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# Summary of Coverage

The Life Insurance Plan is underwritten by the Aetna Life Insurance Company, of Hartford, Connecticut (called Aetna).

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**Employer:** University of Arizona  
**Group Policy:** GP-066050  
**SOC:** 1A  
**Issue Date:** September 12, 2006  
**Effective Date:** October 1, 2006

The benefits shown in this Summary of Coverage are available for you and your eligible dependents.

“This is an electronic version of the Summary of Coverage on file with your Employer and Aetna Life Insurance Company, Hartford, CT. In case of a discrepancy between this electronic version and the group insurance contract issued by Aetna Life Insurance Company, or in case of any legal action, the terms set forth by such group insurance contract will prevail. To obtain a printed copy of this Summary of Coverage, please contact your Employer.”

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## Eligibility

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### Employees

You are in an Eligible Class if you are a benefits eligible employee of an Employer participating in this Plan.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the date you commence active work for your Employer or, if later, the date you enter the Eligible Class.

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### Dependents

You may cover your:

- wife or husband; and
- unmarried child, age 14 days to 19 years, or to 25 years, if a full time student at an accredited educational institution.

Your children include:

- Your biological children.
- Your adopted children.
- Your stepchildren.
- Any other child you support who lives with you in a parent-child relationship.

**Employee Life/AD&PL/Dependents Life  
Active Employees**

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No person may be covered both as an employee and dependent and no person may be covered as a dependent of more than one employee.

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## **Enrollment Procedure**

You will be required to enroll in a manner determined by Aetna and your Employer within 31 days of your date of hire or eligibility. This will allow your Employer to deduct your contributions from your pay. If you are a new employee or a newly benefits eligible employee, be sure to enroll within 31 days of your Eligibility Date. If you do not enroll within 31 days of your Eligibility Date, you will be eligible to enroll only during open enrollment or a qualified life event change.

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your Employer. See your Employer for details.

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## **Effective Date of Coverage**

### **Employees**

If you are eligible in accordance with your Employer's rules as agreed to by Aetna, your coverage will take effect on the first day of the month following receipt of your properly completed enrollment.

*Active at Work Rule:* If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to work for one day. This rule also applies to an increase in your coverage.

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### **Dependents**

Coverage for your dependents will take effect on the date yours takes effect if, by then, you have enrolled for dependent coverage. Requests for enrollment of new dependent coverage, as a qualified life event change, must be made in writing to your Employer within 31 days of the qualifying event. Dependent Coverage may also be added during your Employer's annual open enrollment period. The addition of dependent coverage may affect your contributions.

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# Life Insurance

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## Schedule of Life Insurance

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Classification	Amount
All Active Employees electing Option 1	100% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000. Maximum: \$300,000
All Active Employees electing Option 2	200% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000. Maximum: \$300,000
All Active Employees electing Option 3	300% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$1,000, if not an integral multiple of \$1,000. Maximum: \$300,000

Guarantee Issue Limit: \$300,000

During your initial 31-day eligibility period you may elect any option available, limited only by your base annual earnings.

Increases in coverage during the annual Open Enrollment period are restricted to a single option level above your existing election.

- If you did not elect a Life Insurance option when first eligible for coverage, you may elect Option 1 only.
- Employees currently enrolled in Option 1 may increase coverage to Option 2.
- Employees currently enrolled in Option 2 may increase coverage to Option 3.

When you experience a qualified life event change, you may elect any option available, limited only by your base annual earnings. Your coverage and contributions are automatically adjusted in accordance with any change in your base annual earnings.

Optional Payee Amount \$250

### Age Reduction Rule

Your Life Insurance amount in force on the day before you reach age 70 will be reduced by 40% at age 70. The reduction will take effect on the first day of the calendar month following your 70th birthday.

If you become insured during or after the month in which you reach age 70, your amount of Life Insurance will be 60% of the amount shown for your classification.

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Dependents

**Schedule**

<b>Classification</b>	<b>Amount</b>
Wife or husband	\$5,000*
Unmarried child, age 14 days to 19 years, or to 25 years, if attending school	\$5,000*

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

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# Accidental Death and Personal Loss Coverage

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## Schedule of Accidental Death and Personal Loss Coverage

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### Employees Schedule

Classification	Principal Sum
All Active Employees	Equal to Your Term Life Benefit

### Age Reduction Rule

Your Accidental Death and Personal Loss Coverage amount in force on the day before you reach age 70 will be reduced by 40%. The reduction will take effect on the first day of the calendar month following your 70th birthday.

If you become insured during or after the month in which you reach age 70, your amount of Accidental Death and Personal Loss Principal Sum will be 60% of the amount shown for your classification.

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## Additional Accidental Death Benefit Maximums

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### Employees

Coma Benefit Percentage	5% of your full Principal Sum
Passenger Restraint Benefit Maximum	\$10,000
Airbag Benefit Maximum	One half of your Passenger Restraint Benefit
Education Benefit Maximum for each dependent child	5% of your Principal Sum not to exceed \$5,000 per year
for your spouse	5% of your Principal Sum not to exceed \$5,000 per year
Child Care Benefit Maximum for each child	3% of your Principal Sum not to exceed \$2,000 per year per child
Repatriation of Remains Benefit Maximum	\$5,000

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## **Adjustment Rule**

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active at Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

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## **General**

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE  
WITH YOUR BOOKLET-CERTIFICATE**