

# THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK

A Stock Life Insurance Company  
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White Plains, New York 10604  
(914) 989-4400

## CERTIFICATE AND SUMMARY PLAN DESCRIPTION GROUP LIFE INSURANCE

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Policyholder:	University of Rochester Postdoctoral Scholar Benefit Program
Policy Number:	447129-A
Effective Date:	January 1, 2019

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The Group Policy has been issued to the Policyholder.

We certify that you will be insured as provided by the terms of your Employer's coverage under the Group Policy. Nothing in the Group Policy, or any amendment or endorsement to the Group Policy, invalidates or impairs any rights and benefits granted to you as stated in the Certificate, and the rights and benefits granted to you will not be less than those required by New York law. If the terms and conditions of coverage are changed by an amendment or endorsement to the Group Policy, we will provide the Policyholder with a revised Certificate, or Certificate amendment or endorsement, to be given to you.

**This policy includes an Accelerated Benefit. The receipt of this benefit may be taxable and may affect your eligibility for public assistance programs such as medical assistance (Medicaid), family assistance and supplemental security income. It may also affect the eligibility of your spouse or dependents. However, if you meet the definition of "terminally ill individual" in Internal Revenue Code section 101, your accelerated benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.**

**All provisions on this and the following pages are part of this Group Policy. "You" and "your" mean the Member. "We", "us", and "our" mean The Standard Life Insurance Company Of New York. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in bold face type.**

**READ YOUR CERTIFICATE CAREFULLY. CERTAIN WAR RISKS ARE NOT ASSUMED. IN CASE OF ANY DOUBT WRITE THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK FOR FURTHER EXPLANATION.**



Chairman, President and CEO

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## COVERAGE FEATURES

This section contains some of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

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### GENERAL POLICY INFORMATION

Group Policy Number:	447129-A
Type of Insurance Provided:	
Life Insurance:	Yes
Dependents Life Insurance:	Not applicable
Policyholder:	University of Rochester Postdoctoral Scholar Benefit Program
Employer (s):	University of Rochester Postdoctoral Scholar Benefit Program
Group Policy Effective Date:	January 1, 2019
State of Issue:	New York

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### BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:	You are a Member if you are: <ol style="list-style-type: none"><li>1. An active employee of the Employer; and</li><li>2. Regularly working at least 30 hours each week.</li></ol> You are not a Member if you are: <ol style="list-style-type: none"><li>1. A temporary or seasonal employee.</li><li>2. A leased employee.</li><li>3. An independent contractor.</li><li>4. A full time member of the armed forces of any country.</li></ol>
Class Definition:	None
Eligibility Waiting Period:	You are eligible on one of the following dates: If you are a Member on the Group Policy Effective Date, you are eligible on that date. If you become a Member after the Group Policy Effective Date, you are eligible on the date you become a Member.
Evidence Of Insurability:	Required: <ol style="list-style-type: none"><li>a. For late application for Contributory insurance.</li><li>b. For reinstatements if required.</li></ol>

- c. For Members eligible but not insured under the Prior Plan.
- d. For any Life Insurance Benefit in excess of the Guarantee Issue Amount of \$100,000.
- e. For any increase in your Life Insurance Benefit resulting from a plan or option change you elect.

**Certain Evidence Of Insurability Requirements Will Be Waived.** Your insurance is subject to all other terms of the Group Policy.

#### **During Your Employer's Annual Enrollment Period**

During your Employer's Annual Enrollment Period certain Evidence Of Insurability requirements will be waived with respect to Life Insurance.

1. If you are eligible but not insured for Life Insurance, requirement a. and c. above will be waived if you apply for Life Insurance in one or two increments of \$10,000 during the Annual Enrollment Period. However, Evidence Of Insurability is required to become insured for any Life Insurance Benefit that exceeds the Guarantee Issue Amount.
2. If you are insured for an amount less than the Guarantee Issue Amount, requirement e. above will be waived if you apply for an increase in your Life Insurance by one or two increments of \$10,000 during the Annual Enrollment Period. However, Evidence Of Insurability is required to become insured for any Life Insurance Benefit that exceeds the Guarantee Issue Amount.

Annual Enrollment Period means the period designated each year by your Employer when you may change insurance elections.

#### **For A Family Status Change**

In the event of a Family Status Change certain Evidence Of Insurability requirements will be waived with respect to Life Insurance. However, we will not waive the Evidence Of Insurability requirements if you previously submitted Evidence Of Insurability that was not approved by us under any group policy issued by us to the Policyholder or covering your Employer.

1. If you are eligible but not insured for Life Insurance, requirement(s) a. and c. above will be waived for you if you apply for an amount of Life Insurance up to the Guarantee Issue Amount within 31 days of a Family Status Change.
2. If you are insured for an amount of Life Insurance that is less than the Guarantee Issue Amount, requirement e. above will be waived for you if you apply for an increase in your Life Insurance up to the Guarantee Issue Amount within 31 days of a Family Status Change. However, Evidence Of Insurability is required to become insured for any Life Insurance Benefit that exceeds the Guarantee Issue Amount.

Family Status Change means any of the following events:

1. Your marriage, divorce or legal separation. Your marriage, divorce or dissolution of your Domestic Partner relationship.
2. The birth of your Child.
3. The adoption of a Child by you.
4. The death of your Spouse and/or Child.
5. The commencement or termination of your Spouse's employment.
6. A change in employment from full-time to part-time by you, your Spouse.

You may increase your Life Insurance due to any of the event(s) above.



## **LIFE INSURANCE**

### A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

### B. Amount Of Life Insurance

See **Coverage Features** for the Life Insurance schedule.

### C. Changes In Life Insurance

#### 1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

##### a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date we approve your Evidence Of Insurability.

##### b. Increases Not Subject To Evidence Of Insurability

- (i) An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date you apply for an elective increase or the date of change in your classification, age, or Annual Earnings.
- (ii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.
- (iii) The beginning of the next plan year following the date you apply, if you apply during the Annual Enrollment Period.

#### 2. Decreases

A decrease in your Life Insurance because of a change in your classification, age, Annual Earnings becomes effective on the first day of the calendar month coinciding with or next following the date of the change.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

If your Life Insurance decreases, you can apply to buy an individual policy of life insurance for the amount which is ending, as described in **Right To Convert**.

### D. Suicide Exclusion: Life Insurance

If your death results from suicide or other intentionally self-inflicted injury, 1 and 2 below apply.

- 1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.
- 2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

E. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory.

Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance Subject To Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date we approve your Evidence Of Insurability.

2. Life Insurance Not Subject To Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Life Insurance

You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

(i) The date you become eligible if you apply on or before that date.

(ii) The date you apply if you apply within 31 days after you become eligible.

(iii) The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.

(iv) The beginning of the next plan year following the date you apply, if you apply during the Annual Enrollment Period.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.

b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

F. When Life Insurance Ends

Your Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution, if your insurance is Contributory.

2. The date the Group Policy terminates or is amended to terminate coverage for your class.

3. The date your employment terminates, unless your insurance is continued under the **Waiver Of Premium** provision.

4. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 3 above.

a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.



- b. While your ability to work is limited because of Sickness, accidental Injury, or Pregnancy.
- c. During the first 60 days of:
  - (1) A temporary layoff; or
  - (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
- d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
- e. During any other scheduled leave of absence approved by your Employer in advance and in writing and lasting not more than 60 days.

If your Life Insurance ends, you can apply to buy an individual policy of life insurance, as described in **Right To Convert**.

- 5. Continuation During School Vacation: If you cease to be a Member because of a school break or vacation, your insurance will be continued during that period.

#### G. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, the following will apply:

- 1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
- 2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
- 3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again. Your individual policy of life insurance does not need to be surrendered in order for you to become insured again as a new Member.
- 4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.

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## **ACTIVE WORK PROVISIONS**

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete 1 full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

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## **RIGHT TO CONVERT**

### A. Right To Convert

You can apply to buy an individual policy of life insurance for your then attained age without Evidence Of Insurability if:

1. Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing during the Conversion Period and pay us the first premium.

### B. Definitions For Right To Convert

1. Conversion Period means the 31 day period after the date of any termination or reduction of Insurance or the extended period described in F. Notice Of Right To Convert.
2. Insurance means your Life Insurance Benefit under the Group Policy.
3. Qualifying Event
  - a. For the Member, Qualifying Event means any of the following except your failure to make a required premium contribution:
    1. Termination of employment or membership in the class or classes eligible for coverage under the Group Policy.
    2. Termination or amendment of the Group Policy.
    3. A change in eligible class.
    4. Attainment of a particular age.
    5. Termination of coverage continued under **Waiver Of Premium**.
    6. Any other event that causes your Insurance to terminate or reduce.
4. Total Disability means your incapacity, resulting from injury or disease, to engage in any occupation for remuneration or profit.
5. Permanent means your Total Disability has been continuous for a period of 6 months.

### C. Limits On Right To Convert

The minimum amount that may be converted is the standard minimum we issue. If the amount of Insurance which ended is below the standard minimum we issue, the entire amount must be converted. The maximum amount that may be converted is the amount of Insurance which ended. However, if the Member's Insurance ends due to termination of the Group Policy, the amount of the converted policy shall be reduced by the amount of any group insurance for which the Member may become eligible which is issued or reinstated within 45 days after Insurance ends.

### D. The Individual Policy

1. For Members Whose Employment Termination Is Due To Total And Permanent Disability
  - a. You may convert your Life Insurance, but you may not convert any other additional benefits such as disability, accidental death and dismemberment, or accelerated benefits.
  - b. You may select any form of individual life insurance policy we customarily issue to the class of risk to which you belong, and to persons of your then attained age, including a term insurance policy, with the premium payable in any mode we customarily offer.
  - c. You may elect one year of term insurance to precede your individual life insurance plan.

2. For Members Whose Insurance Ends Due To Any Other Event

- a. You may convert your Life Insurance, but you may not convert any other additional benefits such as disability, accidental death and dismemberment, or accelerated benefits.
- b. You may select any form of individual life insurance policy we customarily issue to the class of risk to which you belong, and to persons of your then attained age, except a term insurance policy, with the premium payable in any mode we customarily offer.
- c. You may elect one year of term insurance to precede your individual life insurance plan.

E. Effective Date

The individual policy of life insurance will become effective on the date your Life Insurance ends under the Group Policy. We will use our published rates for standard risks to determine the premium.

F. Notice Of Right To Convert

Written notice of the **Right To Convert** will be given to you within 15 days before or after a termination or reduction in your Insurance. If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after this event, the **Right To Convert** shall be extended to 45 days after such notice is given.
2. If notice is not given within 90 days after this event, the **Right To Convert** shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by the Employer;
2. Mailed to you by the Employer to your last known address; or
3. Mailed to you by us to your last known address.

G. Death During The Conversion Period

If death occurs during the Conversion Period, or during the valid extension to such Conversion Period as explained in the Notice Of Right To Convert above, we will pay a death benefit equal to the maximum amount you had a **Right To Convert**, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

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## PORTABILITY OF INSURANCE

A. Portability Of Insurance

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage for yourself without submitting Evidence Of Insurability. You may also apply to buy an individual policy of life insurance, as described in Right To Convert; or you can apply for a combination of these two options. However, the combined amounts of insurance purchased under this Portability Of Insurance provision and the Right To Convert provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

B. Application And Premium Payment

To be eligible you must apply in writing and pay the first premium directly to us at our Home Office within 31 days after the date terminates or the extended period described in item E. Notice Of Option To Continue Your Insurance Under Portability Of Insurance. You must purchase

portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to The Standard Life Insurance Company Of New York Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

C. Amount Of Portable Insurance

The minimum and maximum amounts that you are eligible to purchase under the Group Life Portability Insurance Policy are shown in the Coverage Features. You can apply to buy an individual policy of life insurance for the amount which is not available for Portability Of Insurance, as described in Right To Convert.

The combined amounts of insurance purchased under this Portability Of Insurance provision and the Right To Convert provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

D. When Portable Insurance Becomes Effective

Portable group insurance will become effective the day after your employment with your Employer terminates, if you apply within 31 days after the date your employment terminates.

E. Notice Of Option To Continue Your Insurance Under Portability Of Insurance

Written notice of the option to purchase portable group insurance under Portability Of Insurance will be given to you within 15 days before or after your employment terminates. To continue insurance under this provision you must apply in writing and pay the first portability premium directly to us at our Home Office within 31 days after you receive the notice, provided you receive the notice within 15 days before or after your employment terminates.

If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after termination of employment, the portability application period shall be extended to 45 days after such notice is given.
2. If notice is not given within 90 days after termination of employment, the portability application period shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by the Employer;
2. Mailed to you by the Employer to your last known address; or
3. Mailed to you by us to your last known address.

F. Notice Of Right To Convert

If insurance continued under Portability Of Insurance ends or is reduced, written notice of the Right To Convert will be given to you within 15 days before or after this event. To apply for insurance under Right To Convert, you must apply in writing and pay us the first premium. during the 31 day Conversion Period after you receive the notice, provided you receive the notice of any termination or reduction of Insurance, within 15 days before or after the event.

If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after this event, the Right To Convert shall be extended to 45 days after such notice is given.
2. If notice is not given within 90 days after this event, the Right To Convert shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by the Employer;
2. Mailed to you by the Employer to your last known address; or
3. Mailed to you by us to your last known address.

G. Death During the Notice Period

If death occurs within 31 days after the date insurance ends under the Group Policy, or during the valid extension period as explained in the Notice Of Option To Continue Your Insurance Under Portability Of Insurance above, any life insurance benefits for you will be paid according to the terms of the Group Policy in effect on the date your employment terminates and not the terms of the Group Life Portability Insurance Policy. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your employment terminates. The life insurance benefits, if any, will be paid according to the Benefit Payment And Beneficiary Provisions of the Group Policy.

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## WAIVER OF PREMIUM

### A. Waiver Of Premium Benefit

If your employment with your Employer terminates because you become Totally Disabled, you can apply to buy an individual policy of life insurance, as described in **Right To Convert**, and/or you can apply to continue your group Insurance under **Waiver Of Premium**.

Your Insurance may be continued and payment of premium will be waived if you meet the requirements in 1 or 2 below:

1. You become Totally Disabled, are under age 60, and complete your Waiting Period. During the Waiting Period you must provide written proof of your continuous Total Disability that is satisfactory to us. We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by a Physician of our choice; or
2. You receive an Accelerated Benefit for your Qualifying Medical Condition, and are under age 60.

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by Physicians of our choice.

### B. Definitions For Waiver Of Premium

1. Insurance under this provision means your Life Insurance under the Group Policy.
2. Totally Disabled means that, as a result of Sickness, Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.
3. Waiting Period means the 180 consecutive day period beginning on the date you become Totally Disabled. **Waiver Of Premium** begins when you complete the Waiting Period.

### C. Premium Payment

Premium payment must continue until the earlier of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium; or
3. The date you receive the Accelerated Benefit.

### D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for Insurance after the date you become Totally Disabled. If you exercised your **Right To Convert** and then qualify for **Waiver Of Premium**, the individual life insurance policy will be terminated and all premiums for the individual policy will be refunded.

### E. Amount Of Insurance

The amount of Insurance eligible for Waiver Of Premium is the amount in effect on the day before you become Totally Disabled or receive the Accelerated Benefit, whichever is earlier. However, the following will apply:

1. If you become Totally Disabled, Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision, and terminated according to the Group Policy provisions in effect on the day before you receive the Accelerated Benefit.

At any time you can apply to convert all or a portion of the amount of Insurance continued under **Waiver Of Premium**. This includes your Dependents Life Insurance, if any. The amount of Insurance you continue will be reduced by any amount of Insurance you convert.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period while insured under the Group Policy, and are otherwise eligible for **Waiver Of Premium**, the Waiting Period will be waived and a death benefit will be paid. If you exercised your **Right To Convert** prior to determination that you qualified for **Waiver Of Premium**, the individual life insurance policy will be terminated, all premiums for the individual policy will be refunded, and a death benefit will be paid under the Group Policy.

If you die during the Waiting Period while insured under the Group Policy, are not qualified for **Waiver Of Premium**, and have not exercised your **Right To Convert**, we will pay a death benefit equal to the maximum amount you had a **Right To Convert**, reduced by the applicable premiums for the individual life insurance policy. We will refund all premiums that were paid for Insurance under the Group Policy.

If you die during the Waiting Period and beyond the expiration of the Conversion Period, or any valid extension thereof, are not qualified for **Waiver Of Premium**, nor paid premiums during the Waiting Period, then no death benefit will be paid.

G. Termination Or Amendment Of The Group Policy

Insurance will not be affected by termination or amendment of the Group Policy after you become Totally Disabled or receive an Accelerated Benefit.

H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled;
2. 90 days after the date we mail you a request for proof of your continued Total Disability, if it is not given;
3. The date you fail to be examined;
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured;
5. The date you reach age 65; and
6. The date you no longer have a Qualifying Medical Condition, as defined in the **Accelerated Benefit** provision.

If Insurance continued under **Waiver Of Premium** ends, you can apply to buy an individual policy of life insurance, as described in **Right To Convert**.

I. Notice Of Right To Convert

If you do not qualify for **Waiver Of Premium**, or if Insurance continued under **Waiver Of Premium** ends or is reduced, written notice of the **Right To Convert** will be given to you within 15 days before or after this event. If notice is not given within this time, the following will apply:

1. If notice is given more than 15 days but less than 90 days after this event, the **Right To Convert** shall be extended to 45 days after such notice is given.
2. If notice is not given within 90 days after this event, the **Right To Convert** shall expire at the end of the 90 days.

Full compliance with this provision will be satisfied by written notice that is:

1. Given to you by the Employer;



2. Mailed to you by the Employer to your last known address; or
3. Mailed to you by us to your last known address.

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## **ACCELERATED BENEFIT**

### A. Accelerated Benefit

If you give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit.

If your Insurance is scheduled to end within 12 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

### B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give Proof Of Loss satisfactory to us on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

### C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance if you meet the Qualifying Medical Condition. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$50,000 or 25% of your Insurance, whichever is less.

If the amount of your Insurance is scheduled to reduce within 6 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

### D. Effect On Insurance And Other Benefits

The amount of your Insurance after payment of the Accelerated Benefit will be:

- (1) The amount of your Insurance as if no Accelerated Benefit had been paid; minus
- (2) The amount of the Accelerated Benefit; minus
- (3) An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

If there is no **Waiver Of Premium** provision, or if you do not qualify for **Waiver Of Premium**, the premium payment in effect prior to payment of the Accelerated Benefit must continue after payment of the Accelerated Benefit for Insurance coverage to remain in force.

E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state, unless you give us a signed written consent from your spouse.
3. You have made an assignment of your Insurance, unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

F. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit under the Group Policy.

**LI2.AB.NY.1**

## CLAIMS

### A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

### B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible.

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period, or as soon as reasonably possible. In no event, except in the absence of legal capacity, shall Proof Of Loss be provided later than two years after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

### C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.

### D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by licensed medical specialists of our choice.

We reserve the right to make a reasonable request for an autopsy unless prohibited by law. Our request will clearly set forth the reasons why an autopsy is warranted.

### E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

### F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims except Waiver Of Premium claims, within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

With respect to **Waiver Of Premium** claims, within 45 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for 30 days. Before the end of this extension period we will send the claimant: (a) a written decision on the **Waiver Of Premium** claim; or (b) a notice that we are extending the period to decide the claim for an additional 30 days. If an extension is due to the claimant's failure to provide information necessary to decide the **Waiver Of Premium** claim, the extended time period for deciding the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision;
2. Reference to the parts of the Group Policy on which our decision is based;
3. Reference to any internal rule or guideline relied upon in deciding a **Waiver Of Premium** claim. Such internal rule or guidelines will not contain additional conditions for eligibility for **Waiver Of Premium**;
4. A description of any additional information needed to support the claim; and
5. Information concerning the claimant's right to a review of our decision.

#### G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing:

1. Within 180 days after receiving notice of the denial of a claim for **Waiver Of Premium**;
2. Within 60 days after receiving notice of denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims except Waiver Of Premium claims, within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

With respect to **Waiver Of Premium** claims, within 45 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days.

If the extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

With respect to **Waiver Of Premium** claims, the person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgment, the person conducting the review will consult with the qualified health care professional. This health care professional will be someone other than the person who

made the original medical judgment and will not be subordinate to that person. The claimant may request the names of medical or vocational experts who provided advice to us about a claim for **Waiver Of Premium**.

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Reference to any internal rule or guideline relied upon in deciding a **Waiver Of Premium** claim. Such internal rule or guidelines will not contain additional conditions for eligibility for **Waiver Of Premium**.
4. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.

LI2.CL.NY.1

## **BENEFIT PAYMENT AND BENEFICIARY PROVISIONS**

### A. Payment Of Benefits

1. Benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
  - a. Accelerated Benefits

### B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

Beneficiaries may be named or changed at any time without the consent of a Beneficiary.

You may name or change Beneficiaries in writing. Writing includes a form signed by you or a verification from us or our designated agent, the Policyholder or the Policyholder's designated agent, or the Employer or the Employer's designated agent, of an electronic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to us or our designated agent, the Policyholder or the Policyholder's designated agent, the Employer or the Employer's designated agent, during your lifetime;
3. Must relate to the insurance provided under the Group Policy; and

4. Will take effect on the date you signed the form or made an electronic designation, provided we or our designated agent, the Policyholder or the Policyholder's designated agent, the Employer or the Employer's designated agent, receives it before benefits are paid or any other action is taken by us. If we have paid benefits or taken any action before we or our designated agent, the Policyholder or the Policyholder's designated agent, the Employer or the Employer's designated agent, receives your designation, the designation will not go into effect.

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your Spouse.
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

Payment to a Recipient will be made in a lump sum.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

(ELECT DESIG\_TPA DES\_NO DL\_NO SL\_NO REPAT) LI2.BB.NY.1

## **TIME LIMITS ON LEGAL ACTIONS**

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than two years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

**LI2.TL.NY.1**

## **ASSIGNMENT**

The rights and benefits under the Group Policy cannot be assigned.

**LI2.AS.NY.1**

## **INCONTESTABILITY PROVISIONS**

### **A. Incontestability Of Insurance**

Any statement you made to obtain insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim or contest the validity of the insurance after the insured's insurance has been in effect for two years during the lifetime of the insured.

### **B. Incontestability Of Group Policy**

Any statement made by the Policyholder to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or your Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or your Employer a copy of a written instrument signed by the Policyholder or your Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

**LI2.IN.NY.1**

## **CLERICAL ERROR AND MISSTATEMENT**

### **A. Clerical Error**

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured.
2. Invalidate insurance under the Group Policy otherwise validly in force.
3. Continue insurance under the Group Policy otherwise validly terminated.

B. Agency

The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LI2.CE.NY.1

**ENTIRE CONTRACT AND TERMINATION OR AMENDMENT OF THE GROUP POLICY**

The Group Policy and the application of the Policyholder constitute the entire contract between the Policyholder and us. A copy of the Policyholder's application is attached to the Group Policy when issued.

The Group Policy will terminate automatically for nonpayment of premium. A Policyholder's coverage under the Group Policy may be terminated by us or the Policyholder according to the terms of the Group Policy. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. Nothing in the Group Policy, or any amendment or endorsement to the Group Policy, invalidates or impairs any rights and benefits granted to you as stated in the Certificate, and the rights and benefits granted to you will not be less than those required by New York law. If the terms and conditions of coverage are changed by an amendment or endorsement to the Group Policy, we will provide the Policyholder with a revised Certificate, or Certificate amendment or endorsement, to be given to you.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

LI2.TA.NY.1



## **DEFINITIONS**

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work. However, if you are a Partner, LLC Owner-Employee, Sole Proprietor or S-Corporation Shareholder, Annual Earnings will be based on your Employer's prior tax year or the Policyholder's prior tax year if you are a P.C. Partner.

### A. Partners, P.C. Partners, LLC Owner-Employees, Sole Proprietors and S-Corporation Shareholders

If you are a Partner, LLC Owner-Employee, Sole Proprietor or S-Corporation Shareholder, Annual Earnings means your annual compensation from your Employer during the Employer's prior tax year. If you are a P.C. Partner, Annual Earnings means your annual compensation received by your professional corporation from the Policyholder during the Policyholder's prior tax year. Your annual compensation is determined by adding the following amounts as reported on the applicable Schedule K-1, Schedule C, Form W-2 or S-Corporation federal income tax return:

1. Your ordinary income (loss) from trade or business activity(ies).
2. Your guaranteed payments, if you are a Partner.
3. Your net profit from business.
4. Your compensation (as an officer), salary, or wages, if you are an S-Corporation Shareholder.

If you were not a Partner, P.C. Partner, LLC Owner-Employee, Sole Proprietor or S-Corporation Shareholder during the entire prior tax year, your Annual Earnings will be 12 times your average monthly compensation for your period as a Partner, P.C. Partner, LLC Owner-Employee, Sole Proprietor or S-Corporation Shareholder.

### B. All Other Members

Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
  - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
  - b. An executive nonqualified deferred compensation arrangement.
2. Commissions averaged over the preceding 12 calendar months or over the period of your employment if less than this earnings period.
3. Shift differential pay.
4. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Bonuses.
2. Overtime pay.
3. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
4. Stock options or stock bonuses.
5. Any other extra compensation.

Contributory means insurance is elective and Members pay all or part of the premium for insurance.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Employer means an employer (including approved affiliates and subsidiaries) for which coverage under the Group Policy is approved in writing by us. See **Coverage Features**.

Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physician means a licensed medical professional acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an unmarried adult:
  - a. With whom you have completed an affidavit of declaration of domestic partnership and submitted that affidavit to the Policyholder, or with whom you have registered that domestic partnership where permitted by law; and
  - b. Who is the only adult with whom you have completed an affidavit of domestic partnership, or with whom you have registered a domestic partnership, within the last 12 months; and
  - c. Who is not related to you by blood in any manner that would bar marriage in your state of residence; and
  - d. With whom you share permanent residence; and
  - e. With whom you share financial interdependence, as demonstrated by two or more of the following:
    - (1) A joint bank or credit account.
    - (2) The joint ownership or lease of a residence as joint tenants.
    - (3) The joint ownership of a motor vehicle.
    - (4) A joint obligation for repayment of a loan.

- (5) The status as authorized signatory on the other's bank account, credit card, or charge card.
- (6) The joint ownership or holding of investments or real estate other than your shared residence.
- (7) The designation as beneficiary under the other's life insurance policy.
- (8) The designation as beneficiary under the other's retirement benefits account.
- (9) The execution of wills naming each other as executor and/or beneficiary.
- (10) Assignment as the other's durable power of attorney or health care power of attorney.
- (11) Any other proof that is sufficient to establish economic mutual dependency under the circumstances of the specific case.

However, for purposes of insurance under the Group Policy, Spouse does not include a person from whom you are divorced or a person from whom you have terminated your Domestic Partner relationship as defined under the Group Policy.

**(K1\_REG WITH COM\_NO CHILD DEF\_DOMP) LI2.DF.NY.1**

# **THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK**

## **GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CERTIFICATE ATTACHMENT**

Effective January 1, 2019, attached to and made a part of Group Life Insurance Policy 447129-A issued to University of Rochester Postdoctoral Scholar Benefit Program as Policyholder

It is understood and agreed that the following provisions and benefits are added to the above Group Life Insurance Policy. This Rider is subject to all the definition, conditions, provisions, and benefits of the Group Life Insurance Policy not modified by or inconsistent with this Rider. The Policyholder may terminate this Rider without terminating the Group Life Insurance Policy. This Rider will not be continued beyond the termination date of the Group Life Insurance Policy.

A handwritten signature in black ink, appearing to read "J. Gray", written in a cursive style.

Chairman, President and CEO

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## GENERAL RIDER INFORMATION

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### BECOMING INSURED

To become insured for Accidental Death And Dismemberment Insurance (AD&D) you must: be an Active Employee insured for Life Insurance.

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### SCHEDULE OF AD&D INSURANCE BENEFITS

For you:

AD&D Insurance Benefit: The amount of your AD&D Insurance Benefit is equal to the amount of your Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

### AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or one foot	50%
c. Sight of one eye	50%
d. Two or more of the Losses listed in b. and c. above	100%

No more than 100% of the AD&D Insurance Benefit will be paid for all Losses resulting from one accident.

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### REDUCTIONS IN INSURANCE

If Reductions In Insurance apply to Life Insurance then they will also apply to AD&D Insurance.

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### PREMIUM CONTRIBUTIONS

Member: Contributory

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

### **A. Insuring Clause**

If you have an accident while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of this Rider after we receive Proof Of Loss satisfactory to us.

### **B. Definition Of Loss For AD&D Insurance**

Loss means loss of life, hand, foot, sight which meet all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. Occurs within 365 days after the accident.
4. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
5. With respect to all other Losses, is certified by a Physician in the appropriate specialty as determined by us.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

### **C. Amount Payable**

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses above.

### **D. Changes In AD&D Insurance**

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes.

### **E. AD&D Insurance Exclusions**

No AD&D Insurance Benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
3. Committing or attempting to commit a felony, or actively participating in a riot. Actively participating does not include being at the scene of a riot while performing your official duties.
4. Intoxication or being under the influence of any narcotic, unless used or consumed according to the directions of a Physician.
5. Sickness, except as a result of the accident.
6. Pregnancy, except for a complication of pregnancy resulting from the accident.
7. Medical or surgical treatment for any of the above.

### **F. Additional AD&D Benefits**

#### **Air Bag Benefit**

The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) 10% of the amount of the AD&D Insurance Benefit payable for Loss of that life.



We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag System manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by a police accident report.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways.

#### Career Adjustment Benefit

The amount of the Career Adjustment Benefit is the tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of room and board, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

If you have no surviving Spouse or your Spouse does not meet the requirement shown in item 3, then no Career Adjustment Benefit will be paid and the Alternate Career Adjustment Benefit will be paid in its place to the Beneficiary you name. The Alternate Career Adjustment Benefit will be a one time lump sum of \$200.

#### Child Care Benefit

The amount of the Child Care Benefit is the expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 36 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

If you have no surviving Spouse or the requirements shown in items 3 and 4 are not met, then no Child Care Benefit will be paid and the Alternate Child Care Benefit will be paid in its place to the Beneficiary you name. The Alternate Child Care Benefit will be a one time lump sum payment of \$200.

#### Higher Education Benefit

The amount of the Higher Education Benefit is the tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of room and board, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Child is, within 12 months after the date of your death registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid annually to each Child who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. If you have no surviving Children, or your Child does not meet the requirements shown in item 3, then no Higher Education Benefit will be paid and the Alternate Higher Education Benefit will be paid in its place to the Beneficiary you name. The Alternate Higher Education Benefit will be a one time lump sum payment of \$200.

#### Repatriation Benefit

The amount of the Repatriation Benefit is the expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the AD&D Insurance Benefit, whichever is less.

We will pay a Repatriation Benefit if all of the following requirements are met:

1. An AD&D Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.
3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

#### Seat Belt Benefit

The amount of the Seat Belt Benefit is the lesser of (1) \$10,000; or (2) 10% of the amount of the AD&D Insurance Benefit payable for Loss of that life.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for that Loss of life.
2. You are wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

G. Becoming Insured For AD&D Insurance

1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

2. Effective Date

AD&D Insurance becomes effective under the same terms applicable to When Life Insurance Becomes Effective.

H. When AD&D Insurance Ends

AD&D Insurance for you ends automatically on the earliest of:

1. The date your Life Insurance ends.
2. The date your Waiver Of Premium begins.
3. The date AD&D Insurance under this Rider terminates under the Group Life Insurance Policy.
4. The date the last period ends for which a premium was paid for your AD&D Insurance.
5. The date your employment terminates.

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## OTHER PROVISIONS

For purposes of this Rider, Life Insurance does not include AD&D Insurance in the Waiver of Premium section.

### PORTABILITY

Insurance Eligible For Portability:

For you:

AD&D Insurance	Yes
Minimum amount:	\$10,000
Maximum amount:	\$500,000

It is understood and agreed that the following provisions and benefits of the Group Life Insurance Policy are modified by the wording below:

### ACCELERATED BENEFITS

Your AD&D Insurance is not affected by payment of the Accelerated Benefit.

### RIGHT TO CONVERT

You may not convert AD&D Insurance.

### CLAIMS

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible. If Proof Of Loss is not provided as soon as reasonably possible beyond the specified time limits, the claim will be denied. These time limits will not apply while the Member or Beneficiary lacks legal capacity.

### BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

1. AD&D Insurance Benefits payable because of your death will be paid to the Beneficiary you name.
2. AD&D Insurance Benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which the benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
3. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. If you have no surviving Spouse or the requirements shown in items 3 and 4 of the Child Care Benefit are not met, then no Child Care Benefit will be paid and the Alternate Child Care Benefit will be paid in its place to the Beneficiary you name.

The Career Adjustment Benefit will be paid to your surviving Spouse. If you have no surviving Spouse or your Spouse does not meet the requirement shown in item 3 of the Career Adjust Benefit, then no Career Adjustment Benefit will be paid and the Alternate Career Adjustment Benefit will be paid in its place to the Beneficiary you name.

The Higher Education Benefit will be paid annually to each eligible Child. If you have no surviving Children, or your Child does not meet the requirements shown in item 3 of the Higher Education Benefit, then no Higher Education Benefit will be paid and the Alternate Higher Education Benefit will be paid in its place to the Beneficiary you name.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

#### B. Naming A Beneficiary

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits.

#### TIME LIMITS ON LEGAL ACTION

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than two years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

In all other respects, the Group Life Insurance Policy and corresponding Group Life Insurance Certificate remain the same.

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## ERISA SUMMARY PLAN DESCRIPTION INFORMATION

Name of Plan: Life Insurance and AD&D Insurance

Name, Address of Plan Sponsor: University of Rochester Postdoctoral Scholar  
Benefit Program  
200 Wallis Hall  
Box 27001  
Rochester NY 14627

Plan Sponsor Tax ID Number: 16-0743209

Plan Number: 601

Type of Plan: Group Insurance Plan

Type of Administration: Contract Administration

Name, Address, Phone  
Number of Plan Administrator: Plan Sponsor  
(949) 583-2925

Name, Address of Registered Agent  
for Service of Legal Process: Plan Administrator

If Legal Process Involves Claims  
For Benefits Under The Group  
Policy, Additional Notification of  
Legal Process Must Be Sent To: The Standard Life Insurance Company of New  
York  
360 Hamilton Avenue, Suite 210  
White Plains, New York 10601-1871

Sources of Contributions: Member

Funding Medium: The Standard Life Insurance Company of New  
York - Fully Insured

Plan Fiscal Year End: December 31

## ERISA INFORMATION AND NOTICE OF RIGHTS

The following information and notice of rights and protections is furnished by the Plan Administrator as required by the Employee Retirement Income Security Act of 1974 (ERISA)

### A. General Plan Information

The General Plan Information required by ERISA is shown in the **Coverage Features**.

### B. Statement Of Your Rights Under ERISA

#### 1. Right To Examine Plan Documents

You have the right to examine all Plan documents, including any insurance contracts or collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series)

filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. These documents may be examined free of charge at the Plan Administrator's office.

## 2. Right To Obtain Copies Of Plan Documents

You have the right to obtain copies of all Plan documents, including any insurance contracts or collective bargaining agreements, a copy of the latest annual report (Form 5500 Series), and updated summary plan description upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for these copies.

## 3. Right To Receive A Copy Of Annual Report

The Plan Administrator must give you a copy of the Plan's summary annual financial report, if the Plan was required to file an annual report. There will be no charge for the report.

## 4. Right To Review Of Denied Claims

If your claim for a Plan benefit is denied or ignored, in whole or in part, you have the right: a) to know why this was done; b) to obtain copies of documents relating to the decision, without charge; and c) to have your claim reviewed and reconsidered, all within certain time schedules.

## C. Obligations Of Fiduciaries

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

## D. Enforcing ERISA Rights

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

## E. Additional Procedures For Claims Based On Disability Determinations Filed on or after April 1, 2018

If we deny any part of your claim for a benefit that relies on a disability determination, you will receive a written notice of denial containing a copy of any internal rule or guideline relied upon in making its decision, or a statement that no such rules or guidelines exist. The notice of denial will also include information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial. If your claim for a benefit that relies on a disability determination is denied, before we issue a decision on review, we will provide you, free of charge, with any new evidence or rationale considered, relied upon, or generated by us in connection with the claim, and we will provide such new evidence or rationale sufficiently in

advance of the decision deadline date to give you a reasonable opportunity to respond prior to that date.

If our review results in a denial of any part of your claim for a benefit that relies on a disability decision, your written notice of denial will contain a copy of any internal rule or guideline relied upon in making its decision, or a statement that no such rules or guidelines exist. The notice of denial will also include information concerning your right to bring a civil action for benefits under section 502(a) of ERISA and a description of any applicable contractual limitations period that applies to your right to bring such an action, including the calendar date on which the contractual limitations period expires for the claim.

#### F. Plan And ERISA Questions

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