This section provides an overview of retiree Life Insurance and answers these questions:

<table>
<thead>
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<th>Question</th>
<th>Page</th>
</tr>
</thead>
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<td>116</td>
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</table>
An overview of the Benefits

Your life insurance coverage may continue in retirement. As a retiree, you may be eligible for coverage from these sources:

- **Life Insurance** — paying a benefit to your beneficiary if you die
- **Accidental Death and Dismemberment Insurance** — paying a benefit if you suffer a covered dismemberment or die as the result of an accident before age 65
- **Survivor Income Benefits** — paying monthly income to your eligible survivors if you die before age 65, while covered as a disability retiree under the Retirement Plan
- **Optional Group Life Insurance Benefits** — paying a benefit, if you have enrolled and maintained this coverage, to your beneficiary in the event of your death
- **Dependent Group Life Insurance Benefits** — paying a benefit to you, if you have enrolled and maintained this coverage, and a covered dependent dies
- **Safety Belt User Benefits** — paying a $15,000 benefit if you or another covered participant dies as a result of an automobile accident while wearing a qualified passenger restraint

Who is eligible for retiree Life Insurance benefits?

**Eligibility for benefits**

As provided under the Collective Bargaining Agreement, you are eligible for retiree Life Insurance Benefits if, at the time you retired, you had 10 or more years under the Retirement Plan and the Life and Disability Insurance Program. This coverage does not apply if you are receiving a deferred vested benefit under the Retirement Plan.

In determining whether you have the required 10 years, your years under the Retirement Plan and the Life and Disability Insurance Program are the sum of:

- Your years of credited service under the Retirement Plan
- Your years of participation in the Life and Disability Insurance Program after you last cease active work and before you reach age 65

If you were totally and permanently disabled before October 29, 1984, and elected to have your Life Insurance paid in monthly installments under the Total and Permanent Disability Benefits provision of the Collective Bargaining Agreement in effect at the time you retired, the amount of your Life Insurance will be affected.

**Benefit amount prior to age 65**

If you last worked on or after September 29, 2003, are under age 65 and die from any cause while insured, your beneficiary will receive the Life Insurance amount shown here:
If you last worked before September 29, 2003, your Life Insurance amount is shown in the Collective Bargaining Agreement in effect when you last worked.

**Benefit amount after age 65**

When you reach age 65, your Life Insurance in force will be gradually reduced. The reduction each month is 2% of the amount in force at age 65 or an amount reflecting any pay increases you may have received after that age, but not below a Continuing Group Life Insurance amount.

Your Continuing Group Life Insurance amount is determined in the following manner:

\[
\text{Your Continuing Insurance} = \frac{\text{Your Life}}{1.5} \times \text{Your years under the Retirement Plan and the Life and Disability Insurance Program (as described in this section)}
\]

The minimum amount of your Continuing Group Life Insurance (CGL) is the greater of 15% of Life Insurance in force at age 65 (with 10 years) or $5,000 if you last worked on or after October 4, 1993; $4,500 if you last worked on or after October 22, 1990, but before October 4, 1993; $3,500 if you last worked on or after October 5, 1987, but prior to October 22, 1990.

If you last worked prior to October 5, 1987, the minimum amount of your CGL is the greater of 15% of Life Insurance in force at age 65 (with 10 years) or $3,000. If, however, the amount of CGL in force at the end of the month you attained age 65 was less than $3,000 because of prior payments of Permanent and Total Disability Benefits of Life Insurance, the CGL amount will be the amount of Life Insurance remaining in force at age 65 or $500, whichever is greater.

**How your benefits are paid**

As soon as satisfactory proof of your death is submitted to the carrier, your life insurance benefit will be paid to your beneficiary(ies). If $10,000 or more is payable to a beneficiary, an interest paying money market account will be established for the beneficiary under the provisions of UNICARE’s “Control Plus” Account. A beneficiary may withdraw the account balance at any time. Additional information will be provided to your beneficiary in the event of your death.

At your death, the carrier may deduct up to the minimum CGL amount from the benefit — to be paid to any person or persons who have incurred burial expenses on your behalf.

<table>
<thead>
<tr>
<th>If Your Base Hourly Rate on Your Last Day Worked Was:</th>
<th>Your Life Insurance Is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to but less than $17.80</td>
<td>$40,500</td>
</tr>
<tr>
<td>$17.80 but less than $18.15</td>
<td>$41,000</td>
</tr>
<tr>
<td>$18.15 but less than $18.50</td>
<td>$42,500</td>
</tr>
<tr>
<td>$18.50 but less than $18.85</td>
<td>$43,000</td>
</tr>
<tr>
<td>$18.85 but less than $19.20</td>
<td>$44,000</td>
</tr>
<tr>
<td>$19.20 but less than $19.55</td>
<td>$44,500</td>
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<tr>
<td>$19.55 but less than $19.90</td>
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<tr>
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<td>$47,500</td>
</tr>
<tr>
<td>$20.95 but less than $21.30</td>
<td>$48,500</td>
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</tr>
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<tr>
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<tr>
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<tr>
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<td>$55,500</td>
</tr>
<tr>
<td>$24.45 but less than $24.80</td>
<td>$56,500</td>
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<tr>
<td>$24.80 but less than $25.15</td>
<td>$57,000</td>
</tr>
<tr>
<td>$25.15 but less than $25.50</td>
<td>$58,000</td>
</tr>
<tr>
<td>$25.50 but less than $25.85</td>
<td>$58,500</td>
</tr>
<tr>
<td>$25.85 but less than $26.20</td>
<td>$59,500</td>
</tr>
<tr>
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<td>$62,500</td>
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<tr>
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<tr>
<td>$27.95 but less than $28.30</td>
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<tr>
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<tr>
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<td>$70,000</td>
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<tr>
<td>$30.40 but less than $30.75</td>
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<tr>
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<td>$72,000</td>
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<tr>
<td>$31.45 but less than $31.80</td>
<td>$72,500</td>
</tr>
<tr>
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<td>$73,000</td>
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<td>$32.15 but less than $32.50</td>
<td>$74,000</td>
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<tr>
<td>$32.50 but less than $32.85</td>
<td>$75,000</td>
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<tr>
<td>$32.85 but less than $33.20</td>
<td>$75,500</td>
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<td>$33.20 but less than $33.55</td>
<td>$76,500</td>
</tr>
<tr>
<td>$33.55 but less than $33.90</td>
<td>$77,000</td>
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<tr>
<td>$33.90 but less than $34.25</td>
<td>$78,000</td>
</tr>
<tr>
<td>$34.25 but less than $34.60</td>
<td>$79,000</td>
</tr>
<tr>
<td>$34.60 but less than $34.95</td>
<td>$79,500</td>
</tr>
<tr>
<td>$34.95 but less than $35.30</td>
<td>$80,500</td>
</tr>
<tr>
<td>$35.30 and over</td>
<td>$81,000</td>
</tr>
</tbody>
</table>
Naming a beneficiary
You may name any beneficiary you want to receive your Life Insurance. You have the right to change the beneficiary of your choice at any time by notifying the carrier.

*Your beneficiary will be the last designation indicated on the carrier's records.* When the carrier receives notice of a beneficiary change, the change takes effect on the date the notice was signed even though the carrier may receive the notice of change after your death. If the carrier makes a payment on account of your death before receiving the notice of change, however, the carrier will not be liable for another benefit payment.

If your last named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, your insurance will be paid, in this order, to:

- Your surviving spouse or same-sex domestic partner
- Your surviving children (divided equally among them)
- Your surviving mother or father (or to both equally)

If there are no such survivors, your insurance will be paid to the executor or administrator of your estate.

Be sure to update your beneficiary designation on file with the carrier. If you don’t, your benefit could be delayed or paid to someone other than the person you want to receive the benefit.

Life insurance is not assignable, unless the assignment is made in writing and consented to by the insurer in writing.

Benefit if you become terminally ill
You may elect to receive a portion of your life insurance proceeds, up to 50% of coverage if you become terminally ill. “Terminal illness” means an injury or sickness expected to result in death within one year without any reasonable prospect of recovery as determined by the insurer.

The amount of life insurance remaining in force will be reduced by the amount paid. This option does not apply to individuals who:

- Are cash paying for life insurance while a grievance is pending, or while on layoff or leave of absence
- Are permanently and totally disabled individuals who have drawn on their life insurance benefits
- Have irrevocably assigned their life insurance and
- When all or a part of life insurance is to be paid to a former spouse as a part of the divorce decree.

Converting to an individual policy
If you leave the Company or no longer are eligible for coverage, you can convert, within 31 days of the time coverage ends, to any individual life insurance policy then customarily issued by the carrier except term insurance. This is done by making application and paying the required premium to one of the UNICARE offices. The maximum amount of the individual policy will be equal to the amount of your Life Insurance in force when you left the Company, including Survivor Income Benefits.
Who is eligible and what are Accidental Death and Dismemberment benefits?

Eligibility for benefits
If you take Regular Early, Special Early, or Disability Retirement under the Retirement Plan, Accidental Death and Dismemberment Insurance coverage continues until you reach age 65.

Benefit amount
If you are insured for Accidental Death and Dismemberment Insurance, you are covered for two types of benefits:

• **Death benefits.** If you die while insured as the result of an accidental bodily injury within two years after the injury occurred, your beneficiary will receive an accidental death benefit. The benefit equals one-half of the Life Insurance amount in force. This amount is paid in addition to your Life Insurance benefit.

• **Dismemberment benefits.** Accidental Death and Dismemberment Insurance also pays a benefit if you suffer a covered dismemberment or loss of sight as a result of an accidental bodily injury within two years of the injury. The benefit you receive will be a percentage of your Life Insurance benefit — depending on the nature of your loss:

<table>
<thead>
<tr>
<th>Loss</th>
<th>Accidental Death Dismemberment Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental death or accidental loss of more than one of the following: hand, foot or sight of an eye</td>
<td>Equal to ½ Life Insurance in force</td>
</tr>
<tr>
<td>Accidental loss of one of the following: hand, foot or sight of an eye</td>
<td>Equal to ¼ Life Insurance in force</td>
</tr>
</tbody>
</table>

Loss of a hand or foot means loss by severance at or above the wrist or ankle joint; and loss of sight of an eye means total and irrecoverable loss of sight.

If you file a dismemberment claim, the carrier reserves the right to examine you while a claim is pending — at its expense — as often as it may reasonably require. (In the case of an accidental death, the carrier also reserves the right to conduct an autopsy, if permitted by law.)

Maximum benefits
Total payment for losses from a single accident cannot be more than one-half of your Life Insurance benefit unless you die as a result of a job-related accident. In that instance, the Accidental Death and Dismemberment benefit paid will equal one and one-half times your Life Insurance benefit. Your beneficiary will receive this benefit if your death results:

• From accidental bodily injuries caused solely by your employment with the Company and
• Solely from an accident in which the cause and results are unexpected and definite as to time and place

Some losses aren’t covered
Accidental Death and Dismemberment Insurance does not pay benefits for any loss caused by:

• An act of war
• Self-destruction or intentionally self-inflicted injury
• Disease, or bodily or mental infirmity — or medical or surgical treatment of that condition
• Any infection (except infection caused by an external visible wound sustained in an accident)
• Your act of aggression, participation in a felonious enterprise or illegal use of drugs
Life Insurance Benefits

Are Survivor Income Benefits available?
If you are a disability retiree under the Retirement Plan and die before you reach age 65, your eligible survivor may receive up to 24 months of the Transition Survivor Income Benefit at your death. Your eligible spouse or qualified Same Sex Domestic Partner may qualify for an additional Bridge Survivor Income Benefit at the end of the Transition Survivor Income Benefit period.

Transition Survivor Income Benefit
If you die while covered for Survivor Income Benefits, your eligible survivor will receive a monthly Transition Survivor Income Benefit for up to 24 months. Payments will begin on the first day of the month after you die and continue for the next 23 months as long as there is at least one eligible survivor. If on the first day of any month after your death there is no eligible survivor, no benefit will be paid for that or any subsequent month.

If you last worked on or after September 29, 2003, the monthly Transition Survivor Income Benefit is $650. The benefit is reduced to $350 if your eligible survivor is entitled to receive one of the following Social Security benefits:
• Unreduced old-age (retirement) benefits
• Survivor benefits not reduced for age
• Disability benefits

For months in which two or more eligible survivors share a benefit, each survivor’s share is computed as a fraction of the benefit that would be paid to him or her as a sole survivor, according to his or her own eligibility for Social Security benefits.

If you last worked prior to September 29, 2003, your Transition Survivor Income Benefit amounts are shown in the Collective Bargaining Agreement in effect when you last worked.

How your benefits are paid
As soon as satisfactory proof is submitted to the carrier, your accidental death benefit will be paid to your beneficiary(ies). If $10,000 or more is payable to a beneficiary, an interest paying money market account will be established under the provisions of UNICARE’s “Control Plus” Account. A beneficiary may withdraw the account balance at any time. Additional information will be provided to your beneficiary in the event of your death.

Accidental dismemberment benefits will be paid in a lump sum only — as soon as satisfactory proof of your loss is received by the carrier.

Beneficiary
Accidental death benefits are paid to the beneficiary of your Life Insurance.

Accidental dismemberment benefits are paid to you.

When coverage ends
Your Accidental Death and Dismemberment Insurance coverages may continue until you reach age 65.
Your eligible survivors
Survivor Income Benefits are paid:

- First, to your eligible surviving widow, widower or qualified Same Sex Domestic Partner (Class A or B)
- Next, if you do not have an eligible surviving widow, widower, or qualified Same Sex Domestic Partner to your eligible surviving children, divided equally (Class C)
- Finally, if you do not have an eligible widow, widower, qualified Same Sex Domestic Partner, or child, to your eligible surviving parents, divided equally between the two (Class D)

If on the first day of any month after your death there is no eligible survivor, no benefit will be paid for that or any subsequent month.

The eligibility requirements for a survivor are:

<table>
<thead>
<tr>
<th>Survivor Classes</th>
<th>At the Time of Your Death:</th>
<th>At the Time a Benefit is Payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Widow, whether or not remarried</td>
<td>Married to you for at least one year</td>
<td>Living</td>
</tr>
<tr>
<td>B. Widower, whether or not remarried</td>
<td>Married to you for at least one year</td>
<td>Living</td>
</tr>
</tbody>
</table>
| C. Children | • Unmarried and under age 21  
• Unmarried, legally residing with you and dependent on you at time of your death:  
  - either under age 25  
  - totally and permanently disabled | Living and still satisfying the eligibility requirements at the time of your death |
| Children include: | Natural-born children born prior to the first of the month following your death, legally adopted children, or children for whom legal adoption proceedings were undertaken or stepchildren who resided with you at your death. In certain circumstances, unmarried children of an Same Sex Domestic Partner |
| D. Father or mother by blood or adopting parent | You were providing at least 50% of support during calendar year immediately preceding your death | Living |

Bridge Survivor Income Benefit
If you have an eligible spouse or qualified Same Sex Domestic Partner, he or she may qualify for an additional Bridge Survivor Income Benefit at the end of the Transition Survivor Income Benefit period. Your spouse is eligible if:

- He or she has not remarried and or entered into a Same Sex Domestic Partner relationship and
- He or she was at least 45 years old at the time you died or his or her age at your death (rounded to the nearest 1/12) plus your years of credited service under the Retirement Plan totals 55 or more
- He or she was eligible to receive 24 Transition Survivor Income Benefit payments

If your spouse is eligible, he or she will receive a monthly Bridge Survivor Income Benefit of $650 if you last worked on or after September 29, 2003, until the earliest of:

- Death
- Remarriage/New Same Sex Domestic Partner
- Reaching age 62
- Reaching age 62 and one month if your spouse is:
  - Not eligible to receive a Social Security Widow’s or Widower’s benefit during that additional month
  - Not eligible for a survivor benefit under the Retirement Plan
  - Eligible to receive and has applied for a reduced Social Security old-age (retirement) benefit that first will be paid during the second month following his or her 62nd birthday
- Reaching an age when full Widow’s or Widower’s insurance benefits are available under the Social Security Act, as amended

No additional Bridge Survivor Income Benefit will be payable for any month your widow or widower is eligible (because of the care of a child) to receive Social Security Mother’s Insurance benefits or comparable benefits for a Father.

If you last worked prior to September 29, 2003, your Bridge Survivor Income Benefit amount is shown in the Collective Bargaining Agreement in effect when you last worked.
Waiver of benefits
When it’s to your surviving spouse’s advantage to waive Survivor Income Benefits, he or she may do so by completing the carrier’s form. The waiver will take effect on the first day of the second month after the waiver is received by the carrier or, if later, at the beginning of the period covered by the waiver.

Survivor Income Benefits will not be payable for any period covered by the waiver. Any month in which a Transition Survivor Income Benefit is not paid because of a waiver, however, still will be counted for purposes of determining the 24-month Transition Survivor Income Benefit payment maximum.

Your eligible surviving spouse may revoke the waiver by completing the appropriate form furnished by the carrier.

Attachment of benefits
To the extent permitted by applicable law, monthly Survivor Income Benefits shall not be subject to attachment or other encumbrance or subject to the debts or liability of any eligible survivor.

Who is eligible and what are Optional Group Life Insurance benefits?

Eligibility
You are eligible for Optional Group Life Insurance while you are insured for Life Insurance under the Life and Disability Insurance Program if you had Optional Group Life Insurance in effect when you retired.

• You may continue that coverage until you reach age 70, by making premium contributions to the carrier. Coverage and rates change upon reaching your 70th birthday and will continue to change based upon age brackets.

• At age 70, if you are participating in the program, the maximum amount of coverage an employee may continue will be seventy-five percent (75%) of the amount of insurance on their last day worked prior to retirement.

• At age 75, if they are participating in the program, the maximum amount of insurance the retired employee may continue thereafter will be thirty-seven and a half percent (37.5%) of the amount of insurance in force on the last day worked prior to retirement.

If you did not have Optional Group Life Insurance in effect at retirement or if you discontinued this coverage after retirement, you are not eligible to purchase this coverage.

Benefit amount
If you last worked on or after September 29, 2003 and subsequently retired, the level of coverage you had in effect when you last worked may be continued unless you were age 70 or older at the time of your retirement. If you are a retiree age 70 or older, the above described reductions in the amount of your coverage apply. In the event of your death from any cause while insured, your beneficiary will receive the amount you had in effect at the time of your death. Optional Insurance amounts available to employees and retirees under age 70 are shown below:

<table>
<thead>
<tr>
<th>Amount of Life Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule 1</td>
</tr>
<tr>
<td>Schedule 2</td>
</tr>
<tr>
<td>Schedule 3</td>
</tr>
<tr>
<td>Schedule 4</td>
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<tr>
<td>Schedule 5</td>
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<tr>
<td>Schedule 6</td>
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<tr>
<td>Schedule 7</td>
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<tr>
<td>Schedule 8</td>
</tr>
<tr>
<td>Schedule 9</td>
</tr>
<tr>
<td>Schedule 10</td>
</tr>
<tr>
<td>Schedule 11</td>
</tr>
</tbody>
</table>

| Schedule 1 | $10,000 |
| Schedule 2 | $20,000 |
| Schedule 3 | $30,000 |
| Schedule 4 | $40,000 |
| Schedule 5 | $50,000 |
| Schedule 6 | $75,000 |
| Schedule 7 | $100,000 |
| Schedule 8 | $125,000 |
| Schedule 9 | $150,000 |
| Schedule 10 | $175,000 |
| Schedule 11 | $200,000 |
**Decreasing your coverage amounts**

You may decrease your Optional Group Life Insurance amount if you wish. If you do, the change in coverage will take effect on the first day of the month after the last month for which you made the required contribution for coverage at the higher amount.

**Your contribution**

Optional Group Life Insurance is voluntary. To continue this coverage, you will have to continue to pay a monthly premium in advance. As a retiree, your required monthly premium is based on the amount of coverage you elected (may not exceed the insurance amount in effect when you last worked) and your age as shown here:

<table>
<thead>
<tr>
<th>Your Monthly Contributions for Each $1,000 of Insurance:</th>
<th>After 1-1-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Your Age Is:</td>
<td></td>
</tr>
<tr>
<td>Less than 30</td>
<td>$0.044</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.061</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.078</td>
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<tr>
<td>40-44</td>
<td>$0.120</td>
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<tr>
<td>45-49</td>
<td>$0.215</td>
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<td>50-54</td>
<td>$0.411</td>
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<td>55-59</td>
<td>$0.600</td>
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<td>60-64</td>
<td>$1.020</td>
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<td>65-69</td>
<td>$1.955</td>
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<tr>
<td>70-74</td>
<td>$3.800</td>
</tr>
<tr>
<td>75-79</td>
<td>$5.793</td>
</tr>
<tr>
<td>80-84</td>
<td>$8.312</td>
</tr>
<tr>
<td>85-89</td>
<td>$11.973</td>
</tr>
<tr>
<td>90-94</td>
<td>$16.816</td>
</tr>
<tr>
<td>95 and over</td>
<td>$28.501</td>
</tr>
</tbody>
</table>

When you reach a birthday placing you in a higher age bracket, your monthly contributions will increase on the first day of the calendar month following the month your birthday occurs. Premiums are subject to adjustment based on experience of the group.

Premiums are payable directly to the carrier in the month before the month of coverage. Payments and inquiries should be directed to:

- Mutual of Omaha
- Ford Hourly Optional Insurance Plan
- Suite 116
- 2720 South River Road
- Des Plaines, Illinois 60018
- (847) 299-9393 or
- 1-800-742-8215

The carrier will not advise you of payments due.

**Naming a beneficiary**

Your benefit election for Company-paid Life Insurance does not apply to your Optional Life Insurance. Therefore, you must complete a beneficiary form for Optional Life Insurance. You have the right to change the beneficiary of your choice at any time by notifying the carrier.

Your beneficiary will be the last designation indicated on the carrier’s records. When the carrier receives notice of a beneficiary change, the change takes effect on the date the notice was signed even though the carrier may receive the notice of change after your death. If the carrier makes a payment on account of your death before receiving the notice of change, however, the carrier will not be liable for another benefit payment.

If your last named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, your insurance will be paid, in this order, to:

- Your surviving wife or husband
- Qualified Same Sex Domestic Partner
- Your surviving children (divided equally among them)
- Your surviving mother or father (or to both equally)

If there are no such survivors, your insurance will be paid to the executor or administrator of your estate.

Be sure to update your beneficiary designation on file with the carrier. If you don’t, your benefit could be delayed or paid to someone other than the person you want to receive the benefit. Remember to update your beneficiary designations on both your Company-paid and Optional Group Life Insurance.
Life Insurance Benefits

Who is eligible and what are Dependent Group Life Insurance benefits?

Eligibility
You are eligible for Dependent Group Life Insurance while you are insured for Life Insurance under the Life and Disability Insurance Program if you had coverage for your dependents in effect when you retired.

If you did not have Dependent Group Life Insurance in effect at retirement or if you discontinue this coverage after retirement, you are not eligible to purchase this coverage.

Your eligible dependents
For purposes of Dependent Group Life Insurance benefits, your eligible dependents are your spouse or qualified Same Sex Domestic Partner and unmarried dependent children over 14 days of age. Dependent children include:

- Your children by birth, legal adoption or legal guardianship while they legally reside with and are dependent upon you
- Your spouse’s children who are:
  - In your spouse’s custody
  - Dependent on your spouse
  - Residing with you
- Children as defined above who do not reside with you but are your legal responsibility for the provision of health care
- Children who reside with and are related to you by blood or marriage — for whom you provide principal support as defined by the Internal Revenue Code and who:
  - Were reported as dependents on your most recent income tax return
  - Qualify in the current year for dependency tax status

How benefits are paid
The amount of Optional Group Life Insurance will be paid — as soon as satisfactory proof of your death is submitted to the carrier — in one sum, or if you request, in accordance with any of the settlement options made available by the carrier. In the event that you have not made a settlement option prior to your death, then the option provision may be made by the beneficiary entitled to receive the Optional Group Life Insurance.

This insurance is term insurance without cash, loan or paid-up values.

Assignment
Optional Group Life Insurance may be assigned if the assignment is made by you in writing and the carrier consents in writing.

When coverage ends
The following chart shows when Optional Group Life Insurance ends:

<table>
<thead>
<tr>
<th>Your Situation:</th>
<th>When Coverage Ends:</th>
</tr>
</thead>
<tbody>
<tr>
<td>You cease to be insured under the Life and Disability Insurance Program</td>
<td>That date</td>
</tr>
<tr>
<td>You do not make your Contribution for coverage</td>
<td>Last day of the month for which you made the required monthly contribution</td>
</tr>
<tr>
<td>You terminate employment</td>
<td>Last day of that month</td>
</tr>
<tr>
<td>The Optional Group Life Insurance Program is terminated</td>
<td>That date</td>
</tr>
</tbody>
</table>

Converting to an individual policy
If you no longer are eligible for coverage, you can convert, within 31 days of the time coverage ends, to any individual life insurance policy then customarily issued by the carrier except term insurance. This is done by making application and paying the required premium to a Bankers Life and Casualty Company office. The maximum amount of the individual policy will be equal to the amount of your Optional Group Life Insurance in force when your coverage ends.
Children are included until the end of the calendar year in which they reach age 25. Children will be covered, however, regardless of age if they are totally and permanently disabled, provided that after the end of the calendar year a child reaches age 19, that child:

- Is dependent on you according to the Internal Revenue Code
- Legally resides with you and is a member of your household

Your child is “totally and permanently disabled” as long as the disability:

- Is a medically determinable physical or mental condition
- Keeps your child from engaging in substantial gainful activity
- Is expected to result in death or to be of long-continued or indefinite duration

If your spouse or qualified Same Sex Domestic Partner also is eligible for this coverage due to his or her employment with or retirement from the Company, only one of you may cover your children as dependents under this Program.

**Benefit amount**

As a retiree, the level of coverage you had in effect when you last worked may continue. If your dependent dies from any cause while insured, you will receive the amount you had in effect as an employee, as shown here:

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Your Spouse</th>
<th>Each Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option I</td>
<td>$ 5,000</td>
<td>$ 2,000</td>
</tr>
<tr>
<td>Option II</td>
<td>$10,000</td>
<td>$ 4,000</td>
</tr>
<tr>
<td>Option III</td>
<td>$15,000</td>
<td>$ 6,000</td>
</tr>
<tr>
<td>Option IV</td>
<td>$20,000</td>
<td>$ 8,000</td>
</tr>
<tr>
<td>Option V</td>
<td>$25,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Option VI</td>
<td>$30,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Option VII</td>
<td>$35,000</td>
<td>$14,000</td>
</tr>
<tr>
<td>Option VIII</td>
<td>$40,000</td>
<td>$16,000</td>
</tr>
<tr>
<td>Option IX</td>
<td>$50,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Option X</td>
<td>$60,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Option XI</td>
<td>$75,000</td>
<td>$30,000</td>
</tr>
</tbody>
</table>

**Decreasing your coverage amounts**

You may decrease your Dependent Group Life Insurance amounts (for example, from Option II to Option I) if you wish. If you do, the change in coverage will take effect on the first day of the month after the last month for which you made the required contribution for coverage at the higher amount. (Satisfactory proof of good health is not required.)

**Your contributions**

Dependent Group Life Insurance is voluntary. To continue this coverage, you’ll have to continue to pay a monthly premium. Regardless of the number of dependents you have, your premium is based on the benefit level in effect when you last worked and your age, as shown here:

**Monthly Rates per $1,000 of Insurance**
**(Effective 1-1-2004)**

<table>
<thead>
<tr>
<th>Dependents of Retirees and Surviving Spouses/Same Sex Domestic Partners of Deceased Employees and Retirees</th>
<th>Monthly Rate (Includes coverage for dependent children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee’s or Retiree’s Age</td>
<td>Under 30</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>$ 0.08</td>
</tr>
</tbody>
</table>

* For dependents of retirees and surviving spouses, or Same Sex Domestic Partners of deceased employees and retirees, maximum coverage is 75% of scheduled insurance amount in force on last day employee or retiree worked.

** For dependents of retirees and surviving spouses of deceased employees and retirees, maximum coverage is 37.5% of scheduled insurance amount on last day employee or retiree worked.

When you reach a birthday placing you in a higher age bracket, your monthly contributions will increase on the first day of the calendar month following the month your birthday occurs. Premiums are subject to adjustment based on experience of the group.
Eligibility
You are eligible for Optional Accident Insurance, providing you are insured for Company-paid life insurance under the Life and Disability Insurance Program, and you had Optional Accident Insurance in effect at retirement. If you did not have Optional Accident Insurance in effect at retirement or if you discontinued this coverage after retirement, you are not eligible to participate.

Amount of Insurance
You may continue either Employee Coverage (now Retired Employee Only Coverage) or Family Coverage (now Retired Employee and Family Coverage), up to a maximum benefit of $150,000 or the amount you were carrying before you retired, whichever is less.

If you sustain an accidental bodily injury which results in one of the following losses within 365 days of the accident, the following schedule applies:

<table>
<thead>
<tr>
<th>Loss*</th>
<th>Amount of Accident Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life</td>
<td>The Principal Sum</td>
</tr>
<tr>
<td>Loss of both hands or both feet</td>
<td>The Principal Sum</td>
</tr>
<tr>
<td>Loss of both hands and one foot</td>
<td>The Principal Sum</td>
</tr>
<tr>
<td>Loss of the entire sight of both eyes</td>
<td>The Principal Sum</td>
</tr>
<tr>
<td>Loss of the entire sight of one eye and one hand or foot</td>
<td>One-Half of the Principal Sum</td>
</tr>
<tr>
<td>Loss of one hand or one foot</td>
<td>One-Half of the Principal Sum</td>
</tr>
<tr>
<td>Loss of the entire sight of one eye</td>
<td>One-Half of the Principal Sum</td>
</tr>
</tbody>
</table>

* “Loss”, used with reference to hand or foot, means complete severance through or above the wrist or ankle joint; as used with reference to eye, means irrecoverable loss of the entire sight thereof.

If you have Retired Employee and Family Coverage, both you and eligible family members are insured; your spouse is covered for an amount equal to fifty percent (50%) of your coverage and each other eligible dependent is covered for ten percent (10%) of your coverage.

Benefits under this provision will not be paid under any circumstances for more than one of the losses, the greatest, sustained by you or your covered family member as the result of any one injury.
Paralysis Benefits

If you sustain an accidental bodily injury that results in permanent paralysis within 365 days of the accident, the following schedule applies:

- **Quadriplegia**: The Principal Sum
- **Paraplegia/Triplegia**: Three-Quarters of the Principal Sum
- **Hemiplegia/Uniplegia**: One-Half of the Principal Sum

If you elect Retired Employee and Family Coverage, your spouse or qualified Same Sex Domestic Partner is covered for an amount equal to fifty percent (50%) of your coverage and each other eligible dependent is covered for ten percent (10%) of your coverage.

If you sustain an accidental bodily injury that results in a permanent paralysis within 365 days of the accident and less than the Principal Sum is payable by reason of such loss and you thereafter suffer a greater loss as a result of the same accidental bodily injury within such 365 day period following the accident, the excess benefit amount will be payable.

Comatose Benefit

If you sustain an accidental bodily injury that results in lapse into a comatose state within 365 days of the accident, a benefit equal to one percent (1%) of the Principal Sum shall be payable on the 32nd day of the coma and each month thereafter for a maximum of 100 months, or until death if earlier at which time any balance would be paid. If you regain consciousness, benefits shall cease and coverage for Optional Accident Insurance would resume only upon re-enrollment and payment of premiums.

If you elect Retired Employee and Family Coverage, your spouse or qualified Same Sex Domestic Partner is covered for an amount equal to fifty percent (50%) of your coverage and each other eligible dependent is covered for ten percent (10%) of your coverage.

Common Disaster Benefit

If Retired Employee and Family Coverage is elected and you and your insured spouse or qualified Same Sex Domestic Partner suffer a loss of life in the same covered accident, or separate covered accidents which occur within 48 hours of each other (common disaster), the amount payable by reason of your spouse’s death will equal the amount payable by reason of your death. The common disaster benefit for you and your insured spouse will not exceed $1,000,000.

Repatriation Benefit

For losses occurring on or after January 1, 2004, if an insured employee or retiree or, if family coverage is elected, a covered spouse or dependent child, sustains a loss of life as a direct result of a covered accident, both the accident and death occurring at a distance of 100 miles or more from the deceased person’s principal residence, reimbursement up to a maximum benefit of $5,000 will be made for the expenses incurred for preparation of the body and its transportation to the city of his/her principal residence.

Seat Belt Benefit

If you, your surviving spouse, qualified same-sex domestic partner or an eligible dependent dies as a result of an automobile accident while wearing a qualified passenger restraint, 10% of the principal sum up to a maximum of $10,000 is payable for each member whose life is lost. A passenger restraint qualifies for purposes of the Program as long as it is:

- An unaltered seat belt or lap and shoulder restraint installed by the automobile manufacturer or provided by the manufacturer—and installed by an authorized dealer of that manufacturer
- If the covered participant is a child, a restraint that has been approved by the National Highway Traffic Safety Administration and is:
  — Properly secured
  — Used as recommended for children of like age and weight

For purposes of the Program, an automobile is a conventional, private passenger land motor vehicle. Automobiles include:

- Vans
- Four-wheel drive vehicles
- Self-propelled motor homes
- Trucks with a factory-rated load capacity of 2,000 pounds or less
Exclusions
The policy doesn’t cover loss caused or contributed by:

- Suicide or self-destruction or any attempt thereat, whether sane or insane
- Bodily infirmity, sickness or disease
- Medical or surgical treatment (except medical or surgical treatment necessitated only due to an injury)
- War, declared or undeclared, or any act of war except while you are outside the United States and Puerto Rico on Company assignment or while your insured dependents are outside the United States and Puerto Rico because of your assignment provided, however, that a member of an Organized Reserve Corps or National Guard Unit is covered during short periods of training or participation in public ceremonies
- Injury sustained while serving in the armed forces of any country, for which period premiums will be refunded
- Injury sustained while engaged in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft. This policy covers riding as a passenger but not as an operator or crew member, in or on, boarding or unloading from any aircraft having a current and valid airworthiness certificate or any transport type aircraft operated by the Military Airlift Command (MAC) of the United States of America or by any similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world. Persons who are not members of the operating crew of any aircraft, who are engaged in testing, measuring, calibrating and similar operations, shall be considered passengers and not crew members
- Your or your insured dependent’s act of aggression, participation in a felonious enterprise or illegal use of drugs.

Automobiles do not include:

- Custom-made specialty vehicles
- Vehicles such as:
  - Motorcycles
  - Dune buggies
  - Snowmobiles
- Vehicles used for:
  - Farming
  - Commercial business
  - Military business
  - Racing
  - Any type of competitive speed event

Continuation of coverage for surviving spouse
If an employee’s or retiree’s coverage ends due to their death, a covered spouse or Same Sex Domestic Partner may continue coverage for themselves and dependent children by paying the applicable premium.

For enrolled survivors, coverage is provided at no cost for the first 12 months from the date of the employee’s death.

The elected coverage for the surviving spouse or Same Sex Domestic Partner may be continued until age 65, at which time they will be allowed to convert coverage to the Retiree Plan. Eligible dependents who are enrolled at the time of conversion to the Retiree Plan may also be covered provided they continue to meet eligibility requirements and pay applicable premium.

Coverage will terminate if spouse or Same Sex Domestic Partner remarries or establishes a new Same Sex Domestic Partner or for non-payment of required premium.
### Changing your coverage

You have the option to change your Optional Accident Insurance. Your change in coverage will take effect as shown below:

<table>
<thead>
<tr>
<th>To:</th>
<th>The Change Will Take Effect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change your coverage from Retired Family to Retired Employee Only change</td>
<td>Change can be made at any time and will take effect the first day of the month following the date of change.</td>
</tr>
<tr>
<td>Change your coverage from Retired Employee to Retired Family</td>
<td>The change may be made only on the anniversary of the employee’s retirement date and will take effect the first day of the month following the date of change.</td>
</tr>
<tr>
<td>Decrease or cancel your coverage amount (you may not increase your coverage amount)</td>
<td>First day of the month after the last month for which you made required contributions for coverage at a higher amount.</td>
</tr>
</tbody>
</table>

### Your contributions

Optional Accident Insurance is voluntary. If you remain enrolled for this coverage you have to pay a premium in advance. The required annual contributions for each $10,000 is $4.50 for Retired Employee Only Coverage and $6.75 for Family Coverage which includes Retired Employee.

Once you cease active employment, payroll deductions will be discontinued and you must make your premium contributions directly to the carrier to continue coverage. If you do not make premium contributions, your coverage will terminate. The carrier will not advise you of payments due. Pension check deductions are available.

### Some examples

You want $40,000 of Retired Employee Only Coverage; your annual contribution would be $18. That is:

\[
\frac{40,000}{10,000} = 4 \\
4 \times 4.50 = 18.00
\]

You want $150,000 of Retired Employee and Family Coverage; your annual contribution would be $101.25. That is:

\[
\frac{150,000}{10,000} = 15 \\
15 \times 6.75 = 101.25
\]

### Your eligible dependents for Retired Employee and Family Coverage

For purposes of Optional Accident Insurance benefits, your eligible dependents are your spouse, qualified same-sex domestic partner and unmarried dependent children. Dependent children include:

- Your children by birth, legal adoption or legal guardianship — while they legally reside with and are dependent on you
- Your spouse’s children who are:
  - In your spouse’s custody
  - Dependent on your spouse
  - Residing with you
- Children as defined above who do not reside with you but are your legal responsibility for the provision of health care
- Children who reside with and are related to you by blood or marriage — for whom you provide principal support as defined by the Internal Revenue Code and who:
  - Were reported as dependents on your most recent income tax return
  - Qualify in the current year for dependency tax status

Children are included until the end of the calendar year in which they reach age 25. Children will be covered, however, regardless of age if they are totally and permanently disabled, provided that after the end of the calendar year a child reaches age 19, that child:

- Is dependent on you according to the Internal Revenue Code
- Legally resides with you and is a member of your household

Your child is “totally and permanently disabled” as long as the disability:

- Is a medically-determinable physical or mental condition
- Keeps your child from engaging in substantial gainful activity
- Is expected to result in death or to be of long-continued or indefinite duration

If your spouse also is eligible for this coverage, only one of you may enroll your children as dependents.
Determining a beneficiary and how benefits are paid
If you die as a result of accidental death while insured for Optional Accident Insurance, the amount of the insurance in force will be paid to the person or persons you designated as beneficiary.

Your beneficiary will be the last designation indicated on the carrier's records. When the carrier receives notice of a beneficiary change, the change takes effect on the date the notice was signed even though the carrier may receive the notice of change after your death. If the carrier makes a payment on account of your death before receiving the notice of change, however, the carrier will not be liable for another benefit payment.

When the carrier receives notice of a beneficiary change, the change takes effect on the date the notice was signed.

If your last named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, the Optional Accident Insurance will be paid, in this order, to:

• Your surviving wife or husband
• Qualified surviving Same Sex Domestic Partner
• Your surviving children (divided equally among them)
• Your surviving mother or father (or to both equally)

If there are no such survivors, your insurance will be paid to the executor or administrator of your estate.

If your covered spouse or other covered dependent dies as a result of an accident while insured for Optional Accident Insurance, the amount of such insurance in force on account of the dependent shall be paid in a lump sum to you (the employee is the beneficiary for Optional Accident Insurance). Your insurance certificate shall set forth the procedure for payment of insurance in case a covered dependent dies after your death.

All other benefits are payable to the injured person suffering the loss.

When coverage ends
For you, Optional Accident Insurance automatically ends on the earliest of the following:

• The date you cease to be insured under the Group Life and Disability Insurance Program
• If you do not make your required contribution for Optional Accident Insurance when due, the last day of the month immediately preceding the month for which such contribution was due
• The date of discontinuance of Optional Accident Insurance under the Insurance Program

For a dependent, other than in the instance of your death, Optional Accident Insurance shall automatically end on the earliest of the following:

• On the date of termination of your insurance
• On the date your dependent no longer is an “eligible dependent”
• If you do not make your required contribution, the last day of the month for which you made the required monthly contribution

For a dependent, in the event you die while enrolled in the Retired Employee and Family Coverage Option, Optional Accident Insurance shall automatically end on the earlier of the following:

• On the date your dependent ceases to be an “eligible dependent”
• On the date your surviving spouse remarries
• On the date of discontinuance of Optional Accident Insurance under the Insurance Program
• On the anniversary date of your annual premium next following the date of your death.
**Who is eligible and what are Safety Belt User Benefits?**

**Eligibility**
If you, your surviving spouse, qualified same-sex domestic partner or eligible dependents have Company-paid benefits under the Health Care Plan, you are covered participants in the Safety Belt User Benefit Program.

**Benefit amount**
If you or another participant dies as a result of a bodily injury caused solely by an automobile accident that occurs while the participant is properly wearing a qualified passenger restraint, the carrier under the Program pays $15,000. The accident must occur in the United States or Canada.

The death must occur within 365 days of the accident's date.

The Program pays only one $15,000 benefit for each eligible person who dies as a result of a covered automobile accident.

A passenger restraint qualifies for purposes of the Program as long as it is:
- An unaltered seat belt or lap and shoulder restraint installed by the automobile manufacturer or an authorized dealer of that manufacturer
- If the covered participant is a child, a restraint that has been approved by the National Highway Traffic Safety Administration and is:
  - Properly secured
  - Used as recommended for children of like age and weight

For purposes of the Program, an automobile is a conventional, private passenger land motor vehicle. Automobiles include:
- Vans
- Four-wheel drive vehicles
- Self-propelled motor homes
- Trucks with a factory-rated load capacity of 2,000 pounds or less

Automobiles do not include:
- Custom-made specialty vehicles
  - Vehicles such as:
    - Motorcycles
    - Dune buggies
    - Snowmobiles and
- Vehicles used for:
  - Farming
  - Commercial business
  - Military business
  - Racing
  - Any type of competitive speed event

**Some deaths aren’t covered**
The Program won’t pay benefits for death of a covered participant caused by:
- An act of war
- Self-destruction or intentionally self-inflicted injury while sane or insane
- Disease or bodily or mental infirmity, or medical or surgical treatment of that condition
- Any infection (except infection caused by an injury sustained in a covered automobile accident)
- An act of aggression or participation in a felonious enterprise by the covered participant

**Beneficiary**
You are the beneficiary if you are living. If you die before the covered participant, the benefit will be paid, in this order, to:
- Your surviving wife or husband
- Your surviving qualified Same Sex Domestic Partner
- Your surviving children (divided equally among them)
- Your surviving mother or father (or to both equally)

If there are no such survivors, the benefits will be paid to the estate of the deceased covered participant.

**When coverage ends**
Coverage will end when eligibility for Company-paid Health Care Plan coverage ends.
How do I or my survivor apply for benefits?

**Claiming death, dismemberment or Survivor Income Benefits**
You or your beneficiary should make a claim as soon as possible in the event of death or dismemberment.

**To begin the process for a death claim,** your family or beneficiary will need to provide copies of the death certificate certified by the governmental unit maintaining the record.

Death certificates usually are kept on file in the Department of Health of the city or county where death occurred. You may contact that office directly to obtain the number of death certificate copies you need. Usually, only certain members of the immediate family may obtain these copies. The funeral home director might obtain the death certificate copies for your family.

**To file a claim for Life Insurance, Accidental Death and Dismemberment Insurance or Survivor Income Benefits,** the claim should be reported directly to:

- UNICARE Life & Health Insurance
  Dearborn Service Center
  3200 Greenfield
  Dearborn, Michigan 48120
  (313) 336-5550 or
  1-800-843-8184
  Mailing Address:
  P.O. Box 2090C
  Dearborn, Michigan 48123-2090

**To file a claim for Optional Group Life Insurance, Dependent Group Life Insurance, and Optional Accident Insurance,** follow these steps:

1. Contact the carrier directly:
   - Mutual of Omaha
     Ford Hourly Optional Insurance Plan
     Suite 116
     2720 South River Road
     Des Plaines, Illinois 60018
     (847) 299-9393 or
     1-800-742-8215

2. Complete the notice of claim form obtained from the carrier. Then return the form and a certified copy of the death certificate (if filing a death claim) to the carrier.

3. You may receive a form requesting additional information from the carrier.

**To file a claim for Safety Belt User Benefits,** follow these steps:

1. Contact the carrier directly:
   - Mutual of Omaha
     Ford Hourly Optional Insurance Plan
     Suite 116
     2720 South River Road
     Des Plaines, Illinois 60018
     (847) 299-9393 or
     1-800-742-8215

2. Within 30 days of the date of death, you or your beneficiary must submit the following information to the carrier:
   - written notice of the loss and a certified copy of the death certificate and
   - evidence sufficient to prove that the covered participant was properly wearing a qualified passenger restraint as defined by the Program.

3. If it is not reasonably possible to submit the required information within 30 days, you or your beneficiary will have up to one year to make the claim.
**What other circumstances might affect benefits?**

**Assigning your benefits**
You and your beneficiary may assign your Life Insurance, Accidental Death and Dismemberment Insurance and Optional Group Life Insurance by making the assignment in writing with the carrier. Neither you nor your survivors may assign your Survivor Income Benefits, Dependent Life Insurance, Optional Accident Insurance, or Safety Belt User Benefits.

Certain court orders relating to domestic relations matters could require that your benefits (or a part of your benefits) be paid to someone else — your spouse or children, for example. This could apply to benefits paid to you as well as to any beneficiary. If the carrier determines that the court order qualifies, payments will be made according to the order. As soon as you are aware of any court proceedings which may affect your Life Insurance benefits, contact the appropriate carrier.

**Attachment of Survivor Income Benefits**
To the extent permitted by applicable law, Survivor Income Benefits are not subject to attachment or other encumbrance or subject to the debts or liability of any survivor.

**Filing claims**
No benefits can be paid until you or your beneficiary file a claim. Contact the appropriate carrier for such.

**If you or your beneficiary is incompetent**
If you or your beneficiary is incompetent or otherwise incapable of giving a valid release, the carrier may withhold payment until a guardian is appointed. In the case of monthly benefits, payment may be made to any relative by blood or marriage or to any other individual or institution appearing to the carrier to have assumed custody of the person. The liability of the carrier shall be fully discharged to the extent of such payment.

**Naming a beneficiary**
You may name a beneficiary you want to receive your Life Insurance, Accidental Death and Dismemberment Insurance and Optional Group Life Insurance if you die. You have the right to change that beneficiary at any time by notifying the carrier. When the carrier receives notice of a beneficiary change, the change takes effect on the date the notice of change was signed even though the carrier receives the notice after your death. If the carrier makes a payment on account of your death before receiving the notice of change, however, it will not be liable for another payment.

These beneficiary details do not apply to your Survivor Income Benefits, Dependent Group Life Insurance and Safety Belt User Benefit Program.
What if a claim is denied for Company-paid Life Insurance, AD&D, Safety Belt User or Survivor Income?

If a claim for benefits or participation is denied, you should receive written notification within ninety (90) days of the date that the claim is received. If the insurer requires more time to review your claim, determination may be delayed an additional 90 days. You will receive notice of the delay which will include the reasons for delay and the date a final decision can be expected.

When a claim is denied, you will receive a written notice. The notice will explain the reason for the denial, refer to the specific Plan provision or provisions on which the denial is based, describe what additional information, if any, is necessary to consider a further appeal, and describe how to appeal your claim.

In all cases, a final decision will be reached, and you will be notified within 180 days after your written request for a review is received by the Plan Administrator.

A claim for Company-paid Life Insurance, AD&D or Survivor Income benefits should be addressed to:

UNICARE Life and Health Insurance Company
Dearborn Service Center
3200 Greenfield
Dearborn, MI 48120

A claim for Safety Belt User benefits should be addressed to:

Mutual of Omaha
Ford Hourly Optional Insurance Plan
Suite 116
2720 South River Road
Des Plaines, IL 60018

Review of denial of the claim by the UAW-Ford Group Life and Disability Appeal Committee

In the event that the Plan Administrator denies the claim, you may appeal the claim by submitting your request for appeal in writing to the UAW-Ford Group Life and Disability Appeal Committee. The request for review must be filed within sixty (60) days after you receive the written notification of denial of the claim, and the appeal should include pertinent documents and all issues and comments should be submitted in writing.

The UAW will appoint three members and alternate members to the Committee. Three additional members of the Committee are appointed by the Company. The members of the Committee and the alternate members receive no additional compensation for Committee services.

Address appeal request to:

HR Customer Center
P.O. Box 6214
Dearborn, MI 48121-6214
Attn: Life and Disability Plan Specialist and
UAW-Ford Group Life and Disability Committee

The request for appeal should clearly indicate the reason(s) why you think your claim should not have been denied. You are encouraged to submit copies of any additional documents, records, information, or comments you think have a bearing on your claim. If an extension is required because information is incomplete, the review period will be tolled from the date the notice was sent to the date information is received. Your appeal will be considered at the Appeal Committee’s next regularly scheduled meeting. However, if it is filed within (30) days of the next meeting, the decision will be made by the date of the second meeting after receipt of your request for review. If special circumstances require an extension of time for processing, a decision will be made at the third meeting. If an extension is required because information in incomplete, the review period will be tolled from date the notice was sent to the date information is received. If an extension is needed, you will receive a written notice before the extension period begins.

Written notice of a decision will be made not later than five (5) days after the decision has been made by the Appeal Committee. Your notice will include the final decision and the specific reasons for denial and reference to pertinent Plan provisions on which the denial is based and a statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of, all documents, records and other information relevant to your claim for benefits. The notice will also advise you of your rights to bring a civil action under ERISA following an adverse benefit determination of appeal. No legal action may be brought until after the claims and appeals procedures have been exhausted. No legal action can be taken later than two years after the claim accrues.

Decisions of the Appeal Committee

Decisions of the Appeal Committee are final and conclusive, and are only subject to the standards of judicial review.

Denial of employee-paid Optional Group Life Insurance, Dependent Group Life Insurance and Optional Accident Insurance

In the event that a claim for these benefits is denied, Mutual of Omaha is responsible for providing such benefits and handling the initial claim and any requests for review of the denial according to their applicable claims procedures and policies. The Appeal Committee will have no responsibility to review any such claims or the denials of any such claims by Mutual of Omaha.