment of Terminal Illness Proceeds: If you elect this option, Prudential will pay the Terminal Illness Proceeds you place under this option in one sum when it receives proof that you are a Terminally Ill Employee.

If you do not want the Terminal Illness Proceeds in one sum, you may elect to have them paid in 12 equal monthly installments. The first monthly payment will be due when Prudential receives proof that you are a Terminally Ill Employee. The other payments are due on the same day of each later month.

To Whom Payable: The benefits under this provision are payable to you.

Amount Due But Unpaid at Your Death: If you elect this option and you die before Prudential has paid the Terminal Illness Proceeds to you, Prudential will pay the amount of Optional Employee Term Life Insurance payable on your death to your Beneficiary or Beneficiaries determined under the Beneficiary Rules.

If you elect monthly installments and you die before all payments have been made, Prudential will pay your Beneficiary or Beneficiaries determined under the Beneficiary Rules in one sum. That sum will be the total of the payments that remain.

Conditions: Your right to be paid under this option is subject to these terms:

1. You must choose this option in writing in a form that satisfies Prudential.
2. You must furnish proof that satisfies Prudential that your life expectancy is 12 months or less, including certification by a Doctor.
(3) Your Optional Employee Term Life Insurance must not be assigned.

(4) Terminal Illness Proceeds will be made available to you on a voluntary basis only. Therefore:

   (a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.

   (b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this benefit.

**Effect on Coverage:** This benefit is in lieu of the benefits that would have been paid on your death with respect to the Terminal Illness Proceeds. When you elect this option, the total amount of Optional Employee Term Life Insurance otherwise payable on your death, including any amount under an extended death benefit, will be reduced by the Terminal Illness Proceeds. Also, any amount you could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds. Your Dependents Insurance, if any, will not end solely due to payment of the Terminal Illness Proceeds.

**Effect on Contributions:** The amount of your contribution, if any, will be adjusted based on the amount of your Optional Employee Term Life Coverage remaining in force.

**Cancellation:** You may cancel this Option to Accelerate Payment of Death Benefits at any time. If you wish to do so, contact your Employer.
Optional Dependents Term Life Coverage

FOR YOUR DEPENDENTS ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON.

If a dependent dies while a Covered Person, the amount of insurance on that dependent under this Coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING A CONVERSION PERIOD.

A death benefit is payable under this Section B if a dependent dies:

(1) within 31 days after ceasing to be a Covered Person; and

(2) while entitled (under Section C) to a conversion of the insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Dependents Term Life Coverage which could have been converted. It is payable even if conversion was not applied for. It is payable when Prudential receives written proof of death.

C. CONVERSION PRIVILEGE.

This privilege applies if you cease to be insured for the Dependents Term Life Coverage of the Group Contract with respect to a dependent. That dependent may have your insurance on the dependent under this Coverage, which then ends, converted to an individual life insurance contract. Evidence of insurability is not required. However, conversion is not available if the insurance ends for one of these reasons:

(1) You fail to make any required contribution for insurance under the Group Contract.

(2) All Dependents Term Life Coverage of the Group Contract for your class ends by amendment or otherwise. This (2) does not apply if, on the date it ends, you have been insured with respect to the dependent for five years for that insurance (or for that insurance and any group contract replaced by that insurance).

Any such conversion is subject to the rest of this Section C.

Availability: The individual contract must be applied for and the first premium must be paid by the later of:

(1) the thirty-first day after you cease to be insured for Dependents Term Life Coverage with respect to the dependent; and

(2) the fifteenth day after you have been given written notice of the conversion privilege. But, in no event may you convert the insurance to an individual contract if you do not apply for the contract and pay the first premium prior to the ninety-second day after you cease to be insured for Dependents Term Life Coverage with respect to the dependent.
**Individual Contract Rules:** The individual contract must conform to the following:

**Amount:** Not more than the amount of Dependents Term Life Coverage on the dependent ending under this Coverage. But, if it ends because all the Dependents Term Life Coverage of the Group Contract for your class ends, the total amount of individual insurance which may be obtained in place of all the Dependents Term Life Coverage on the dependent then ending under the Group Contract will not exceed the lesser of the following:

1. The total amount of all your Dependents Term Life Coverage on the dependent then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which you are or become eligible with respect to the dependent within the next 31 days.
2. $10,000.

**Form:** Any form of a life insurance contract that:

1. conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
2. is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

**Premium:** Based on Prudential's rate as it applies to the form and amount, and to the dependent's class of risk and age at the time.

**Effective Date:** The end of the 31 day period after you cease to be insured for Dependents Term Life Coverage with respect to the dependent.

Any death benefit provided under a section of this Coverage:

1. is payable to you. If you are not living at the death of a dependent*, the death benefit is payable to the dependent's estate or, at Prudential's option, to any one or more of these surviving relatives of the dependent: wife; husband; Civil Union Partner; mother; father; children; brothers; sisters.
   
   * If you and a dependent die in the same event and it cannot be determined who died first, the insurance will be payable as if that dependent died before you.

2. is payable according to that section and these claim rules.

   (a) If Prudential determines that all or part of a claim is payable, Prudential will pay that benefit within 60 days after Prudential receives written proof of death.

   (b) If Prudential determines that all or part of a claim is not payable, Prudential will send written notice of the denial to the claimant within 45 days after Prudential receives written proof of death. The notice will state the reason the claim is being denied. But the notice will not state the reason the claim is being denied if Prudential reasonably believes that the claim constitutes probable cause for fraud.
(c) If Prudential needs more information to determine if all or part of a claim is payable, Prudential will send written notice to the claimant within 45 days after Prudential receives written proof of death. The notice will state the reason the claim is being investigated. But the notice will not state the reason the claim is being investigated if Prudential reasonably believes that the claim constitutes probable cause for fraud. Prudential will then either pay the benefit or deny the claim within 90 days after Prudential receives the additional information.

(d) Any part of a payable claim that is not paid to the claimant within the above time limits is an Overdue Payment. Prudential will pay interest on an Overdue Payment beginning on the date the payment becomes overdue, and ending on the date payment is made to the claimant. The annual interest rate will be the average rate of return of the State of New Jersey Cash Management Fund for the preceding fiscal year, rounded to the nearest one-half percent.
Option to Accelerate Payment of Death Benefits

FOR YOUR DEPENDENT SPOUSE OR CIVIL UNION/DOMESTIC PARTNER

The following is added to the Dependents Term Life Coverage provision.

Definitions

- Terminally Ill Dependent: A dependent Spouse or Civil Union/Domestic Partner whose life expectancy is 12 months or less.

- Terminal Illness Proceeds: The amount of Dependents Term Life Insurance that you may elect to place under this option. You may elect any amount up to 25% of the amount in force on your dependent’s life on the date Prudential receives the proof that such dependent is a Terminally Ill Dependent. However, the Terminal Illness Proceeds may be reduced if, within 12 months after the date Prudential receives such proof, a reduction on account of age would have applied to the amount of your Dependents Term Life Insurance for that dependent. In that case, the amount of the Terminal Illness Proceeds may not exceed the amount of such Insurance after applying the reduction.

Option: If your dependent is a Terminally Ill Dependent while you are insured for that dependent under the Dependents Term Life Insurance provision or while the dependent’s death benefit protection is being extended under the Dependents Term Life Insurance provision, you may elect to have the Terminal Illness Proceeds placed under this option. That election is subject to the conditions set forth below. To exercise this option, you should use a claim form and follow the instructions on the form. If you do not have a claim form, contact your Employer.

Payment of Terminal Illness Proceeds: If you elect this option, Prudential will pay the Terminal Illness Proceeds you place under this option in one sum when it receives proof that your dependent is a Terminally Ill Dependent.

If you do not want the Terminal Illness Proceeds in one sum, you may elect to have them paid in 12 equal monthly installments. The first monthly payment will be due when Prudential receives proof that your dependent is a Terminally Ill Dependent. The other payments are due on the same day of each later month.

To Whom Payable: The benefits under this provision are payable to you.

Amount Due But Unpaid at Your Dependent’s Death: If you elect payment in one sum and your Terminally Ill Dependent dies before Prudential has paid you the Terminal Illness Proceeds, Prudential will pay you the amount of Dependents Term Life Insurance payable on your dependent’s death.

If you elect monthly installments and your Terminally Ill Dependent dies before all payments have been made, Prudential will pay you in one sum. That sum will be the total of the payments that remain.
**Amount Due But Unpaid at Your Death:** The following rules apply:

1. If you elect payment in one sum and you die before Prudential has paid you the Terminal Illness Proceeds, Prudential will pay the amount of Dependents Term Life Insurance payable on your dependent's death.

2. If you elect monthly installments and you die before all payments have been made, Prudential will pay in one sum an amount equal to the total of the payments that remain.

Payment will be made to your Spouse or Civil Union/Domestic Partner if living, otherwise to your estate.

**Conditions:** Your right to be paid under this option is subject to these terms:

1. You must choose this option in writing in a form that satisfies Prudential.

2. You must furnish proof that satisfies Prudential that your dependent’s life expectancy is 12 months or less, including certification by a Doctor.

3. Your Dependents Term Life Insurance must not be assigned.

4. Terminal Illness Proceeds will be made available to you on a voluntary basis only. Therefore:
   
   (a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.

   (b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this benefit.

**Effect on Coverage:** This benefit is in lieu of the benefits that would have been paid on your dependent's death with respect to the Terminal Illness Proceeds. When you elect this option, the total amount of Dependents Term Life Insurance otherwise payable on your dependent’s death, including any amount under an extended death benefit, will be reduced by the Terminal Illness Proceeds. Also, any amount your dependent could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds.

**Effect on Contributions:** The amount of your contribution, if any, will be adjusted based on the amount of your Dependents Term Life Coverage remaining in force.

**Cancellation:** You may cancel this Option to Accelerate Payment of Death Benefits at any time. If you wish to do so, contact your Employer.
Basic Accidental Death and Dismemberment Coverage

FOR YOU ONLY

This Coverage pays benefits for accidental Loss which results from an accident.

A. DEFINITIONS OF LOSS.

Loss means your:

(1) loss of life;

(2) total and permanent Loss of Sight;

(3) total and permanent Loss of Speech;

(4) total and permanent Loss of Hearing;

(5) permanent loss of arm or leg by severance at or above the elbow or the knee;

(6) permanent loss of hand or foot by severance at or above the wrist or ankle;

(7) permanent loss of thumb and index finger of the same hand or permanent loss of four fingers on the same hand by severance at or above the point at which they are attached to the hand;

(8) permanent loss of all toes on the same foot or the big toe by severance at or above the point at which they are attached to the foot;

(9) loss due to Quadriplegia, Paraplegia or Hemiplegia.

(10) Loss of Use of a hand, foot, arm or leg;

(11) loss due to Coma.

Loss of Sight means total and permanent loss of sight. Corrected visual acuity must be 20/200 or worse or the field of vision must be less than 20 degrees.

Loss of Speech means total and permanent loss of speech that continues for at least 12 consecutive months following the Covered Accident.

Loss of Hearing means a hearing loss of greater than 70 decibels at all frequencies or there is less than 50% speech discrimination at 70 decibels on an audiogram.

Quadriplegia means the total and permanent paralysis of both upper and both lower limbs.

Paraplegia means the total and permanent paralysis of both lower limbs.

Hemiplegia means the total and permanent paralysis of the upper and lower limbs on one side of the body.
Loss of Use means total and permanent loss of function.

Coma means a persistent vegetative state in which there is no response to external stimuli as determined by the person’s Doctor.

B. BENEFITS.

Benefits for accidental Loss are payable only if all of these conditions are met:

1. You sustain an accidental bodily Injury while a Covered Person.

2. The Loss results directly from that Injury and from no other cause.

3. You suffer the Loss within 365 days after the accident. But, if the Loss is due to Coma, that Loss:
   
   a. begins within 365 days after the accident;
   
   b. continues for 31 consecutive days; and
   
   c. is total, continuous and permanent at the end of that 31-day period.

Any benefit for a Loss due to Coma will not begin until the end of the 31-day period in (b) above.

Benefits, which would otherwise be payable under the Coverage, will be paid even if the Group Contract ends or you cease to be a Covered Person.

For the purposes of the Coverage:

1. Exposure to the Elements will be considered an accidental bodily Injury. Exposure to the Elements means exposure to severe hot or cold weather that results in actual significant physical injury including sun stroke, heat stroke and frostbite.

2. It will be presumed that you have suffered a Loss of life if your body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant.

Not all such Losses are covered. See Losses Not Covered below.

**Benefit Amount Payable:** The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limits below.

<table>
<thead>
<tr>
<th>Loss of or by Reason of:</th>
<th>Percent of Your Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100</td>
</tr>
<tr>
<td>Both Hands</td>
<td>100</td>
</tr>
<tr>
<td>Both Feet</td>
<td>100</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100</td>
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<tr>
<td>One Hand and Sight of One Eye</td>
<td>100</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>100</td>
</tr>
</tbody>
</table>
Quadriplegia ................................................................. 100
One Arm ................................................................. 75
One Leg ................................................................. 75
Paraplegia ..................................................................... 75
Sight of One Eye ......................................................... 50
Speech ......................................................................... 50
Hearing in Both Ears ..................................................... 50
One Hand ..................................................................... 50
One Foot ..................................................................... 50
Hemiplegia ................................................................... 50
Thumb and Index Finger of the Same Hand (permanent loss) ............................................ 25
Four Fingers of the Same Hand (permanent loss) ............................................................... 25
All Toes on One Foot (permanent loss) ................................................................................ 25
Big Toe (permanent loss) ....................................................................................................... 13
Coma ........................................................................... 1% per month, up to 100 months

Limit Per Accident:

No more than your Amount of Insurance under this Coverage at the time of the accident will be paid for all Losses resulting from Injuries sustained in that accident.

C. LOSSES NOT COVERED.

A Loss is not covered if it results from any of these:

(1) Suicide or attempted suicide, while sane or insane.

(2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.

(3) Sickness, whether the Loss results directly or indirectly from the Sickness.

(4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.

(5) Any bacterial or viral infection. But, this does not include:

(a) a pyogenic infection resulting from an accidental cut or wound; or

(b) a bacterial infection resulting from accidental ingestion of a contaminated substance.

(6) War, or any act of war. War means declared or undeclared war, and includes resistance to armed aggression. Terrorism is not considered an act of war.

Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.

(7) An accident that occurs while you are serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training.

(8) Commission of or attempt to commit a felony.
(9) Travel or flight in any vehicle used for aerial navigation, if any of these apply:

(a) You are riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

(b) You are performing as a pilot or a crew member of any aircraft.

(c) You are riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.

This includes getting in, out, on or off any such vehicle.

(10) Being under the influence of alcohol or alcohol intoxication, including but not limited to having a blood alcohol level above the limit for permissible operation of a motor vehicle in the jurisdiction where the Loss occurred, regardless of whether the person: (a) was operating a motor vehicle; and (b) was convicted of an alcohol related offense.

(11) Being under the influence of or taking any non-prescription drug, medication, narcotic, stimulant, hallucinogen, barbiturate, amphetamine, gas, fumes or inhalants, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the insured’s Doctor.

(12) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.

The Claim Rules apply to the payment of the benefits.

Payment of benefits under the Coverage will not be affected if:

(1) your Coverage ends; and

(2) you were a Covered Person when the accidental bodily Injury that resulted in the Loss occurred.

Proof of loss for which claim is made may be furnished after your Coverage ends, but it must be given within the time period described under the Claim Rules.
Additional Benefits under Basic Accidental Death and Dismemberment Coverage

FOR YOU ONLY

A. ADDITIONAL BENEFITS RELATED TO LOSSES.

If a benefit is payable under the Coverage for a Loss an additional benefit may be payable. Any such benefit is payable in addition to any other benefit payable under this Coverage. The additional amount payable for each additional benefit and any additional conditions that apply to an additional benefit are shown below. An additional benefit is payable only if those conditions are met.

(1) Additional Benefit for Loss of Life as a Result of an Accident in an Automobile While Using a Seat Belt:

This additional benefit for your Loss of life only applies if you sustain an accidental bodily Injury resulting in the Loss while:

(a) you are a driver or passenger in an Automobile;
(b) you are wearing a Seat Belt in the manner prescribed by the vehicle’s manufacturer; and
(c) the actual use of a Seat Belt at the time of the Injury is verified in an official report of the accident, or is certified in writing by the investigating official(s).

Losses Not Covered under this Additional Benefit: A Loss is not covered under this additional benefit if it results from driving or riding in any Automobile used in a race or a speed or endurance test, or for acrobatic or stunt driving, or for any illegal purpose.

Additional Amount Payable under this Additional Benefit: An amount equal to the lesser of:

(1) 10% of your Amount of Insurance; and
(2) $10,000.

(2) Additional Benefit for Loss of Life as a Result of an Accident in an Automobile While Using an Air Bag:

This additional benefit for your Loss of life only applies if this test is met. You sustain an accidental bodily Injury resulting in the Loss while:

(a) you are a driver or passenger in an Automobile;
(b) you are wearing a Seat Belt in the manner prescribed by the vehicle’s manufacturer;
(c) the actual use of a Seat Belt at the time of the Injury is verified in an official report of the accident, or is certified in writing by the investigating official(s);

(d) the Automobile is equipped with a factory-installed Air Bag; and

(e) a properly functioning Air Bag was deployed for the seat that you occupied.

**Losses Not Covered under this Additional Benefit:** A Loss is not covered under this additional benefit if it is results from driving or riding in any Automobile used in a race or a speed or endurance test, or for acrobatic or stunt driving, or for any illegal purpose.

**Additional Amount Payable under this Additional Benefit:** An amount equal to the lesser of:

1. 10% of your Amount of Insurance; and
2. $10,000.

(3) **Additional Benefit for Loss as a Result of Felonious Assault:**

This additional benefit only applies if you suffer a Loss that is the result of a Felonious Assault which occurs:

(a) because of your employment; and

(b) while you are Working for Your Employer or on an Authorized Business Trip.

**Additional Amount Payable under this Additional Benefit:** An amount equal to the lesser of:

1. 5% of your Amount of Insurance; and
2. $5,000.

(4) **Additional Benefit for Emergency or Disaster Response Team Member:**

This additional benefit only applies if you suffer a Loss that results from an accident (including while riding in, getting into or out of an ambulance, airplane or helicopter) that occurs:

(a) while you are a participating member of the Contract Holder’s emergency or disaster response team;

(b) while you are responding to a bona fide emergency or disaster as determined by the Contract Holder; and

(c) while you are Working for Your Employer.

**Additional Amount Payable under this Additional Benefit:** An amount equal to the lesser of:

1. 5% of your Amount of Insurance; and
2. $5,000.
Definitions under Basic Accidental Death and Dismemberment Coverage

FOR YOU ONLY

Some of the terms used in the Coverage:

Air Bag: An inflatable safety device that: (1) meets published federal safety standards; (2) is installed by the Automobile’s manufacturer or replaced by an organization sanctioned by the Automobile’s manufacturer; and (3) is not altered after that installation or replacement.

Authorized Business Trip: A trip that your Employer authorizes you to take for the purpose of furthering its business. An Authorized Business Trip: (1) starts when you leave your residence or Regular Place of Employment, whichever is later; and (2) ends when you return to your residence or Regular Place of Employment, whichever is earlier.

Automobile: A validly registered:

(1) vehicle that may be legally driven with the standard issue class of motor vehicle driver's license and no additional class of license is necessary to operate this vehicle; or

(2) four wheel, two axle private passenger motor vehicle.

But Automobile does not include: (1) a motor vehicle intended for off-road use; or (2) a motor vehicle being used without the owner’s permission.

Coma: A profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person’s Doctor.

Commuting to and from Work: Leaving your primary residence and going directly to your Regular Place of Employment; and returning from your Regular Place of Employment and going directly to your primary residence. Such commuting must take place during a regular workday.

Felonious Assault: A Physical Attack by another person resulting in bodily harm to you. But, a Felonious Assault is not a moving violation as defined under the applicable state motor vehicle laws.

Physical Attack: Any willful or unlawful use of force or violence upon you with the intent to cause bodily Injury to you. The Physical Attack must be considered a felony or misdemeanor in the jurisdiction in which it occurs.

Regular Place of Employment: The Employer’s place of business at which you spend at least 50% of your working hours and which is located within 100 miles of your primary residence. Satellite offices located within 100 miles of your primary residence are also included.

Seat Belt: Any passive restraint device for an adult that meets published federal safety standards, is installed by the Automobile’s manufacturer or replaced by an organization sanctioned by the Automobile’s manufacturer; and is not altered or replaced after that installation.

Working for Your Employer: Performing the duties of your job with your Employer either on or off your Employer’s premises. But the term does not include Commuting to and from Work, vacations or leaves of absence.
General Information

BENEFICIARY RULES

The rules in this section apply to insurance payable on account of your death, when the Coverage states that they do. But these rules are modified by any burial expenses rule in the Schedule of Benefits and, if there is an assignment, by the following sections: Limits on Assignments; and Effect of Gift Assignment of Rights of Group Life Insurance Under Another Group Contract.

"Beneficiary" means a person chosen, on a form approved by Prudential, to receive the insurance benefits.

You have the right to choose a Beneficiary for each Coverage under this Prudential Group Contract.

If there is a Beneficiary for the insurance under a Coverage, it is payable to that Beneficiary. Any amount of insurance under a Coverage for which there is no Beneficiary at your death will be payable to the first of the following: your (a) surviving spouse or Civil Union Partner; (b) surviving child(ren) in equal shares; (c) surviving parents in equal shares; (d) surviving siblings in equal shares; (e) estate. This order will apply unless otherwise provided in the Limits on Assignments.

You may change the Beneficiary at any time without the consent of the present Beneficiary. The Beneficiary change form must be filed through the Contract Holder. The change will take effect on the date the form is signed. But it will not apply to any amount paid by Prudential before it receives the form.

If there is more than one Beneficiary but the Beneficiary form does not specify their shares, they will share equally. If a Beneficiary dies before you, that Beneficiary’s interest will end. It will be shared equally by any remaining Beneficiaries, unless the Beneficiary form states otherwise.

If you and a Beneficiary die in the same event and it cannot be determined who died first, the insurance will be payable as if that Beneficiary died before you.

MODE OF SETTLEMENT RULES

The rules in this section apply to Life and Accident Insurance payable on account of a Covered Person’s death. But these rules are subject to the Limits on Assignments section.

Insurance payable on account of a Covered Person’s death is normally paid to the Beneficiary in one sum. Subject to applicable law, where the amount of the benefit meets Prudential's current minimum requirement, payment in one sum will be made by establishing a retained asset account in the Beneficiary’s name, unless the Beneficiary elects another settlement or payment option available at the time of claim, and the benefit distribution will be deemed complete when the account is established. The retained asset account is an interest-bearing draft account backed by the financial strength of Prudential. Funds are held in Prudential’s general account or elsewhere as Prudential may direct and an account in the Beneficiary’s name is credited interest at a rate set by Prudential’s discretion, subject to a minimum rate that will change no more than once every 90 days on advance notice to the Beneficiary. The Beneficiary is provided a draftbook and has immediate access to the entire amount by writing drafts for any amount up to the account balance. The retained asset account is not a bank account and is not insured by the Federal Deposit Insurance Corporation; it is a contractual undertaking between Prudential and the Beneficiary. Further information about the account is provided at the time of claim. Prudential may at its discretion provide other forms of
payment in one sum. But another mode of settlement may be arranged with Prudential for all or part of the insurance, as stated below.

Arrangements for Mode of Settlement: You may arrange a mode of settlement by proper written request to Prudential.

If, at a Covered Person’s death, no mode of settlement has been arranged for an amount of the person’s Life or Accident Insurance, the Beneficiary and Prudential may then mutually agree on a mode of settlement for that amount.

Conditions for Mode of Settlement: The Beneficiary must be a natural person taking in the Beneficiary’s own right. A mode of settlement will apply to secondary Beneficiaries only if Prudential agrees in writing. Each installment to a person must not be less than $20.00. A change of Beneficiary will void any mode of settlement arranged before the change.

Choice by Beneficiary: A Beneficiary being paid under a mode of settlement may, if Prudential agrees, choose (or change the Beneficiary’s choice of) a payee or payees to receive, in one sum, any amount which would otherwise be payable to the Beneficiary’s estate.

Prudential has prepared information about the modes of settlement available. Ask the Contract Holder for this.

INCONTESTABILITY OF LIFE INSURANCE

This limits Prudential's use of a person's statements in contesting an amount of Life Insurance for which the person is insured. These are statements made to persuade Prudential to accept the person for insurance. They will be considered to be made to the best of the person's knowledge and belief. These rules apply to each statement:

(1) It will not be used in the contest unless:

   (a) It is in a written instrument signed by the person; and

   (b) A copy of that instrument is or has been furnished to the person or, in the event of the person's death or incapacity, to the person's Beneficiary or personal representative.

(2) If it relates to your insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during the person's lifetime.
LIMITS ON ASSIGNMENTS

You may assign your insurance under a Coverage. Unless the Schedule of Benefits states otherwise, insurance under any Coverage providing death benefits or periodic benefits on account of disability may be assigned only as a gift assignment. Any rights, benefits or privileges that you have as an Employee may be assigned. This includes any right you have to choose a Beneficiary or to convert to another contract of insurance. Prudential will not decide if an assignment does what it is intended to do. Prudential will not be held to know that one has been made unless it or a copy is filed with Prudential through the Contract Holder.

This paragraph applies only to insurance for which you have the right to choose a Beneficiary, when that right has been assigned. If an assigned amount of insurance becomes payable on account of your death and, on the date of that death, there is no Beneficiary chosen by the assignee, it will be payable to:

1. the assignee, if living; or
2. the estate of the assignee, if the assignee is not living.

It will not be payable as stated in the Beneficiary Rules.

EFFECT OF GIFT ASSIGNMENT OF RIGHTS OF GROUP LIFE INSURANCE UNDER ANOTHER GROUP CONTRACT

This Section applies to all Coverages providing Employee death benefits.

If you are eligible for insurance under the Group Contract on the Group Contract’s effective date you will have no rights, benefits or privileges under any such Coverage if, on the day before that date, all the following were true:

1. You were insured for group life insurance under another group contract. That contract was issued by Prudential or another insurance carrier to cover Employees of the Employer.
2. Your group life insurance under the other group contract ended.
3. An irrevocable and absolute gift assignment made by you was in effect. It was made before the other contract ended. That assignment was of all your rights, benefits and privileges of the group life insurance under the other group contract. Those rights were owned by the assignee or the assignee’s successor.

The owner of those rights of the group life insurance under the other group contract on the day before this Group Contract’s effective date will be the owner of the rights, benefits, and privileges you would have had under a Coverage if this section did not apply. This includes, but is not limited to, any right of assignment you would have had under the Limits on Assignments section above. The term “assignee” as used in that section includes such an owner.

The term “group life insurance”, as used above, means only group life insurance provided under a group contract in effect on the day before the date the Employer became included under the Group Contract.
DEFINITIONS

**Active Work Requirement:** A requirement that you be actively at work on a full time basis at the Employer's place of business or at any other place that the Employer's business requires you to go. You are considered actively at work during a normal vacation if you were actively at work on your last regularly scheduled workday.

**Authorized Business Trip:** A trip that your Employer authorizes you to take for the purpose of furthering its business. An Authorized Business Trip: (1) starts when you leave your residence or Regular Place of Employment, whichever is later; and (2) ends when you return to your residence or Regular Place of Employment, whichever is earlier.

**Calendar Year:** A year starting January 1.

**Contributory Insurance, Non-contributory Insurance:** Contributory Insurance is insurance for which the Contract Holder has the right to require your contributions. Non-contributory Insurance is insurance for which the Contract Holder does not have the right to require your contributions. The Schedule of Benefits shows whether insurance under a Coverage is Contributory Insurance or Non-contributory Insurance.

**Coverage:** A part of the Booklet consisting of:

1. A benefit page labeled as a Coverage in its title.
2. Any page or pages that continue the same kind of benefits.
3. A Schedule of Benefits entry and other benefit pages or forms that by their terms apply to that kind of benefits.

**Covered Person under a Coverage:** An Employee who is insured for Employee Insurance under that Coverage; a Qualified Dependent for whom an Employee is insured for Dependents Insurance, if any, under that Coverage.

**Dependents Insurance:** Insurance on the person of a dependent.

**Doctor:** A licensed practitioner of the healing arts acting within the scope of the license.

**Earnings:** This is the gross amount of money paid to you by the Employer in cash for performing the duties required of your job. Bonuses, overtime pay, Earnings for more than your regular work schedule, compensatory time and all other benefits are not included.

**Employee:** A person employed by the Employer; a proprietor or partner of the Employer. The term also applies to that person for any rights after insurance ends.

**Employee Insurance:** Insurance on the person of an Employee.

**The Employer:** Collectively, all employers included under the Group Contract.

**Injury:** Injury to the body of a Covered Person.

**Life Event:** Any of the following which constitute a change in family status:

1. your marriage or divorce;
2. becoming or ceasing to be a Civil Union/Domestic Partner;
(3) the death of your Spouse, Civil Union/Domestic Partner, or child;

(4) the birth or adoption of your child or adoption of your Civil Union/Domestic Partner’s child;

(5) employment or termination of employment of your Spouse or Civil Union/Domestic Partner;

(7) changes in a work schedule that affects eligibility for benefits by you or your spouse or Domestic Partner or Civil Union Partner;

(8) you or your spouse or Domestic Partner or Civil Union Partner taking an unpaid leave of absence;

(9) you or your spouse or Domestic Partner or Civil Union Partner returning from a leave of absence;

**Prudential:** The Prudential Insurance Company of America.

**Sickness:** Any disorder of the body or mind of a Covered Person, but not an Injury; pregnancy of a Covered Person, including abortion, miscarriage or childbirth.

**You:** An Employee.
CLAIM RULES

These rules apply to payment of benefits under all accident Coverages.

Notice of Claim: Prudential must be given written notice that a claim will be made. The notice must be given to Prudential within 20 days after the date of the loss. But, failure to meet that time limit will not make the claim invalid if the notice is given as soon as reasonably possible.

Proof of Loss: Prudential must be given written proof of the loss including any requested documentation, such as a death certificate, for which claim is made under the Coverage. This proof must cover the occurrence, character and extent of that loss. It must be furnished within 90 days after the date of the loss. But, if any Coverage provides for periodic payment of benefits at monthly or shorter intervals, the proof of loss for each such period must be furnished within 90 days after the period ends.

A claim will not be considered valid unless the proof is furnished within these time limits. However, it may not be reasonably possible to do so. In that case, the claim will still be considered valid if the proof is furnished as soon as reasonably possible.

Prudential will pay benefits within 60 days after receiving satisfactory proof of loss

When Benefits are Paid: Benefits are paid when Prudential receives written proof of the loss including any requested documentation, such as a death certificate. But, if a Coverage provides that benefits are payable at equal intervals of a month or less, Prudential will not have to pay those benefits more often.

To Whom Payable: Benefits are payable to you. But benefits for your Losses that are unpaid at your death or become payable on account of your death will be paid to your Beneficiary or Beneficiaries. (See Beneficiary Rules.)

If you and a Beneficiary die in the same event and it cannot be determined who died first, benefits will be payable as if that Beneficiary died before you.

Physical Exam and Autopsy: Prudential, at its own expense, has the right to examine the person whose loss is the basis of claim. Prudential may do this when and as often as is reasonable while the claim is pending. Prudential also has the right to arrange for an autopsy in case of accidental death, if it is not forbidden by law.

Legal Action: No action at law or in equity shall be brought to recover on the Group Contract until 60 days after the written proof described above is furnished. No such action shall be brought more than three years after the end of the time within which proof of loss is required.

INCONTESTABILITY OF INSURANCE TO WHICH THE CLAIM RULES APPLY

This limits Prudential's use of a person's statements in contesting an amount of that insurance for which the person is insured. These are statements made to persuade Prudential to effect an amount of that insurance. They will be considered to be made to the best of the person's knowledge and belief. These rules apply to each statement:

(1) It will not be used in a contest to avoid or reduce that amount of insurance unless:

   (a) It is in a written instrument signed by the person; and

   (b) A copy of that instrument is or has been furnished to the person.
(2) It will not be used in the contest after that amount of insurance has been in force, before the contest, for at least two years during the person’s lifetime.
When Your Insurance Ends

EMPLOYEE AND DEPENDENTS INSURANCE

Your Employee Insurance under a Coverage or your Dependents Insurance under a Coverage will end when the first of these occurs:

- Your membership in the Covered Classes for the insurance ends because your employment ends (see below) or for any other reason.

- The part of the Group Contract providing the insurance ends.

- Prudential fails to receive from the Contract Holder, when due, any contribution you are required to pay for an insurance of the Group Contract. But failure to contribute will not cause Non-Contributory Insurance to end, and failure to contribute for Dependents Insurance will not cause your Employee Insurance to end.

- The insurance is Dependents Insurance and your Employee Insurance under that Coverage ends. Or the Insurance is Dependents Insurance under the Dependents Term Life Coverage and your Employee Insurance under the Employee Term Life Coverage ends.

Your Dependents Insurance for a Qualified Dependent under a Coverage will end when that person ceases to be a Qualified Dependent for that Coverage. (See Continued Coverage for an Incapacitated Child below.)

End of Employment: For insurance purposes, your employment will end when you are no longer a benefits eligible Employee actively at work for the Employer. But, under the terms of the Group Contract, the Contract Holder may consider you as still employed in the Covered Classes during certain types of absences from work. This is subject to any time limits or other conditions stated in the Group Contract.

For the purpose of your life insurance under the Group Contract, your employment in the Covered Classes will not be considered to end while you: (1) are absent from work for the Employer on account of your disability; and (2) have been so absent for less than six months; and (3) are not working at any other job for wage or profit.

If you stop active work for any reason, you should contact the Employer at once to determine what arrangements, if any, have been made to continue any of your insurance.

Continued Coverage for an Incapacitated Child: This applies to the Dependents Insurance you have for a child. The insurance for the child will not end on the date the age limit in the definition of Qualified Dependent is reached if both of these are true:

1. The child is then mentally or physically incapable of earning a living. Prudential must receive proof of this within the next 31 days.

2. The child otherwise meets the definition of Qualified Dependent.

If these conditions are met, the age limit will not cause the child to stop being a Qualified Dependent under that Coverage. This will apply as long as the child remains so incapacitated.
The Summary Plan Description is not part of the Group Insurance Certificate. It has been provided by your Employer and included in your Booklet-Certificate upon the Employer’s request.
SUMMARY PLAN DESCRIPTION

This booklet is intended to comply with the disclosure requirements of the regulations issued by the U.S. Department of Labor under the Employee Retirement Income Security Act (ERISA) of 1974. ERISA requires that you be given a "Summary Plan Description" which describes the plan and informs you of your rights under it.

Plan Name

The Trustees of Princeton University Life Insurance Plan

Plan Number

501

Type of Plan

Employee Welfare Benefit Plan

Plan Sponsor

Trustees of Princeton University
Office of Human Resources
2 New South Building
Princeton, New Jersey 08540
Phone: 609-258-6075

Employer Identification Number

21-0634501

Plan Administrator

Trustees of Princeton University
Office of Human Resources
2 New South Building
Princeton, New Jersey 08540
Phone: 609-258-6075

Agent for Service of Legal Process

Trustees of Princeton University
Office of Human Resources
2 New South Building
Princeton, New Jersey 08540
Phone: 609-258-6075

Plan Year Ends

December 31
Plan Benefits Provided by

The Prudential Insurance Company of America
751 Broad Street
Newark, New Jersey  07102

This Group Contract underwritten by The Prudential Insurance Company of America provides insured benefits under your Employer's ERISA plan(s). For all purposes of this Group Contract, the Employer/Policyholder acts on its own behalf or as an agent of its employees. Under no circumstances will the Employer/Policyholder be deemed the agent of The Prudential Insurance Company of America, absent a written authorization of such status executed between the Employer/Policyholder and The Prudential Insurance Company of America. Nothing in these documents shall, of themselves, be deemed to be such written execution.

Loss of Benefits

You must continue to be a member of the class to which this plan pertains and continue to make any of the contributions agreed to when you enroll. Failure to do so may result in partial or total loss of your benefits. It is intended that this plan will be continued for an indefinite period of time. But, the employer reserves the right to change or terminate the plan. This booklet describes your rights upon termination of the plan.

Claim Procedures

1. Determination of Benefits

Prudential shall notify you of the claim determination within 45 days of the receipt of your claim. This period may be extended by 30 days if such an extension is necessary due to matters beyond the control of the plan. A written notice of the extension, the reason for the extension and the date by which the plan expects to decide your claim, shall be furnished to you within the initial 45-day period. This period may be extended for an additional 30 days beyond the original 30-day extension if necessary due to matters beyond the control of the plan. A written notice of the additional extension, the reason for the additional extension and the date by which the plan expects to decide on your claim, shall be furnished to you within the first 30-day extension period if an additional extension of time is needed. However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by Prudential will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from Prudential of your denial. The notice will be written in a manner calculated to be understood by you and shall include:

(a) the specific reason(s) for the denial,

(b) references to the specific plan provisions on which the benefit determination was based,

(c) a description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary,

(d) a description of Prudential’s appeals procedures and applicable time limits, including a statement of your right to bring a civil action under section 502(a) of ERISA following your appeals,
(e) if an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request.

2. Appeals of Adverse Determination

If your claim for benefits is denied or if you do not receive a response to your claim within the appropriate time frame (in which case the claim for benefits is deemed to have been denied), you or your representative may appeal your denied claim in writing to Prudential within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your appeal any written comments, documents, records and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by Prudential, utilizing individuals not involved in the initial benefit determination. This review will not afford any deference to the initial benefit determination.

Prudential shall make a determination on your claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date that Prudential expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If the claim on appeal is denied in whole or in part, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include:

(a) the specific reason(s) for the adverse determination,

(b) references to the specific plan provisions on which the determination was based,

(c) a statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all records, documents and other information relevant to your benefit claim upon request,

(d) a description of Prudential’s review procedures and applicable time limits,

(e) a statement that you have the right to obtain upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination, and

(f) a statement describing any appeals procedures offered by the plan, and your right to bring a civil suit under ERISA.

If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.
If the appeal of your benefit claim is denied or if you do not receive a response to your appeal within the appropriate time frame (in which case the appeal is deemed to have been denied), you or your representative may make a second, voluntary appeal of your denial in writing to Prudential within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your second appeal any written comments, documents, records and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

Prudential shall make a determination on your second claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date by which Prudential expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

Your decision to submit a benefit dispute to this voluntary second level of appeal has no effect on your right to any other benefits under this plan. If you elect to initiate a lawsuit without submitting to a second level of appeal, the plan waives any right to assert that you failed to exhaust administrative remedies. If you elect to submit the dispute to the second level of appeal, the plan agrees that any statute of limitations or other defense based on timeliness is tolled during the time that the appeal is pending.

If the claim on appeal is denied in whole or in part for a second time, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include the same information that was included in the first adverse determination letter. If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

Rights and Protections

As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the plan administrator’s office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The plan administrator may make a reasonable charge for the copies.

- Receive a summary of the plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.
Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.