

# Summary of Coverage

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**Employer:** Avery County Schools

**Group Policy:** GP-883083

**SOC:** 1A

**Issue Date:** September 12, 2008

**Effective Date:** September 1, 2008

The benefits shown in this Summary of Coverage are available for you.

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

## Eligibility

### Employees

You are in an Eligible Class if you are a regular full-time 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 first day of the calendar month coinciding with or next following the date you commence active service for your Employer or, if later, the date you enter the Eligible Class.

### Dependents

You may cover your:

- wife or husband; and
- unmarried children who are 14 days or older but under 19 years of age.

Any other unmarried child under age 25 who goes to school on a regular basis and depends solely on you for support will be covered as a dependent.

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.

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

Life Insurance, Dependent Life Insurance and Accidental Death and Personal Loss

# Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer. This will allow your Employer to deduct your contributions for Supplemental Life Insurance and Dependent Life Insurance from your pay. Be sure to enroll within 31 days of your Eligibility Date.

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. When any of your Life Insurance or Accidental Death and Personal Loss coverage is reduced because of age, the rate of contribution per \$ 1,000 of these coverages will not be increased thereafter.

## Effective Date of Coverage

### Employees

Your coverage will take effect on the later to occur of:

- your Eligibility Date; and
- the date you return your signed form.

If you don't sign and return your form within 31 days of your Eligibility Date, coverage will not take effect until you submit evidence of good health that is acceptable to Aetna.

*Active 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 full-time work for one full day. This rule also applies to an increase in your coverage.

### Dependents

Coverage for your dependents will take effect on the date yours takes effect if, by then, you have enrolled for dependent coverage. You are not in an Eligible Class for Dependent Life Insurance coverage if you do not enroll for Supplemental Life Insurance. You should report any new dependents. This may affect your contributions. If you don't do so within 31 days of any dependent's eligibility date, evidence of his or her good health that is acceptable to Aetna will be required.

# Life Insurance

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## Schedule of Life Insurance

### Employees

#### Basic Schedule

Classification	Amount
All Employees	\$ 10,000

#### Supplemental Schedule\*

Classification	Amount*
All Employees	\$ 10,000 or increments of \$ 10,000 to a maximum of \$ 300,000.

\*Not to exceed 500% of your Basic Annual Earnings, as determined by your Employer.

\* If prior to the Effective Date of this Plan you had the option to elect Supplemental Life Insurance under any other group plan sponsored by the Policyholder, whether underwritten by Aetna or not and elected not to do so, Supplemental Life Insurance under this Plan will not take effect until you submit evidence of good health that is acceptable to Aetna.

You may elect coverage under any one of the available options shown above for Supplemental Life Insurance. Once you have made a selection, if you wish to choose a different option, your Employer will provide you with information on when and how you can make that change.

### Evidence Requirements

You can become insured for an amount of Supplemental Life Insurance in excess of \$ 150,000 only if you submit evidence of good health to Aetna and such evidence is approved by Aetna.

If, while insured:

- you first become eligible for an amount of Supplemental Life Insurance in excess of \$ 150,000, except due to an earnings increase; or
- you elect to increase your Supplemental Life Insurance by more than one level or multiple of your basic annual earnings; or
- you elect to increase your Supplemental Life Insurance by any amount after you have applied for an Accelerated Death Benefit;

you can become insured for the new amount only if you submit evidence of good health to Aetna and such evidence is approved by Aetna. This applies even if Aetna has approved evidence of your good health in the past.

If you do not or did not elect Supplemental Life Insurance within 31 days of the date you were first eligible to elect Supplemental Life Insurance, whether under this Plan or any other group plan sponsored by the Policyholder, coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If Evidence of Insurability is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

### Age Reduction Rule

Your Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 60% at age 70; 75% at age 75. The reduction will take effect on the first day of the calendar month following the month in which you reach the age specified.

If you become insured after the month in which you reach the above ages, your amount of Life Insurance will be the applicable percentage of the amount shown for your classification.

## Dependents Schedule\*

<b>Classification</b>	<b>Amount</b>
Wife or husband	\$ 10,000 or increments of \$ 10,000 to \$ 50,000**
Unmarried child(ren), age 14 days or more	\$ 5,000 or \$ 10,000**

\*\* but not more than 50% of the amount of your Life Insurance under this Plan.

## Evidence Requirements

If:

- you request Life Insurance coverage for a dependent within 31 days of the date you are first eligible to elect coverage for that dependent; and
- you are eligible for an amount of Life Insurance in excess of \$ 20,000 for your spouse or \$10,000 for your child;

you can become insured with respect to that dependent for an amount in excess of the above limits only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna.

If you request Life Insurance coverage for a dependent spouse more than 31 days after the date you are first eligible to elect coverage for that dependent spouse, whether under this Plan or any other group plan sponsored by the Policyholder, you can become insured with respect to that dependent spouse only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna.

If you request Life Insurance coverage for a dependent child more than 31 days after the date you are first eligible to elect coverage for that dependent child, whether under this Plan or any other group plan sponsored by the Policyholder, you can become insured with respect to that dependent child without having to submit evidence of good health to Aetna provided the amount is not more than \$ 10,000. To become insured for an amount over \$ 10,000 you must submit evidence of that dependent child's good health to Aetna and such evidence must be approved by Aetna. If the evidence of good health is not approved by Aetna, you can still become insured with respect to that dependent child for an amount not to exceed \$ 10,000.

If, while insured for dependent coverage under this Plan, you first become eligible for an amount of Life Insurance in excess of \$ 20,000 for your spouse or \$ 10,000 for your child, you can become insured with respect to that dependent for an amount in excess of the above limits only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna. Thereafter, when eligible, you may increase your dependent coverage by one additional increment of up to \$ 25,000 without having to submit evidence of good health to Aetna. If you elect to increase coverage by more than one increment or if the incremental increase is more than \$ 25,000, evidence of good health will be required. This applies even if Aetna has approved evidence of your dependent's good health in the past.

## Accelerated Death Benefit

### Employees

ADB Months:	24
ADB Percentage:	up to 75%
ADB Minimum:	\$ 5,000
ADB Maximum:	up to \$ 500,000

# Accidental Death and Personal Loss Coverage

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## Schedule of Accidental Death and Personal Loss Coverage

### Employees Schedule

Classification	Principal Sum
All Employees	\$ 10,000

### Age Reduction Rule

Your Accidental Death and Personal Loss Coverage amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 60% at age 70; 75% at age 75. The reduction will take effect on the first day of the calendar month following the month in which you reach the age specified.

If you become insured after the month in which you reach the above ages, your amount of Accidental Death and Personal Loss Principal Sum will be the applicable percentage of the amount shown for your classification.

## Additional Accidental Death Benefit Maximums

### 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 per child for up to 4 years
for your spouse	5% of your Principal Sum not to exceed \$ 5,000 per year for up to 4 years
Child Care Benefit Maximum for each child	3% of your Principal Sum not to exceed \$ 2,000 per year per child for up to 4 years
Repatriation of Remains Benefit Maximum	\$ 5,000

## **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 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.

## **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**