

## **YOUR BENEFIT PLAN**

### **Washington State Health Care Authority**

**Class 1 Retiree Term Life Plan: Employees enrolled in Basic Life Insurance who meet qualifications for enrollment in PEBB retiree insurance coverage on or after January 1, 2017, who reside in Washington; and Retirees who elected to move from the Policyholder's \$3,000 benefit plan to this Class 1 Retiree Term Life Plan during the 2016 open enrollment period, who reside in Washington**

**Class 2 Legacy Retiree Term Life Plan: Retirees enrolled in the Policyholder's \$3,000 benefit plan prior to January 1, 2017 who did not move to the Policyholder's new Class 1 Retiree Term Life Plan during the 2016 open enrollment period, who reside in Washington**

**Basic Life Insurance**

**Certificate Date: January 1, 2017**

Certificate Number 2

Washington State Health Care Authority  
626 8th Avenue SE  
Olympia, WA 98501

TO RETIRED EMPLOYEES:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Washington State Health Care Authority

# MetLife

Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York 10166

## CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

**Policyholder:** Washington State Health Care Authority

**Group Policy Number:** 164995-1-G

**Type of Insurance:** Term Life Insurance

**MetLife Toll Free Number(s):**  
**For Claim Information** FOR LIFE CLAIMS: 1-866-548-7139

**THIS CERTIFICATE ONLY DESCRIBES TERM LIFE INSURANCE.**

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## SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You will only be insured for the benefits:

- for which You become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

**The amount of Insurance that We will pay will be decreased by the amount of any contributions due and unpaid to Us for that insurance.**

### BENEFIT

### BENEFIT AMOUNTS AND HIGHLIGHTS

#### How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the Certificate states that We will pay benefits in "one sum" or a "single sum", We may pay the full benefit amount:

- by check;
- by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
- by any other method that provides the Beneficiary with immediate access to the full benefit amount.

Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

#### Life Insurance For You

##### **Class 1 Retiree Term Life Plan:**

Employees enrolled in Basic Life Insurance who meet qualifications for enrollment in PEBB retiree insurance coverage on or after January 1, 2017; and

Retirees who elected to move from the Policyholder's \$3,000 benefit plan to this Class 1 Retiree Term Life Plan during the 2016 open enrollment period. ....	An amount, elected by You on the date You retire, which is a multiple of \$5,000
Minimum Life Benefit .....	\$5,000
Maximum Life Benefit .....	\$20,000

##### **Class 2 Legacy Retiree Term Life Plan:**

Retirees enrolled in the Policyholder's \$3,000 benefit plan prior to January 1, 2017 who did not move to the Policyholder's new Class 1 Retiree Term Life Plan during the 2016 open enrollment period. .... \$3,000

## **SCHEDULE OF BENEFITS (continued)**

### **Class 2 Retired Employees - If You are age 65 or Older**

On Your 65th birthday, the amount of Your Continuation Eligible Insurance will be reduced to \$2,100.  
On Your 70th birthday, the amount of such insurance will be reduced to \$1,800.

## DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**Beneficiary** means the person(s) to whom We will pay insurance as determined in accordance with the GENERAL PROVISIONS section.

**Certificateholder** means a Class 1 Retiree or Class 2 Legacy Retiree who is insured under the Group Policy.

**Employee-Paid Insurance** means insurance for which the Policyholder requires You to pay any part of the premium.

Employee-Paid Insurance includes: Life Insurance.

**Employing Agency** means any entity that is authorized under Washington law that is approved by Washington Health Care Authority to participate.

**Policyholder** means Washington State Health Care Authority.

**Proof** means Written evidence satisfactory to Us that a person has satisfied the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful spouse.

**State-Registered Domestic Partner** means two adults who meet the requirements for a valid state-registered domestic partnership, and enter into a state-registered domestic partnership, in the State of Washington; or a legal union, other than marriage, of two persons that was validly formed in a jurisdiction other than the State of Washington and that is substantially equivalent to a domestic partnership in the State of Washington.

**We, Us** and **Our** mean MetLife.

**Written** or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**You** and **Your** mean an eligible employee who participates in PEBB Life insurance as an employee and meets qualifications for retiree insurance coverage.

## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU**

### **PEBB ELIGIBLE RETIREE**

#### **Class 1 Retiree Term Life Plan:**

**Employees enrolled in Basic Life Insurance who meet qualifications for enrollment in PEBB retiree insurance coverage on or after January 1, 2017, who reside in Washington; and**

**Retirees who elected to move from the Policyholder's \$3,000 benefit plan to this Class 1 Retiree Term Life Plan during the 2016 open enrollment period, who reside in Washington.**

#### **Class 2 Legacy Retiree Term Life Plan:**

**Retirees enrolled in the Policyholder's \$3,000 benefit plan prior to January 1, 2017 who did not move to the Policyholder's new Class 1 Retiree Term Life Plan during the 2016 open enrollment period, who reside in Washington.**

You are eligible for insurance if You were covered for insurance on the day immediately preceding the date of Your retirement and have retired in accord with the Policyholder's retirement plan.

### **DATE YOU ARE ELIGIBLE FOR INSURANCE**

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are PEBB Eligible on January 1, 2017, You will be eligible for the insurance described in this certificate on that date.

If You become PEBB Eligible after January 1, 2017, You will be eligible for the insurance described in this certificate on the date You become PEBB Eligible.

### **ENROLLMENT PROCESS**

If You are eligible as described in the section of this certificate titled **PEBB ELIGIBLE RETIREE**, You may enroll by completing the required form and submitting it to the Policyholder within the required time frame. We will notify You of the cost of the insurance You elect. You must pay the premium for such insurance.

### **DATE YOUR INSURANCE TAKES EFFECT**

#### **Rules for Employee-Paid Insurance**

##### **Class 1 Retiree Term Life Plan:**

You must elect Retiree Term Life Insurance no later than sixty days after the date Your Basic Life Insurance ends. If You don't elect Retiree Term Life Insurance within the required sixty day time frame, You cannot elect Retiree Term Life Insurance at a later date unless Your Optional Life Insurance premiums are being waived under the terms of the Policyholder's certificate for Optional Life Insurance. If Your Optional Life Insurance premiums are being waived under the terms of the Policyholder's certificate for Optional Life Insurance, You must elect Retiree Term Life Insurance no later than sixty days after the date Your waiver of premium benefit ends. If You elect Retiree Term Life Insurance, such insurance will take effect on the first day of the month following the date Your Basic Life Insurance ends.

If You return to work and regain eligibility for enrollment under the Policyholder's Basic Life Insurance Group Policy, You may choose to maintain Your Retiree Term Life Plan; however, You must continue to pay the cost of such insurance. If you choose not to maintain Your Retiree Term Life Plan enrollment, You may elect to re-enroll in such insurance provided We receive Your enrollment form no later than sixty days after the date Your Basic Life Insurance ends.



## **ELIGIBILITY PROVISIONS: INSURANCE FOR YOU (continued)**

### Class 2 Legacy Retiree Term Life Plan:

Your Legacy Retiree Term Life Plan will become effective on January 1, 2017.

If You return to work and regain eligibility for enrollment under the Policyholder's Basic Life Insurance Group Policy, You may choose to maintain Your Legacy Retiree Term Life Plan; however, You must continue to pay the cost of such insurance. If You choose not to maintain Your Legacy Retiree Term Life Plan enrollment, You may elect to re-enroll in such insurance provided Your enrollment form is received no later than sixty days after the date Your Basic Life Insurance ends.

### **Increase in Insurance: Class 1 Benefit and Class 2 Benefit**

You are not eligible to increase Your amount of Life insurance after the date You retire.

### **Decrease in Insurance: Class 1 Benefit**

If You make a Written request to decrease Your insurance, that decrease will take effect as of the first day of the month following the date We receive Your Written request.

### **Decrease in Insurance: Class 2 Benefit**

You are not eligible to decrease Your amount of Life insurance after the effective date of such insurance.

## **DATE YOUR INSURANCE ENDS**

Your insurance will end on the earliest of:

1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the last day of the month for which the premium has been paid; or
4. the last day of the month in which You are a PEBB Eligible Retiree; or
5. the last day of the month in which the Employer Group You were employed by ends participation in the Policyholder's Group Plan for the bargaining unit or non-represented group of employees You were included in prior to retirement.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU for information concerning the option to convert to an individual policy of life insurance if Your Life Insurance ends.

## **LIFE INSURANCE: FOR YOU**

If You die, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Life Insurance in effect on the date of Your death.

### **PAYMENT OPTIONS**

We will pay the Life Insurance in one sum. Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU**

If Your life insurance ends or is reduced for any of the reasons stated below, You have the option to buy an individual policy of life insurance (“new policy”) from Us during the Application Period in accordance with the conditions and requirements of this section. This is referred to as the “option to convert”. Evidence of Your insurability will not be required.

### **When You Will Have the Option to Convert**

You will have the option to convert when:

- A. Your life insurance ends because:
  - this Group Policy ends, provided You have been insured for life insurance for at least 5 continuous years; or
  - this Group Policy is amended to end all life insurance for an eligible class of which You are a member, provided You have been insured for at least 5 continuous years; or
- B. Your life insurance is reduced due to an amendment of this Group Policy.

If You opt not to convert a reduction in the amount of Your life insurance as described above, You will not have the option to convert that amount at a later date.

### **Application Period**

If You opt to convert Your Life Insurance for any of the reasons stated above, We must receive a completed conversion application form from You within 60 days after the date Your Life Insurance ends or is reduced.

### **Option Conditions**

The option to convert is subject to the following:

- A. Our receipt within the Application Period of:
  - Your Written application for the new policy; and
  - the premium due for such new policy;
- B. the premium rates for the new policy will be based on:
  - Our rates then in use;
  - the form and amount of insurance for which you apply;
  - Your class of risk; and
  - Your age;
- C. the new policy may be on any form then customarily offered by Us excluding term insurance;
- D. the new policy will be issued without an accidental death and dismemberment benefit, an accelerated benefit option, a waiver of premium benefit or any other rider or additional benefit; and
- E. the new policy will take effect on the 32<sup>nd</sup> day after the date Your life insurance ends or is reduced; this will be the case regardless of the duration of the Application Period.

## **LIFE INSURANCE: CONVERSION OPTION FOR YOU (continued)**

### **Maximum Amount of the New Policy**

If Your Life Insurance ends due to the end of this Group Policy or the amendment of this Group Policy to end all life insurance for an eligible class of which You are a member, the maximum amount of insurance that You may elect for the new policy is the lesser of:

- the amount of Your life insurance that ends under this Group Policy less the amount of life insurance for which You become eligible under any group policy within 31 days after the date insurance ends under this Group Policy; or
- \$10,000.

If Your life insurance ends or is reduced due to the Policyholder's or Employing Agency's organizational restructuring, the maximum amount of insurance that You may elect for the new policy is the amount of Your life insurance that ends under this Group Policy less the amount of life insurance for which You become eligible under any other group policy within 31 days after the date insurance ends under this Group Policy.

If Your life insurance ends or is reduced for any other reason, the maximum amount of insurance that You may elect for the new policy is the amount of Your life insurance which ends under this Group Policy.

### **ADDITIONAL PROVISIONS IF YOU DIE**

#### **If You Die Within 60 Days After Your Life Insurance Ends Or Is Reduced**

If You die within 60 days after Your life insurance ends or is reduced by an amount You are entitled to convert, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and if We approve it will pay the Beneficiary. The amount We will pay is the amount You were entitled to convert.

The amount You were entitled to convert will not be paid as insurance under both a new individual conversion policy and the Group Policy.

## **FILING A CLAIM**

### **CLAIMS FOR LIFE INSURANCE BENEFITS**

When there has been the death of an insured person, notify Us by calling 1-866-548-7139. This notice should be given to Us as soon as is reasonably possible after the death. The claim form will be sent to the beneficiary or beneficiaries of record.

The beneficiary or beneficiaries should complete the claim form and send it and Proof of the death to Us as instructed on the claim form.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time We make payment.

## **GENERAL PROVISIONS**

### **Assignment**

The rights and benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

### **Beneficiary**

You may designate a Beneficiary in Your application or enrollment form. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated, Written request to Us using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to Us within 30 days of the date You Sign such request.

You do not need the Beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary to be one or more of the following who survive You:

1. Your Spouse or State-Registered Domestic Partner;
2. Your biological child(ren), legally adopted child(ren), and stepchildren, including children of Your State-Registered Domestic Partner Your natural or adopted parent(s); or
3. Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

### **Entire Contract**

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.

### **Incontestability: Statements Made by You**

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

We will not use Your statements which relate to insurability to contest life insurance after it has been in force for 2 years during Your life. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life.

### **Misstatement of Age**

If Your age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

**GCERT2016-WSHCA-WA-LIFE-RETIREE1**

## **GENERAL PROVISIONS (continued)**

### **Conformity with Law**

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.