

Schedule of Benefits

(GR-9N S-01-001-01)

Employer: University of Kentucky

Group Policy Number: GP-285669-GI

Issue Date: June 12, 2017

Effective Date: July 1, 2017

Schedule: 2A

Cert Base: 2

For: Life Insurance and Dependent Life Insurance - Full-Time Employees, WEPP Nurses and All Other Employees hired on or after July 1, 2017,

Schedule of Life Insurance Benefits

(GR-9N S-02-01 01)

Employees

(GR-9N S-02-01 01)

Basic Schedule

Classification *(GR-9N S-02-01 01)*

All Employees Electing Option 1

Amount

100% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

Classification *(GR-9N S-02-01 01)*

All Employees Electing Option 2

Amount

\$50,000

Employees

(GR-9N S-02-01 01)

Supplemental Schedule

Classification

All Employees Electing Option 1

Amount

100% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

All Employees Electing Option 2

200% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

All Employees Electing Option 3

300% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

All Employees Electing Option 4

400% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

All Employees Electing Option 5

500% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

All Employees Electing Option 6

600% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

All Employees Electing Option 7

700% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

All Employees Electing Option 8

800% of your basic annual earnings, as determined by your employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000.

Maximum: \$1,000,000

Minimum: \$10,000

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$2,000,000.

You may elect coverage under any one of the available options shown above for Supplemental Life Insurance. Once you have made a selection, if you wish to make a change, your employer can provide you with information on how and when changes can be made.

The following applies to Basic Life Insurance only

Evidence Requirements

To become insured for Life Insurance coverage, certain requirements will need to be met. You can become insured for Life Insurance in excess of \$500,000 as long as you submit evidence of good health, and **Aetna** approves. If **Aetna** does not approve your evidence of good health, the amount of Life Insurance will be limited to the Guaranteed Standard Issue amount.

In addition, the following apply while you are insured:

- If you first become eligible for an amount of Life Insurance in excess of \$500,000, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves. This does not apply if the sole reason you become eligible for the higher amount is because of an earnings increase.
- If you elect to increase your Life Insurance by any amount after you have applied for an Accelerated Death Benefit, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves.

If you do not or did not elect Life Insurance within 31 days of the date you were first eligible to elect Life Insurance, whether under this Plan or any other group plan sponsored by the Policyholder, coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If evidence of good health is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

The following applies to Supplemental Life Insurance only

Evidence Requirements

To become insured for Supplemental Life Insurance coverage, certain requirements will need to be met. You can become insured for Supplemental Life Insurance in excess of the lesser of three times your basic annual earnings or \$375,000 as long as you submit evidence of good health, and **Aetna** approves. If **Aetna** does not approve your evidence of good health, the amount of Supplemental Life Insurance will be limited to the Guaranteed Standard Issue amount.

In addition, the following apply while you are insured:

- If you first become eligible for an amount of Supplemental Life Insurance in excess of the lesser of three times your basic annual earnings or \$375,000, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves. This does not apply if the sole reason you become eligible for the higher amount is because of an earnings increase.
- You elect to increase your Supplemental Life Insurance
- You elect to increase your Supplemental Life Insurance by any amount after you have applied for an Accelerated Death Benefit, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves.

If you do not or did not elect Supplemental Life Insurance within 31 days of the date you were first eligible to elect Supplemental Life Insurance, whether under this Plan or any other group plan sponsored by the Policyholder,

coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If evidence of good health is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

Dependents Schedule (GR-9N S-02-02 01)

Classification	Amount*
Spouse or domestic partner	
Option 1	\$10,000
Option 2	\$15,000
Option 3	\$20,000
Option 4	\$25,000
Option 5	\$30,000
Unmarried child, age 14 days to age 26 years	
Option 1	\$10,000
Option 2	\$15,000
Option 3	\$20,000
Option 4	\$25,000
Option 5	\$30,000

*but not more than 100% of the amount of your Life Insurance under this plan.

Evidence Requirements for Dependents

For your dependents to become eligible for life insurance coverage, certain requirements will need to be met. Note that the dependent eligibility date is the date you can first elect coverage for a dependent under this plan or any prior group plan.

Requests Submitted More Than 31 Days after the Dependent Eligibility Date

If you request life insurance coverage for a dependent spouse or domestic partner more than 31 days after the dependent eligibility date, the dependent spouse or domestic partner can become insured as long as you submit evidence of the dependent's good health, and **Aetna** approves.

If you must submit evidence of your or your dependent's good health, you must notify **Aetna** if any information that has been submitted to **Aetna** on your or your dependent's behalf has or would change as a result of knowledge gained prior to **Aetna** notifying you that you or your dependents have been approved for the life insurance amount which is subject to evidence of good health.

Accelerated Death Benefit (GR-9N 03-003 01)

Employees and Dependent
Spouses and domestic partners

ADB months	24 months
ADB percentage	up to 75%
ADB minimum	\$5,000
ADB maximum	up to \$500,000

General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.