

**NOTICE TO INSUREDS**

READ THIS NOTICE CAREFULLY BEFORE ACCESSING THE FOLLOWING INFORMATION. MetLife is providing this Electronic Document describing the insurance benefits provided for in your certificate of insurance as a convenience. WA State Health Care Authority PEBB maintains the group insurance policy, including a copy of the certificate of insurance that is available for you to review and copy if necessary. If there is any conflict between the information in this Electronic Document and the group insurance policy and certificate, the policy and certificate shall control in all respects.

# **YOUR BENEFIT PLAN**

## **WA State Health Care Authority PEBB**

**All Actively at Work employees of an Employing Agency, except for employees of an Employer Group that do not contract with the Policyholder for the insurance benefits described in this certificate**

**Totally Disabled Patrolmen, Disability Leave Patrolmen and Disability Status Patrolmen deemed disabled in the line of duty by the Chief of Washington State Patrol (WSP)**

**Basic Accidental Death and Dismemberment Insurance**

**Supplemental Accidental Death and Dismemberment Insurance**

**Dependent Accidental Death and Dismemberment Insurance**

**Certificate Date: January 1, 2025**

Certificate Number 23

WA State Health Care Authority PEBB  
626 8th Avenue SE  
P.O. Box 42684  
Olympia, WA 98504-2684

TO 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.

WA State Health Care Authority PEBB



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

## ACCIDENTAL DEATH AND DISMEMBERMENT CERTIFICATE OF INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents 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:** WA State Health Care Authority PEBB  
**Group Policy Number:** 164995-1-G  
**Type of Insurance:** Accidental Death and Dismemberment Insurance  
**MetLife Toll Free Number(s):**  
**For Claim Information** FOR CLAIMS: 1-866-548-7139

**THIS CERTIFICATE ONLY DESCRIBES ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE. THE INSURANCE DESCRIBED DOES NOT PROVIDE BENEFITS FOR LOSS CAUSED BY SICKNESS.**

**IN THE EVENT THERE IS A CONFLICT BETWEEN LANGUAGE APPEARING IN THE GROUP POLICY AND THE CERTIFICATE, THE LANGUAGE IN THE CERTIFICATE WILL CONTROL.**

**FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON YOUR EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.**

**THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED PRIMARILY BY THE LAW OF A STATE OTHER THAN FLORIDA.**

**For Idaho Residents: TEN DAY RIGHT TO EXAMINE CERTIFICATE:** You may return the certificate to Us within 10 days from the date You receive it. If You return it within the 10 day period, the certificate will be considered never to have been issued. We will refund any premium paid after We receive Your notice of cancellation.

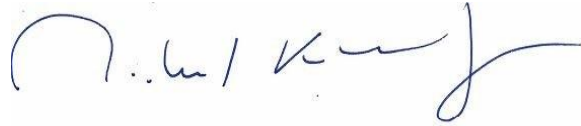
**THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.**

**For Residents of North Dakota:** If You are not satisfied with Your Certificate, You may return it to Us within 20 days after You receive it, unless a claim has previously been received by Us under Your Certificate. We will refund within 30 days of Our receipt of the returned Certificate any Premium that has been paid and the Certificate will then be considered to have never been issued. You should be aware that, if You elect to return the Certificate for a refund of premiums, losses which otherwise would have been covered under Your Certificate will not be covered.

**WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**



Jeannette N. Pina  
Vice President and Secretary



Michel Khalaf  
President

## **NOTICE FOR RESIDENTS OF TEXAS**

### **Have a complaint or need help?**

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

### **Metropolitan Life Insurance Company**

To get information or file a complaint with your insurance company or HMO:

**Call: Corporate Consumer Relations Department at 1-800-438-6388**

**Toll-free: 1-800-438-6388**

Email: [Johnstown\\_Complaint\\_Referrals@metlife.com](mailto:Johnstown_Complaint_Referrals@metlife.com)

Mail: Metropolitan Life Insurance Company  
700 Quaker Lane  
2nd Floor  
Warwick, RI 02886

### **The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

### **¿Tiene una queja o necesita ayuda?**

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

### **Metropolitan Life Insurance Company**

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Llame a: Departamento de Relaciones Corporativas del Consumidor al 1-800-438-6388**

**Teléfono gratuito: 1-800-438-6388**

Correo electrónico: [Johnstown\\_Complaint\\_Referrals@metlife.com](mailto:Johnstown_Complaint_Referrals@metlife.com)

Dirección postal: Metropolitan Life Insurance Company  
700 Quaker Lane  
2nd Floor  
Warwick, RI 02886

### **El Departamento de Seguros de Texas**

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

# NOTICE FOR RESIDENTS OF LOUISIANA, MONTANA, NEW MEXICO, TEXAS AND UTAH

## The Definition Of Child Is Modified For The Coverages Listed Below:

### For Louisiana Residents (Accidental Death and Dismemberment Insurance):

The term also includes Your grandchildren residing with You. The age limit for children and grandchildren will not be less than 26, regardless of the child's or grandchild's marital status, student status or full-time employment status. Your natural child, adopted child, stepchild or grandchild under age 26 will not need to be supported by You to qualify as a Child under this insurance. In addition, marital status will not prevent or cease the continuation of insurance for a mentally or physically disabled child or grandchild past the age limit.

### For Montana Residents (Accidental Death and Dismemberment Insurance):

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

### For New Mexico Residents (Accidental Death and Dismemberment Insurance):

The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild will not be denied accidental death and dismemberment insurance coverage under this certificate because:

- that child was born out of wedlock;
- that child is not claimed as Your dependent on Your federal income tax return; or
- that child does not reside with You.

### For Texas Residents (Accidental Death and Dismemberment Insurance):

The term also includes Your grandchildren. The age limit for children and grandchildren will not be less than 25, regardless of the child's or grandchild's student status, full-time employment status or military service status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance. In addition, grandchildren must be able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Insurance.

### For Utah Residents (Dependent Accidental Death and Dismemberment Insurance):

The age limit for children will not be less than 26, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance. The term includes an unmarried child who is incapable of self-sustaining employment because of a mental or physical disability as defined by applicable law and who has been continuously covered under an Accidental Death and Dismemberment plan since reaching age 26, with no break in coverage of more than 63 days, and who otherwise qualifies as a Child except for the age limit. Proof of such disability must be sent to Us within 31 days after:

- the date the Child attains the limiting age in order to continue coverage; or
- You enroll a Child to be covered under this provision;

and at reasonable intervals after such date, but no more often than annually after the two-year period immediately following the date the Child qualifies for coverage under this provision.



## **NOTICE FOR RESIDENTS OF ARKANSAS**

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department  
Consumer Services Division  
1 Commerce Way, Suite 102  
Little Rock, Arkansas 72202

## **NOTICE FOR RESIDENTS OF CALIFORNIA**

### **IMPORTANT NOTICE**

**TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR METLIFE AT:**

**METROPOLITAN LIFE INSURANCE COMPANY  
ATTN: CONSUMER RELATIONS DEPARTMENT  
500 SCHOOLHOUSE ROAD  
JOHNSTOWN, PA 15904**

**1-800-438-6388**

**IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA DEPARTMENT OF INSURANCE AT:**

**DEPARTMENT OF INSURANCE  
CONSUMER SERVICES  
300 SOUTH SPRING STREET  
LOS ANGELES, CA 90013**

**WEBSITE: <http://www.insurance.ca.gov/>**

**1-800-927-4357 (within California)  
1-213-897-8921 (outside California)**

## **NOTICE FOR RESIDENTS OF CALIFORNIA**

If Your certificate includes an exclusion for the voluntary intake or use by any means of any drug, medication or sedative, unless it is taken or used as prescribed by a Physician (or a similar exclusion), We will adjudicate your claim as follows:

We will exclude any Covered Loss as a consequence of being under the influence of any intoxicant or controlled substance unless administered on the advice of a Physician.

## **NOTICE FOR RESIDENTS OF GEORGIA**

### **IMPORTANT NOTICE**

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

## **NOTICE FOR RESIDENTS OF IDAHO**

If You have a question concerning Your coverage or a claim, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting MetLife, You should feel free to contact:

Idaho Department of Insurance  
Consumer Affairs  
700 West State Street, 3<sup>rd</sup> Floor  
PO Box 83720  
Boise, Idaho 83720-0043

1-800-721-3272 (for calls placed within Idaho) or 208-334-4250 or [www.DOI.Idaho.gov](http://www.DOI.Idaho.gov)

# **NOTICE FOR RESIDENTS OF ILLINOIS**

## **IMPORTANT NOTICE**

To make a complaint to MetLife, You may write to:

MetLife  
200 Park Avenue  
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance  
Public Services Division  
Springfield, Illinois 62767

## **NOTICE FOR RESIDENTS OF INDIANA**

**Questions regarding your policy or coverage should be directed to:**

**Metropolitan Life Insurance Company**

**1-800-438-6388**

If you (a) need the assistance of the government 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 email:

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

Complaint can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi)

## **NOTICE FOR RESIDENTS OF MAINE**

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as for nonpayment of a contribution that is due. The intent is to allow reinstatements where the default is due to the insured person's suffering from cognitive impairment or functional incapacity. You may make this designation by completing a "Third-Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third-Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this certificate to obtain a Third-Party Notice Request Form. Within 90 days after cancellation of coverage for nonpayment of premium, You or any person authorized to act on Your behalf may request reinstatement of the certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.



## **NOTICE FOR MASSACHUSETTS RESIDENTS**

### **CONTINUATION OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

1. If Your AD&D Insurance ends due to a Plant Closing or Covered Partial Closing, such insurance will be continued for 90 days after the date it ends.
2. If Your AD&D Insurance ends because:
  - You cease to be in an Eligible Class; or
  - Your employment terminates;

for any reason other than a Plant Closing or Covered Partial Closing, such insurance will continue for 31 days after the date it ends.

Continuation of Your AD&D Insurance under the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.

**Plant Closing** and **Covered Partial Closing** have the meaning set forth in Massachusetts Annotated Laws, Chapter 151A, Section 71A.

## **NOTICE FOR RESIDENTS OF MISSOURI**

### **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

#### **EXCLUSIONS**

If You reside in Missouri the exclusion for "suicide or attempted suicide" is as follows:

"suicide or attempted suicide while sane"

## NOTICE FOR RESIDENTS OF NEW MEXICO

If a Child is insured for Accidental Death and Dismemberment Insurance under this certificate and You are not the custodial parent, notify Us that such is the case and provide Us with the name and address of the custodial parent. After receipt of such notice We will:

- (1) provide such information to the custodial parent as may be necessary for the Child to obtain benefits through that insurance;
- (2) permit the custodial parent or the provider, with the custodial parent's approval, to submit claims for covered services without the approval of the non-custodial parent; and
- (3) make payments on claims submitted in accordance with Paragraph (2) of this subsection directly to the custodial parent, the provider or the state Medicaid agency.

If You are required by a court or administrative order to provide Accidental Death and Dismemberment Insurance for a Child, and You are eligible to provide such insurance for that child, We will:

- (1) permit You to enroll a Child who is otherwise eligible for such insurance without regard to any enrollment season restrictions;
- (2) if You are enrolled but fail to make application to obtain insurance for such Child, We will enroll the Child for insurance upon application of the Child's other parent, the state agency administering the Medicaid program or the state agency administering 42 U.S.C. Sections 651 through 669, the child support enforcement program; and
- (3) We will not disenroll or eliminate insurance for such Child unless the insurer is provided satisfactory written evidence that:
  - (a) the court or administrative order is no longer in effect; or
  - (b) the Child is or will be enrolled in comparable health insurance through another insurer that will take effect not later than the effective date of disenrollment.

We will not impose requirements on a state agency that has been assigned the rights of an individual eligible for medical assistance under the Medicaid program and insured for Accidental Death and Dismemberment Insurance with Us that are different from requirements applicable to an agent or assignee of any other individual so insured.

## NOTICE FOR RESIDENTS OF PENNSYLVANIA

Accidental Death and Dismemberment Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.

## **NOTICE FOR RESIDENTS OF TEXAS**

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.**

## NOTICE FOR RESIDENTS OF UTAH

### Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a **brief summary** of the Utah Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies. (For the purposes of this notice, the terms “insurance company” and “insurer” include health maintenance organizations (HMOs) and limited health plans.)

The basic protections provided by the Association are:

- Life Insurance
  - o \$500,000 in death benefits
  - o \$200,000 in cash surrender or withdrawal values
- Accident and Health Insurance
  - o \$500,000 for health benefit plans
  - o \$500,000 in disability income insurance benefits
  - o \$500,000 in long-term care insurance benefits
  - o \$500,000 in other types of health insurance benefits
- Annuities
  - o \$250,000 in the present value of annuity benefits in aggregate, including any net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to health benefit plans.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Utah law.

Benefits provided by a long-term care rider to a life insurance or annuity contract shall be considered the same type of benefit as the base life insurance policy or annuity contract to which it relates.

To learn more about the above protections, please visit the Association's website at [www.ulhiga.org](http://www.ulhiga.org) or contact:

Utah Life and Health Insurance Guaranty Assoc.  
466 South 500 East, Suite 100  
Salt Lake City UT 84102  
(801) 320-9955

Utah Insurance Department  
4315 S. 2700 W., Suite 2300  
Taylorsville, UT 84129  
(801) 957-9200

## **NOTICE FOR RESIDENTS OF WEST VIRGINIA**

### **FREE LOOK PERIOD:**

If You are not satisfied with Your certificate, You may return it to Us within 10 days after You receive it, unless a claim has previously been received by Us under Your certificate. We will refund within 10 days of our receipt of the returned certificate any Premium that has been paid and the certificate will then be considered to have never been issued. You should be aware that, if You elect to return the certificate for a refund of premiums, losses which otherwise would have been covered under Your certificate will not be covered.

## NOTICE FOR RESIDENTS OF WISCONSIN

### **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.

MetLife  
Attn: Corporate Consumer Relations Department  
200 Park Avenue  
New York, New York 10166  
1-800-438-6388

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 outside of Madison or 608-266-0103 in Madison.



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## SCHEDULE OF BENEFITS

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

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

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

### How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the Certificate states that We will pay benefits in "one sum", "lump 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.

## BENEFIT

## BENEFIT AMOUNTS AND HIGHLIGHTS

### Accidental Death and Dismemberment Insurance (AD&D) For You:

#### Basic AD&D

Full Amount For Basic AD&D.....\$5,000

#### Additional Benefits:

Seat Belt Benefit.....Yes

Air Bag Use Benefit .....Yes

Child Care Benefit .....Yes

Child Education Benefit.....Yes

Spouse or State-Registered Domestic Partner  
Education Benefit.....Yes

Hospital Confinement Benefit.....Yes

Common Carrier Benefit.....Yes

The Common Carrier Benefit is an amount equal to the Full Amount.

#### Schedule of Covered Losses for Basic Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

## SCHEDULE OF BENEFITS (continued)

### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow.....	50%
Loss of a leg permanently severed at or above the knee.....	50%
Loss of sight in one eye .....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye following the accidental injury. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing .....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg .....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible. Such damage/state must begin/manifest itself within 365 days of the accidental injury.

Brain Damage.....	100%
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**Brain Damage** means permanent and irreversible physical damage to the brain such that permanent supervision or assistance is required to maintain existence. Such damage must manifest itself within 365 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma.....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 365 days of the accidental injury and continue for 7 consecutive days.

## SCHEDULE OF BENEFITS (continued)

### Supplemental AD&D

**Plan 1:** All employees of an Employing Agency who elected Employee-Paid Life Insurance coverage in a multiple of \$10,000 for coverage effective on or after January 1, 2017. All new employees on or after January 1, 2017 who elect Employee-Paid Life Insurance coverage are enrolled in Plan 1 .....

	An amount, elected by You, which is a multiple of \$10,000
Minimum Supplemental Accidental Death and Dismemberment Full Amount .....	\$10,000
Maximum Supplemental Accidental Death and Dismemberment Full Amount .....	\$250,000

**Plan 2:** All employees of an Employing Agency who did not elect Employee-Paid Life Insurance coverage in a multiple of \$10,000 for coverage on or after January 1, 2017. These employees retained coverage amounts elected prior to January 1, 2017 that were not in a multiple of \$10,000 .....

	An amount You previously elected under Your Employing Agency's previous life insurance plan which doesn't match the MetLife plan design
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#### Additional Benefits:

Seat Belt Benefit .....	Yes
Air Bag Use Benefit .....	Yes
Child Care Benefit .....	Yes
Child Education Benefit .....	Yes
Spouse or State-Registered Domestic Partner Education Benefit .....	Yes
Hospital Confinement Benefit .....	Yes
Common Carrier Benefit .....	Yes

The Common Carrier Benefit is an amount equal to the Full Amount.

### Schedule of Covered Losses for Supplemental Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow .....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	50%
Loss of a leg permanently severed at or above the knee .....	50%
Loss of sight in one eye .....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye following the accidental injury. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

## SCHEDULE OF BENEFITS (continued)

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing .....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg .....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible. Such damage/state must begin/manifest itself within 365 days of the accidental injury.

Brain Damage .....	100%
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**Brain Damage** means permanent and irreversible physical damage to the brain such that permanent supervision or assistance is required to maintain existence. Such damage must manifest itself within 365 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma.....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 365 days of the accidental injury and continue for 7 consecutive days.

### Dependent Accidental Death and Dismemberment Insurance (AD&D):

#### Amount for Dependent AD&D

For Spouse or State-Registered Domestic Partner .....An amount, elected by You, which is a multiple of \$10,000

Minimum Dependent Accidental Death and Dismemberment Amount for Your Spouse or State-Registered Domestic Partner .....\$10,000

Maximum Dependent Accidental Death and Dismemberment Amount for Your Spouse or State-Registered Domestic Partner .....\$250,000

For each of Your Children .....An amount, elected by You, which is a multiple of \$5,000

## SCHEDULE OF BENEFITS (continued)

Minimum Dependent Accidental Death and  
Dismemberment Amount for Your Child(ren).....\$5,000

Maximum Dependent Accidental Death and  
Dismemberment Amount for Your Child(ren).....\$25,000

### Additional Benefits:

Seat Belt Benefit.....Yes  
 Air Bag Use Benefit .....Yes  
 Child Care Benefit .....NONE  
 Child Education Benefit.....NONE  
 Spouse or State-Registered Domestic Partner  
 Education Benefit.....NONE  
 Hospital Confinement Benefit.....Yes  
 Common Carrier Benefit.....Yes

The Common Carrier Benefit is an amount equal to the Full Amount.

### Schedule of Covered Losses for Dependent Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

Loss of life .....	100%
Loss of a hand permanently severed at or above the wrist but below the elbow.....	50%
Loss of a foot permanently severed at or above the ankle but below the knee .....	50%
Loss of an arm permanently severed at or above the elbow .....	50%
Loss of a leg permanently severed at or above the knee.....	50%
Loss of sight in one eye .....	50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye following the accidental injury. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of any combination of hand, foot, or sight of one eye, as defined above .....	100%
Loss of the thumb and index finger of same hand .....	25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of speech and loss of hearing .....	100%
Loss of speech or loss of hearing .....	50%

**Loss of speech** means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

## SCHEDULE OF BENEFITS (continued)

Paralysis of both arms and both legs.....	100%
Paralysis of both legs.....	50%
Paralysis of the arm and leg on either side of the body .....	50%
Paralysis of one arm or leg .....	25%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible. Such damage/state must begin/manifest itself within 365 days of the accidental injury.

Brain Damage .....	100%
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**Brain Damage** means permanent and irreversible physical damage to the brain such that permanent supervision or assistance is required to maintain existence. Such damage must manifest itself within 365 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma.....	1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months.
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**Coma** means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 365 days of the accidental injury and continue for 7 consecutive days.



## 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.

**Actively at Work or Active Work** means that You are performing the usual and customary duties of Your job. This must be done at:

- Your Employing Agency's place of business;
- An alternate place approved by Your Employing Agency; or
- A place which the Employing Agency's business requires you to travel.

You will be deemed to be Actively at Work during weekends or Employing Agency's approved paid leave of absence, approved leave under the federal Family and Medical Leave Act (FMLA), approved leave under Washington's Paid Family and Medical Leave Program, holidays, business closures, or while on approved leave of absence without pay, or You qualify for and elect to continue coverage when You lose Your eligibility for the employer contribution toward PEBB benefits during certain types of leave. If You are a benefits eligible seasonal employee who works a season of 9 months or more, You will be deemed to be Actively at Work during Your off season. If You are a benefits eligible faculty anticipated to work half time or more the entire instructional year or equivalent nine-month period, You will be deemed to be Actively at Work for each month of the instructional year. If You are a benefits eligible faculty who are hired on a quarter/semester to quarter/semester basis, You will be deemed to be Actively at Work each quarter/semester in which You are working half-time or more. If You are a benefits eligible faculty who works an average of half-time or more throughout the entire instructional year or equivalent nine month period and work each quarter/semester of the instructional year or equivalent nine month period, You will be deemed to be Actively at Work during summer or Your off quarter/semester. If You are a benefits eligible faculty who averages half-time or more in each of the two preceding academic years and You are eligible to receive an uninterrupted employer contribution, You will be deemed to be Actively at Work until You are no longer eligible for the employer contribution. If You are a faculty who loses eligibility for the employer contribution and regains it if You return to a faculty position where it is anticipated that You will work half-time or more for the quarter/semester no later than the twelfth month after the month in which You lost eligibility for the employer contribution, You will be deemed to be Actively at Work on the first day of the month in which the quarter/semester begins.

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

**Certificateholder** means an Actively at Work employee, Totally Disabled Patrolman, Disability Leave Patrolman, Disability Status Patrolman who is insured under the Group Policy.

**Child** means:

a newborn child from the moment of birth through the last day of the month in which the child turns age twenty-six with exception noted below. Children are defined as:

- Children based on establishment of a parent-child relationship as described in state statutes, except when parental rights have been terminated;
- Children of the Certificateholder's Spouse, based on the Spouse's establishment of a parent-child relationship, except when parental rights have been terminated. The stepchild's relationship to the Certificateholder (and eligibility as a dependent) ends on the same date the marriage with the Spouse ends through divorce, annulment, dissolution, termination, or death;
- Children for whom the Certificateholder has assumed a legal obligation for total or partial support in anticipation of adoption of the child;
- Children of the Certificateholder's State-Registered Domestic Partner based on the State-Registered Domestic Partner's establishment of a parent-child relationship, except when parental rights have been

## DEFINITIONS (continued)

terminated. The child's relationship to the Certificateholder (and eligibility as a dependent) ends on the same date as the Certificateholder's legal responsibility with the State-Registered Domestic Partner ends through divorce, annulment, dissolution, termination, or death;

- Children specified in a court order or divorce decree for whom the Certificateholder has a legal obligation to provide support or health care coverage;
- Extended dependent in the legal custody or legal guardianship of the Certificateholder, the Certificateholder's Spouse, or the Certificateholder's State-Registered Domestic Partner. The legal responsibility is demonstrated by a valid court order and the child's official residence is with the custodian or guardian. Extended dependent child does not include a foster child unless the Certificateholder, the Certificateholder's Spouse, or the Certificateholder's State-Registered Domestic Partner has assumed a legal obligation for total or partial support in anticipation of adoption; and
- Children of any age with a developmental or physical disability that renders the child incapable of self-sustaining employment and chiefly dependent upon the Certificateholder for support and maintenance provided such condition occurs before the age of twenty-six.

For the purposes of determining who may become covered for insurance, the term does not include any person who is a Certificateholder.

**Common Carrier** means a government regulated entity that is in the business of transporting fare paying passengers.

The term does not include:

- chartered or other privately arranged transportation;
- taxis; or
- limousines.

**Dependent(s)** means Your Spouse or State-Registered Domestic Partner and/or Child who meet the eligibility requirements in state statute, except surviving Spouses, surviving State-Registered Domestic Partners and surviving Dependent Children of emergency service personnel who are killed in the line of duty.

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

Employee-Paid Insurance includes: Supplemental Accidental Death and Dismemberment Insurance and Dependent Accidental Death and Dismemberment Insurance.

**Employer-Paid Insurance** means insurance for which the Policyholder does not require You to pay any part of the premium. You may pay the premium for Basic Accidental Death and Dismemberment Insurance while on an approved Leave of Absence.

Employer-Paid Insurance includes: Basic Accidental Death and Dismemberment Insurance.

**Employer Group** means a county, municipality, political subdivision, the Washington health benefit exchange, tribal government, or employee organizations representing state civil service employees obtaining employee benefits through a contractual agreement with the Policyholder to participate in benefit plans.

**Employing Agency** means a division, department, or separate agency of state government, including an institution of higher education; a county, municipality, or other political subdivision; and a tribal government covered by state statute. It also includes Washington health benefit exchange and employee organizations representing state civil service employees.

## DEFINITIONS (continued)

**Hospital** means a facility which is licensed as such in the jurisdiction in which it is located and:

- provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
- provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

**Physician** means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where they perform the service and must act within the scope of that license. They must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You;
- Your Spouse or State-Registered Domestic Partner; or
- any member of Your immediate family including Your and/or Your Spouse or State-Registered Domestic Partner's:
  - parents;
  - Child(ren);
  - siblings;
  - grandparents; or
  - grandchildren.

**Policyholder** means WA State Health Care Authority PEBB.

**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 legal spouse.

**State-Registered Domestic Partner** as defined in state statute and substantially equivalent legal unions from jurisdictions as defined in Washington state statute.

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

## **DEFINITIONS (continued)**

**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 a Certificateholder who is insured under the Group Policy for the insurance described in this certificate.

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

### **ELIGIBLE FOR PEBB BENEFITS**

**All Actively at Work employees of an Employing Agency, except for employees of an Employer Group that do not contract with the Policyholder for the insurance benefits described in this certificate.**

**Totally Disabled Patrolmen, Disability Leave Patrolmen and Disability Status Patrolmen deemed disabled in the line of duty by the Chief of Washington State Patrol (WSP); Actively at Work requirements do not apply to Totally Disabled Patrolmen, Disability Leave Patrolmen and Disability Status Patrolmen.**

### **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 eligible for PEBB benefits on January 1, 2025, You will be eligible for the insurance described in this certificate on that date.

If You become eligible for PEBB benefits after January 1, 2025, You will be eligible for the insurance described in this certificate on the date You become eligible for PEBB benefits.

### **ENROLLMENT PROCESS**

You are automatically enrolled for Employer-Paid Insurance if You become eligible for PEBB benefits. If You are eligible for Employee-Paid Insurance, You may enroll by completing the required form.

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

#### **Requirements for Employer-Paid Insurance: Basic Accidental Death and Dismemberment Insurance**

Employer-Paid Insurance will take effect on the first day of the month following the date You become eligible for PEBB benefits. If You become eligible for PEBB benefits on the first working day of the month, Employer-Paid Insurance will take effect on that date.

Employer-Paid Insurance for Faculty hired on a quarter/semester to quarter/semester basis will take effect the first day of the month following the beginning of the second consecutive quarter/semester of half-time or more employment. If the first day of the second consecutive quarter/semester is the first working day of the month, Employer-Paid Insurance will take effect at the beginning of the second consecutive quarter/semester.

Employer-Paid Insurance for an employee who regains eligibility, including following a period of leave or after being between periods of leave will take effect on the first day of the month in which the employee is in pay status 8 or more hours, or on the first day of the month in which the quarter or semester begins for faculty who regain eligibility within 12 months. When an employee who is called to active duty in the uniformed services under Uniformed Services Employment and Reemployment Rights Act (USERRA) loses eligibility for the employer contribution toward PEBB benefits, they regain eligibility for the employer-contribution toward PEBB benefits the day they return from active duty. Employer-Paid insurance will take effect the first day of the month in which You return from active duty.

You must be Actively at Work on that date.

If You are not Actively at Work on the date the Employer-Paid Insurance would otherwise take effect, insurance will take effect on the first day of the month following the date You resume Active Work.

#### **Requirements for Employee-Paid Insurance: Plan 1 Supplemental Accidental Death and Dismemberment Insurance**

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

If You request Employee-Paid Insurance **before** the date You become eligible for such insurance, such insurance will take effect on the first day of the month following the date We receive Your completed enrollment form, provided that You are eligible on that date. You must be Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the first day of the month following the day You resume Active Work.

If You request Employee-Paid Insurance **on or after** the date You become newly eligible or regain eligibility for PEBB benefits, insurance will take effect on the first day of the month following the date We receive Your completed enrollment form. You must be Actively at Work on that date. Except, if You self-paid Employee-Paid Insurance during a period of leave, such insurance will be continue upon Your return.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the first day of the month following the day You resume Active Work.

Accidental Death and Dismemberment Insurance does not require evidence of Your Insurability. You must be Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the first day of the month following the day You resume Active Work.

### **Transfer in Coverage due to a Qualifying Event**

**Qualifying Event** means employment of Your Spouse or State-Registered Domestic Partner, who is covered in the PEBB insurance plan, ends due to termination or retirement from an Employing Agency.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request to transfer Dependent Accidental Death and Dismemberment Insurance that Your Spouse or State-Registered Domestic Partner had prior to the date their employment ends, to Your Supplemental Accidental Death and Dismemberment Insurance. The transfer in coverage amounts are limited to the maximum benefit amounts as shown in the SCHEDULE OF BENEFITS. There is no Evidence of Insurability required.

We will require the following prior to the transfer of coverage:

- Your completed request form; and
- Proof of Your marriage or State-Registered Domestic Partnership.

The transfer in coverage made as a result of a Qualifying Event, will take effect on the first day of the month following the date We receive Your completed request form and proof of Your marriage or State-Registered Domestic Partnership. You must be Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, transfer of coverage will take effect on the first day of the month following the day You resume Active Work.

### **Requirements for Employee-Paid Insurance: Plan 2 Supplemental Accidental Death and Dismemberment Insurance**

Your Employee-Paid insurance will become effective on the date You become eligible for such insurance.

### **Transfer in Coverage due to a Qualifying Event**

**Qualifying Event** means employment of Your Spouse or State-Registered Domestic Partner, who is covered in the PEBB insurance plan, ends due to termination or retirement from an Employing Agency.

If You have a Qualifying Event, You will have 31 days from the date of that change to make a request to transfer Dependent Accidental Death and Dismemberment Insurance that Your Spouse or State-Registered Domestic Partner had prior to the date their employment ends, to Your Supplemental Accidental Death and

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

Dismemberment Insurance. The transfer in coverage amounts are limited to the maximum benefit amounts as shown in the SCHEDULE OF BENEFITS. There is no Evidence of Insurability required.

We will require the following prior to the transfer of coverage:

- Your completed request form; and
- Proof of Your marriage or State-Registered Domestic Partnership.

The transfer in coverage made as a result of a Qualifying Event, will take effect on the first day of the month following the date We receive Your completed request form and proof of Your marriage or State-Registered Domestic Partnership. You must be Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, transfer of coverage will take effect on the first day of the month following the day You resume Active Work.

### **Employee-Paid Insurance- Supplemental Accidental Death and Dismemberment Insurance**

Increase in Insurance

If You make a Written request to increase Your insurance, You are not required to give Your evidence of insurability to Us. The increase will take effect on the first day of the month following the date We receive Your Written request.

If You are not Actively at Work on the date insurance would otherwise take effect, the increase in insurance will take effect on the first day of the month following the date You resume Active Work.

Decrease in Insurance

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

### **DATE YOUR INSURANCE ENDS**

Your insurance will end on the earliest of:

1. the date the Group Policy ends; or
2. the last day of the calendar month insurance ends for Your class; or
3. the last day of the calendar month in which You die; or
4. the last day of the calendar month for which the last premium has been paid for You; or
5. the last day of the calendar month in which You cease to be eligible for PEBB benefits. Note in accordance with the Policyholder's Washington Administrative Code and policies, if Your Employing Agency deducts contributions for Your insurance after You are no longer eligible for coverage, Your insurance ends on the last day of the month for which the contributions were deducted; or
6. the last day of the calendar month in which Your employment ends; Your insurance will end if You cease to be Actively at Work, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
7. the last day of the calendar month in which You retire in accordance with Your applicable retirement plan; or
8. the date Your Employer Group ceases to participate in the Group Policy.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **ELIGIBILITY PROVISIONS: DEPENDENT AD&D INSURANCE**

### **ELIGIBLE FOR PEBB BENEFITS: DEPENDENT INSURANCE**

**All Actively at Work employees of an Employing Agency, except for employees of an Employer Group that do not contract with the Policyholder for the insurance benefits described in this certificate.**

**Totally Disabled Patrolmen, Disability Leave Patrolmen and Disability Status Patrolmen deemed disabled in the line of duty by the Chief of Washington State Patrol (WSP); Actively at Work requirements do not apply to Totally Disabled Patrolmen, Disability Leave Patrolmen and Disability Status Patrolmen.**

### **DATE YOU ARE ELIGIBLE FOR DEPENDENT AD&D INSURANCE**

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

If You are eligible for PEBB benefits on January 1, 2025, You will be eligible to enroll or to elect Dependent insurance on the later of:

1. January 1, 2025; or
2. the date You obtain a Dependent.

If You become eligible for PEBB benefits after January 1, 2025, You will be eligible for Dependent insurance on the later of:

1. the date You become eligible for PEBB benefits; or
2. the date You obtain a Dependent.

### **ENROLLMENT PROCESS**

If You become eligible for Dependent insurance, You may enroll for such insurance by providing Us with the information We require for each Dependent to be insured.

Once You have enrolled one Child for a Dependent insurance benefit, each succeeding Child You request to enroll will automatically be covered for such insurance on the date that Child becomes eligible as defined in this certificate.



## **ELIGIBILITY PROVISIONS: DEPENDENT AD&D INSURANCE (continued)**

### **DATE INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS**

#### **Requirements for Spouse or State-Registered Domestic Partner Dependent Insurance**

#### **Dependents You Want to Enroll When You Become Eligible For Dependent Insurance**

If You request Dependent Accidental Death and Dismemberment Insurance, such insurance will take effect on the first day of the month following the date We receive Your completed enrollment form. You must be Actively at Work on that date.

Accidental Death and Dismemberment Insurance does not require evidence of insurability. You must be Actively at Work on that date.

Once You have enrolled one Child for a Dependent Insurance benefit, each succeeding Child You request to enroll will automatically be covered for such insurance on the date that Child qualifies as a Dependent.

If You are not Actively at Work on the date the Dependent Accidental Death and Dismemberment Insurance would otherwise take effect, the insurance will take effect on the first day of the month following the date You resume Active Work.

#### **For Dependents You Acquire After You Become Eligible For Dependent Insurance**

If You acquire a Dependent after You become eligible for Dependent Accidental Death and Dismemberment Insurance, You may enroll the Dependent for such insurance. The Dependent insurance for the Dependent will take effect on the first day of the month following the date We receive Your completed enrollment form. You must be Actively at Work on that date.

Accidental Death and Dismemberment Insurance does not require evidence of insurability. You must be Actively at Work on that date.

Once You have enrolled one Child for a Dependent insurance benefit, each succeeding Child You request to enroll will automatically be covered for such insurance on the date that Child qualifies as a Dependent.

If You are not Actively at Work on the date the Dependent Accidental Death and Dismemberment Insurance would otherwise take effect, the insurance will take effect on the first day of the month following the date You resume Active Work.

#### **Transfer in Coverage due to a Qualifying Event**

**Qualifying Event** means employment of Your Spouse or State-Registered Domestic Partner, who is covered in the PEBB insurance plan, ends due to termination or retirement from an Employing Agency.

You will have 31 days from the date of that change to make a request to transfer Supplemental Accidental Death and Dismemberment Insurance that Your Spouse or State-Registered Domestic Partner had prior to the date their employment ends, to Your Dependent Accidental Death and Dismemberment Insurance. The transfer in coverage amounts are limited to the maximum benefit amounts as shown in the SCHEDULE OF BENEFITS. There is no Evidence of Insurability required.

We will require the following prior to the transfer of coverage:

- Your completed request form; and
- Proof of Your marriage or State-Registered Domestic Partnership.

The transfer in coverage made as a result of a Qualifying Event, will take effect on the first day of the month following the date We receive Your completed request form and proof of Your marriage or State-Registered Domestic Partnership. You must be Actively at Work on that date.

## **ELIGIBILITY PROVISIONS: DEPENDENT AD&D INSURANCE (continued)**

If You are not Actively at Work on the date insurance would otherwise take effect, transfer of coverage will take effect on the first day of the month following the day You resume Active Work.

### **Dependent Accidental Death and Dismemberment Insurance**

Increase in Insurance for Your Dependents

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

You must be Actively at Work on that date. If You are not Actively at Work on the date the increase would otherwise take effect, the increase will take effect on the first day of the month following the date You resume Active Work.

Decrease in Insurance for Your Dependents

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

### **DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS**

A Dependent's insurance will end on the earliest of:

1. the last day of the calendar month all of Your Accidental Death and Dismemberment Insurance under the Group Policy ends; or
2. the last day of the calendar month in which You die; or
3. the date the Group Policy ends; or
4. the last day of the calendar month Your Employee insurance under the Group Policy ends; or
5. the last day of the calendar month insurance for Your Dependents ends under the Group Policy; or
6. the last day of the calendar month in which insurance for Your Dependents ends for Your class; or
7. the last day of the calendar month the Dependent meets eligibility criteria; or
8. the last day of the calendar month in which Your employment ends; Dependent insurance will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
9. the last day of the calendar month in which You retire in accordance with the Employing Agency's retirement plan; or
10. the last day of the calendar month in which the last premium has been paid for the Dependent; or
11. the date Your Employer Group ceases to participate in the Group Policy.

In certain cases insurance may be continued as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT.

## **SPECIAL REQUIREMENTS FOR GROUPS PREVIOUSLY COVERED UNDER OTHER GROUP AD&D INSURANCE**

The following requirements will apply if the AD&D Insurance under this Group Policy replaces other group AD&D insurance provided to You by the Policyholder.

**Prior Plan** means the group AD&D insurance underwritten by another insurer and provided to You by the Policyholder on the day before the Replacement Date.

**Replacement Date** means the effective date of the AD&D Insurance under this Group Policy.

### **Requirements if You and Your Spouse were Covered Under the Prior Plan on the Day Before the Replacement Date:**

1. **Actively at Work on the Replacement Date** - If You and Your Spouse were covered under the Prior Plan on the day before the Replacement Date and You are Actively at Work in an eligible class on the Replacement Date, You will be insured under this Group Policy for an amount of Supplemental Accidental Death and Dismemberment Insurance referred to as Active Employee Coverage. The amount of the Active Employee Coverage on the Replacement Date will be the amount of insurance described in the SCHEDULE OF BENEFITS.
2. **Not Actively at Work on the Replacement Date** - If You and Your Dependent(s) were covered under the Prior Plan on the day before the Replacement Date and You are not Actively at Work on the Replacement Date, but You would otherwise be a member of an eligible class if You were Actively at Work on the Replacement Date, You will be insured under this Group Policy for an amount of AD&D Insurance referred to as Transition Coverage. The amount of the Transition Coverage on the Replacement Date will be the lesser of:
  - the amount of group AD&D insurance in effect under the Prior Plan, and
  - the amount of AD&D Insurance available under this Group Policy for the eligible class to which You belong.

While Transition Coverage is in effect, the amount of coverage will continue to be determined in accordance with the provisions of the plan used to determine the amount of Transition Coverage on the Replacement Date.

If You are not Actively at Work on the Replacement Date due to a disability, Transition Coverage will remain in effect on and after the Replacement Date until the earliest of:

- the date You return to Active Work as a member of an eligible class, at which time Active Employee Coverage will supersede the Transition Coverage;
- the date AD&D Insurance would otherwise end in accordance with the terms and conditions of this certificate;
- the date on which Your AD&D insurance under the Prior Plan would have ended for any reason other than the Prior Plan ending;
- the date You are approved for extension of AD&D insurance without premium payment under the terms of Prior Plan; and
- if the Prior Plan provided for extension of AD&D insurance without premium payment during a period of disability, the last day of the 12-month period following the Replacement Date.

## **SPECIAL REQUIREMENTS FOR GROUPS PREVIOUSLY COVERED UNDER OTHER GROUP AD&D INSURANCE (continued)**

In any other case where You are not Actively at Work on the Replacement Date, Transition Coverage will remain in effect on and after the Replacement Date until the earliest of:

- the date You return to Active Work as a member of an eligible class, at which time Active Employee Coverage will supersede the Transition Coverage; and
- the date AD&D Insurance would otherwise end in accordance with the terms and conditions of this certificate.

### **Requirements if You and Your Dependents were NOT Covered Under the Prior Plan on the Day Before the Replacement Date:**

1. You will be eligible for the AD&D Insurance under this Group Policy when You meet the eligibility requirements for such insurance as described in ELIGIBILITY PROVISIONS: INSURANCE FOR YOU and ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS; and
2. We will credit any time accumulated toward any eligibility waiting period under the Prior Plan to the satisfaction of any eligibility waiting period required to be met under this AD&D Insurance.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT**

### **FOR DEVELOPMENTALLY OR PHYSICALLY DISABLED CHILDREN**

Insurance for a Child may be continued past the age of twenty-six if the child is incapable of self-sustaining employment and chiefly dependent upon the Certificateholder for support and maintenance because of a developmental or physical disability as defined by applicable law, provided the condition occurred before age twenty-six. Proof of such disability must be provided to the Policyholder within 60 days of the Child's attainment of age twenty-six and will periodically be verified after such date, but not more frequently than once a year after the two-year period following the child's twenty-sixth birthday, which may require renewed proof from the Certificateholder.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment and chiefly dependent upon the Certificateholder for support and maintenance because of a developmental or physical disability; and
- continues to qualify as a Child, except for the age limit.

### **FOR FAMILY AND MEDICAL LEAVE**

Certain leaves of absence may qualify for continuation of insurance under the federal Family and Medical Leave Act of 1993 (FMLA), Washington state Paid Family and Medical Leave Program, or other legally mandated leave of absence or similar laws. Please contact the Policyholder for information regarding such legally mandated leave of absence laws.

### **AT YOUR OPTION: CONTINUATION OF YOUR INSURANCE DURING A LABOR DISPUTE**

You may elect to continue Accidental Death and Dismemberment Insurance for You and Accidental Death and Dismemberment Insurance for Your Dependents if You cease to be Actively at Work as the result of a strike, lockout or other labor dispute. Accidental Death and Dismemberment Insurance for You and Accidental Death and Dismemberment Insurance for Your Dependents may be continued for up to 6 months if You make the required premium payments for such insurance.

If continued under this subsection, Accidental Death and Dismemberment Insurance for You and Accidental Death and Dismemberment Insurance for Your Dependents will end if:

- a premium payment is required and You fail to pay premiums for such insurance; or
- You cease to be eligible to continue insurance under this subsection and You do not immediately resume Active Work in a class that is eligible for such insurance.

## **CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (continued)**

### **AT THE EMPLOYING AGENCY'S OPTION**

The Employing Agency has elected to continue insurance by paying premiums for employees who cease Active Work in an eligible class for any of the reasons specified below;

1. if You cease Active Work due to injury or sickness, for a period in accordance with the Employing Agency's general practice;
2. if You cease Active Work due to layoff, for a period in accordance with the Employing Agency's general practice;
3. if You cease Active Work due to military leave, for a period in accordance with the Employing Agency's general practice for an employee in Your job class.

The Employing Agency's general practice for employees in a job class determines which employees with the above types of absences are to be considered as still insured and for how long among persons in like situations.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at this time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at this time, Your employment will be considered to end and Your insurance will end in accordance with the DATE YOUR INSURANCE ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents' insurance will also end in accordance with the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

## **EVIDENCE OF INSURABILITY**

No evidence of insurability is required for the insurance described in this certificate. Any health information requested during the enrollment process is specific to Life Insurance.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

If You or a Dependent sustain an accidental injury that is the Direct and Sole Cause of a Covered Loss described in the SCHEDULE OF BENEFITS, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof We will review the claim and, if We approve it, will pay the insurance in effect on the date of the injury.

**Direct and Sole Cause** means that the Covered Loss occurs within 12 months of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

### PRESUMPTION OF DEATH

You and/or a Dependent will be presumed to have died as a result of an accidental injury if:

- the aircraft or other vehicle in which You and/or a Dependent were traveling disappears, sinks, or is wrecked; and
- the body of the person who has disappeared is not found within 1 year of:
  - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
  - the date the person is reported missing to the authorities, if traveling in any other aircraft or other vehicle.

### EXCLUSIONS

We will not pay benefits under this section for any loss caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. infection, other than infection occurring in an external accidental wound or from food poisoning;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
6. any incident related to:
  - travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  - parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation;
  - travel in an aircraft or device used:
    - for testing or experimental purposes;
    - by or for any military authority; or
    - for travel or designed for travel beyond the earth's atmosphere;
7. committing or attempting to commit a felony;
8. the voluntary intake or use by any means of:
  - poison, gas, or fumes; or



## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

9. war, whether declared or undeclared; or act of war, insurrection, rebellion or active participation in a riot.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For any other loss sustained by You, or for any loss sustained by a Dependent, We will pay benefits to You.

If You or a Dependent sustain more than one Covered Loss due to an accidental injury, the amount We will pay, on behalf of any such injured person, will not exceed the Full Amount.

We will pay benefits 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.

If You and any Dependent die within a 24 hour period, We will pay the Dependent's Accidental Death and Dismemberment Insurance to the Beneficiary receiving payment of Your Accidental Death and Dismemberment Insurance including payment of any Additional Benefits, or We may pay Your estate. If a Beneficiary is a minor or is incompetent to receive payment, We will pay that person's guardian.

### **APPLICABILITY OF PROVISIONS**

The provisions set forth in this ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section apply to all Accidental Death and Dismemberment Insurance – Additional Benefit sections included in this certificate except as may otherwise be provided in such Additional Benefit sections.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SEAT BELT USE**

If You or a Dependent die as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

### **BENEFIT AMOUNT**

The Seat Belt Use benefit is an additional benefit equal to 10% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$25,000.

If it is unclear whether the Seat Belt was properly fastened, the Seat Belt Use benefit is \$1,000.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For loss of a Dependent's life, We will pay benefits to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: AIR BAG USE**

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
  - was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
  - was riding in a seat protected by an Air Bag;
  - was wearing a Seat Belt which was properly fastened at the time of the accident; and
  - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

**Passenger Car** means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

**Seat Belt** means any restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

**Air Bag** means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

### **BENEFIT AMOUNT**

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

If it is unclear whether the Seat Belt was properly fastened or that the seat in which the deceased was traveling was protected by Air Bags, the Air Bag Use benefit is \$1,000.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For a loss of a Dependent's life, We will pay benefits to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD CARE**

If You die as a result of an accidental injury, We will pay this additional Child Care benefit if:

1. We pay a benefit for loss of Your life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of death a Child was enrolled in a Child Care Center; or
  - within 12 months after the date of death a Child was enrolled in a Child Care Center.

**Child Care Center** means a facility that:

- is operated and licensed according to the law of the jurisdiction where it is located; and
- provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

- an annual maximum of \$5,000; and
- an overall maximum of 12% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We will not pay for Child Care Center charges incurred after the date a Child attains age 12.

We may require Proof of the Child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit quarterly when We receive Proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You die and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: CHILD EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Child Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that on the date of death a Child was:
  - enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or
  - at the 12th grade level and, within one year after the date of death, enrolls as a full-time student in an accredited college, university or vocational school.

### **BENEFIT AMOUNT**

For each Child who qualifies for this benefit, We will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- an academic year maximum of \$10,000; and
- an overall maximum of 20% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Child's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date of death and there is no Child who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: SPOUSE OR STATE-REGISTERED DOMESTIC PARTNER EDUCATION**

If You die as a result of an accidental injury, We will pay this additional Spouse or State-Registered Domestic Partner Education benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
  - on the date of Your death, Your Spouse or State-Registered Domestic Partner was enrolled as a full-time student in an accredited school; or
  - within 12 months after the date of Your death, Your Spouse or State-Registered Domestic Partner enrolls as a full-time student in an accredited school.

### **BENEFIT AMOUNT**

We will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed:

- an academic year maximum of \$5,000; and
- an overall maximum of 5% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Spouse or State-Registered Domestic Partner's continued enrollment as a full-time student during the period for which a benefit is claimed.

### **BENEFIT PAYMENT**

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the Spouse or State-Registered Domestic Partner.

If this benefit is in effect on the date You die and there is no Spouse or State-Registered Domestic Partner who could qualify for it, We will pay \$1,000 to Your Beneficiary in one sum.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: HOSPITAL CONFINEMENT**

Subject to the provisions of the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, We will pay this additional benefit if:

1. We receive Proof that You or a Dependent are confined in a Hospital as a result of an accidental injury which is the direct cause of such confinement independent of other causes; and
2. this benefit is in effect on the date of the injury.

### **BENEFIT AMOUNT**

We will pay an amount for each full month of Hospital Confinement equal to the lesser of:

- 1% of the Full Amount shown in the SCHEDULE OF BENEFITS; and
- \$2,500.

We will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.

We will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

### **BENEFIT PAYMENT**

Benefit payments will be made monthly. Payment will be made to You.

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)**

### **ADDITIONAL BENEFIT: COMMON CARRIER**

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

### **BENEFIT AMOUNT**

The Common Carrier Benefit is shown in the SCHEDULE OF BENEFITS.

### **BENEFIT PAYMENT**

For loss of Your life, We will pay benefits to Your Beneficiary.

For a loss of a Dependent's life, We will pay benefits to You.



## **FILING A CLAIM**

### **CLAIMS FOR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

When there has been a Covered Loss, notify Us by calling 1-866-548-7139. This notice should be given to Us as soon as is reasonably possible but in any case within 20 days of the Covered Loss. The claim form will be sent to You or the beneficiary or beneficiaries of record.

The claim form should be completed and sent along with Proof of the Covered Loss to Us as instructed on the claim form. If You or the beneficiary have not received a claim form within 15 days of giving notice of the claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

The claimant must give us Proof no later than 90 days after the date of the Covered Loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice or Proof are given as soon as is reasonably possible.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will immediately 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 premiums outstanding at the time We make payment.

**Time Limit on Legal Actions.** A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

## **GENERAL PROVISIONS**

### **Assignment**

You may assign Your Accidental Death and Dismemberment Insurance rights and benefits under the Group Policy as a gift. We will recognize the assignee(s) under such assignment as owner(s) of Your right, title and interest in the Group Policy if:

1. a Written form satisfactory to Us, affirming this assignment, has been completed;
2. the Written form has been Signed by You and the assignee(s);
3. the Policyholder acknowledges that Your Accidental Death and Dismemberment Insurance being assigned is in force on the life of the assignor; and
4. the Written form is delivered to Us for recording.

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:

- Your Spouse or State-Registered Domestic Partner;
- 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
- 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.

## **GENERAL PROVISIONS (continued)**

### **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 Accidental Death and Dismemberment Insurance after it has been in force for 2 years during Your life, unless the statement is fraudulent. 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, unless the statement is fraudulent.

### **Misstatement of Age**

If Your or Your Dependent's 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 to the amount of premium that would have been charged, or benefit that would have been provided, in the absence of the misstatement.

### **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.

### **Physical Exams**

If a claim is submitted for insurance benefits, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

### **Autopsy**

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy. We will pay the cost of such autopsy.

**THE PRECEDING PAGE IS THE END OF THE CERTIFICATE.  
THE FOLLOWING IS ADDITIONAL INFORMATION.**

**If you disagree with a decision about your eligibility or enrollment for life insurance, visit [www.hca.wa.gov/pebb-appeals](http://www.hca.wa.gov/pebb-appeals) for guidance on filing an appeal. If you disagree with any other decision concerning life insurance, contact MetLife at 1-866-548-7139.**



Delaware American Life Insurance Company  
MetLife Health Plans, Inc.  
MetLife Legal Plans, Inc.  
MetLife Legal Plans of Florida, Inc.  
Metropolitan General Insurance Company

Metropolitan Life Insurance Company  
Metropolitan Tower Life Insurance Company  
SafeGuard Health Plans, Inc.  
SafeHealth Life Insurance Company

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## **Our Privacy Notice**

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We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

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### **SECTION 1: Plan Sponsors and Group Insurance Contract Holders**

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, as an executive benefit, or as otherwise made available at your work or through an association to which you belong. In this notice "you" refers to these individuals.

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### **SECTION 2: Protecting Your Information**

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

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### **SECTION 3: Collecting Your Information**

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life insurers, a legal plans company and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

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### **SECTION 4: How We Get Your Information**

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB, LLC (“MIB”). It is a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. We, or our reinsurers, may make a brief report to MIB. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. You may do so by writing to MIB, LLC, 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or go to MIB website at [www.mib.com](http://www.mib.com).

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## **SECTION 5: Using Your Information**

We collect your personal information to help us decide if you’re eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
  - perform business research
  - market new products to you
  - comply with applicable laws
  - process claims and other transactions
  - confirm or correct your information
  - help us run our business
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## **SECTION 6: Sharing Your Information With Others**

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
  - telling another company what we know about you if we are selling or merging any part of our business
  - giving information to a governmental agency so it can decide if you are eligible for public benefits
  - giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
  - giving your information to your health care provider
  - having a peer review organization evaluate your information, if you have health coverage with us
  - those listed in our “Using Your Information” section above
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## **SECTION 7: HIPAA**

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act (“HIPAA”) protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at [www.MetLife.com](http://www.MetLife.com). For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at [HIPAAprivacyAmericasUS@metlife.com](mailto:HIPAAprivacyAmericasUS@metlife.com), or call us at telephone number (212) 578-0299.

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## **SECTION 8: Accessing and Correcting Your Information**

You may ask us for a copy of the personal information we have about you. We will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

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**SECTION 9: Questions**

We want you to understand how we protect your privacy. If you have any questions or want more information about this notice, please contact us. A detailed notice shall be furnished to you upon request. When you write, include your name, address, and policy or account number.

**Send privacy questions to:**

MetLife Privacy Office  
P. O. Box 489  
Warwick, RI 02887-9954  
[privacy@metlife.com](mailto:privacy@metlife.com)

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.

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