



LifeMap Assurance Company™
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(503) 721-7161 (800) 794-5390

**GROUP LIFE INSURANCE CERTIFICATE OF COVERAGE
FOR RETIREES**

POLICYHOLDER: CASSIA COUNTY JOINT SCHOOL DISTRICT #151

POLICY NUMBER: ID 03902I

REVISED EFFECTIVE DATE: APRIL 1, 2012

This is to certify that LifeMap Assurance Company has issued and delivered the Group Life Insurance Policy to the Policyholder. The Policy insures Retired Employees of the Policyholder who are eligible for the insurance, become insured and continue to be insured according to the terms of the Policy. The terms of the Policy that affect your insurance are contained in the following pages. Your coverage may be terminated or modified in whole or in part under the terms and provisions of the Policy.

The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

This Certificate of Coverage describes the benefits that an insured Retired Employee is entitled to receive and becomes a part of the Policy. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This Certificate voids and replaces any prior Certificate issued under the Group Policy Number shown above.

All terms of insurance under the Policy begin and end at 12:01 a.m. Standard time in the place where the Policy is delivered.

The Coverage Outline on Page C-2 will tell you the classes of employees eligible for insurance, when eligibility for insurance begins, if you are required to contribute to the cost of your insurance, and the amounts of insurance provided by the Policy. The Table of Contents on Page C-3 will help you find specific provisions. The Definitions section on Page C-4 will provide definitions of important terms used in this Certificate.

Signed for LifeMap Assurance Company at its Home Office in Portland, Oregon.

Secretary

President

COVERAGE OUTLINE

ELIGIBILITY: All eligible Retirees of the Policyholder.

WAITING PERIOD: None

RETIREE CONTRIBUTION: Life and Dependent Life Insurance are contributory.

BENEFIT SCHEDULE

LIFE INSURANCE

A choice of one of the following amounts:

- 1.) \$30,000;
- 2.) \$20,000; or
- 3.) \$10,000

You may only be insured for one benefit amount. Once elected the benefit amount cannot be changed.

DEPENDENT LIFE INSURANCE

Spouse
\$2,000

Children: Birth to age 26
\$2,000

You are only eligible for Dependent Life Insurance if you were insured for Dependent Life Insurance prior to your retirement date.

**CERTIFICATE OF COVERAGE
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DEFINITIONS

Application means the document pertaining to the plan of insurance applied for by the Policyholder. This document is attached to the Policy.

Beneficiary or **Beneficiaries** means the person or persons designated to receive the Life Insurance Proceeds.

Beneficiary Designation means the written instrument in which beneficiaries are named or changed. The Beneficiary Designation must be:

1. signed and dated by you; and
2. delivered to the Employer during your lifetime; and
3. in a form acceptable to us.

If the Policy replaces all or part of insurance provided by an earlier group policy through the same Employer, a Beneficiary Designation under the earlier policy may be accepted.

Certificate means a document prepared by us which sets forth:

1. the benefits to which the insured Retiree is entitled;
2. the method by which we determine to whom benefits are payable; and
3. the conditions, limitations, exclusions and requirements that apply.

Child means your or your Spouse's dependent child who is under age 26, unmarried and who meets any of the following criteria:

1. your or your Spouse's natural child, step child, adopted child or a child legally placed with you or your Spouse for adoption; or
2. a child for whom you or your Spouse have court-appointed legal guardianship; or
3. a child for whom you or your Spouse are required to provide coverage by a legal Qualified Medical Child Support Order (QMCSO).

Your or your Spouse's child who is age 26 or over and incapable of self-support because of developmental disability or physical handicap that began before his or her 26th birthday will continue to be covered if you submit written evidence of the child's incapacity within 31 days of the later of the child's 26th birthday or your or your Spouse's Effective Date.

A child born to you or your Spouse while this policy is in force will be immediately covered as an insured dependent from the moment of birth. An adopted newborn child placed with you or your Spouse within 60 days of birth is covered from the date of birth. An adopted child placed with you or your Spouse more than 60 days after the date of birth is covered from the date of placement.

This newborn child coverage will continue for 60 days from the moment of birth or date of placement. In order for coverage to continue beyond 60 days We must receive: (1) written notice of the birth of the newborn child, adoption, or the placement for adoption; and (2) payment of any required additional premium within 31 days following receipt of the premium billing for the additional dependent child.

Confirmation Statement means a letter that verifies the benefit level you have been approved for and the effective date of coverage.

Contributory Insurance means you must pay a part or all of the premiums. All such payments must be made directly to the Employer.

Coverage Outline means a summary of the eligible classes, Waiting Periods, amounts of insurance, and other relevant information which applies to the coverage provided by the Policy. The Coverage Outline forms Page C-2 of this Certificate.

Dependent means your Spouse or Child who is not in full time military service.

Employee means a person who is eligible for insurance according to the Coverage Outline.

Employer means the Policyholder and includes any division, subsidiary or affiliated company named in the Application for the Policy or any Policy amendments.

Evidence of Insurability means a statement or proof of a person's medical history which we will use to determine if the person is approved for insurance. Evidence of Insurability will be at the Employee's expense for late enrollees.

Illness means sickness, disease, pregnancy, or complications of pregnancy.

Noncontributory Insurance means you are not required to pay any part of the premiums.

Physician means a person who:

1. is licensed to practice medicine and prescribe and administer drugs or perform surgery; or
2. is legally qualified as a medical practitioner providing services within the scope of his license and is required to be recognized under the Policy for insurance purposes according to the insurance statutes/regulations of the governing jurisdiction; and
3. is not the Retiree or a relative of the Retiree.

Policy, when capitalized, means the insurance policy issued and delivered to the Policyholder, including any endorsements, amendments and/or riders.

Policyholder means the person, individual firm, trust or other organization named in the Application for the Policy and to whom the Policy has been issued.

Proceeds means the amount of insurance we will pay as a benefit. This amount is shown in the Coverage Outline.

Proof or **Proof of Loss** means a properly completed claim form; **plus** a certified death certificate or a death decreed by court order;

Retiree means an Employee that was Actively at Work and covered for insurance on the day immediately preceding the date of retirement and retired in accordance with the Policyholder's retirement plan.

1. References to Active Work or Actively at Work will not apply; and
2. end of employment will mean the end of the person's status as a retiree, as stated in the Policyholder's retirement plan.

Spouse means your legal husband or wife as defined by your state of residence. If a husband and wife are insured under this Policy as Employees, then each may be insured as a Spouse under the other Employee's Dependent Life Insurance.

We, Us and **Our** refer to LifeMap Assurance Company.

You and **Your** refer to the insured Retiree.

ELIGIBILITY AND EFFECTIVE DATES

This section explains how and when a Retired Employee may enroll under the Policy and when a Retiree's insurance will end.

A. ELIGIBILITY

You are eligible for coverage under the Policy if you meet the eligibility requirements stated in the Coverage Outline. Your eligibility date is the **later** of:

1. the effective date of the Policy; or
2. the date you retire provided you enroll for Retiree coverage within 31 days of your retirement date.

B. EFFECTIVE DATE OF INSURANCE

You will become insured on your eligibility date in accordance to the above.

C. WHEN INSURANCE ENDS

Your insurance under the Policy will end on the **earliest** of the following dates:

1. the date the Policy terminates; or
2. the date you cease to be eligible.

LIFE INSURANCE

Subject to any reduction or termination provisions of the Policy, if you die while insured under the Policy, we will pay the Life Insurance Proceeds to your Beneficiary(ies) when we receive Proof of your death.

Proceeds are based on the class of insurance for which you are eligible on the last day of Active Work according to the Coverage Outline.

FACILITY OF PAYMENT

The following paragraphs describe to whom we will pay the Proceeds when you die. Our liability for the payment ends if we make it in good faith.

A. PAYMENT TO BENEFICIARIES

We will pay the Proceeds to the designated Beneficiary or Beneficiaries listed on your enrollment form. If one or more Beneficiaries die before you, the deceased Beneficiaries and their estates have no rights to the Proceeds. Two or more surviving Beneficiaries will share equally, unless otherwise specified.

B. WHEN THERE IS NO SURVIVING BENEFICIARY

If there is no designated Beneficiary, or if the designated Beneficiary does not survive you, we will pay the Proceeds in equal shares to your surviving relatives of the highest rank of the following:

1. spouse;
2. children;
3. parents; or
4. your estate.

Children, for the purposes of the Facility of Payment provision only, means biological and adopted children.

C. IF THE BENEFICIARY IS A MINOR OR INCOMPETENT

If a Beneficiary is a minor or not competent, we have the right to pay up to \$1,000 to the person or institution who appears to us to have assumed the Beneficiary's custody and principal support. We will take this action until or unless a formal complaint is made by a legal representative of the Beneficiary.

Our liability for the above payment ends if we make it in good faith. We will pay remaining benefits upon Proof acceptable to us of guardianship or conservatorship to the legal estate of the minor child or incompetent Beneficiary.

D. ADDITIONAL PAYMENT OF PROCEEDS

We may pay up to \$500 of the Proceeds, according to law, to any person who appears to us to have incurred costs from your last illness, death, or funeral.

REPATRIATION BENEFIT

We will pay a Repatriation Benefit in addition to the Life Insurance Proceeds if your death occurs more than 100 miles from your primary place of residence.

The Repatriation Benefit payable is the lesser of:

1. the expense incurred for:
 - a. preparation of your body for burial or cremation; and
 - b. transportation of your body to the place of burial or cremation; or
2. 10% of the Life Insurance Proceeds; or
3. \$5,000.

SETTLEMENT OPTIONS

We will pay the Proceeds in a lump sum to the designated Beneficiary or Beneficiaries unless another settlement option has been selected. Following are the other settlement options available.

A. MONTHLY PAYMENTS

Proceeds may be paid to each Beneficiary on a monthly basis for a fixed term of years if:

1. a written election is made by you; or
2. we receive a written request from each Beneficiary who is to receive Proceeds; and
3. we agree.

Each such monthly payment must be at least \$100.

The following table describes how monthly payments will be calculated.

TABLE OF MONTHLY PAYMENTS PER \$1,000 OF PROCEEDS

<u>Years Payable</u>	<u>Monthly Payment</u>
1	\$84.28
2	\$42.66
3	\$28.79
4	\$21.86
5	\$17.70
10	\$ 9.39
15	\$ 6.64
20	\$ 5.27

The above payments are based on 2.5% interest, compounded annually. We may also pay an additional interest that we may declare from year to year.

The first payment will be paid:

1. on the date Proceeds would have been paid in one sum; or
2. on the date the Beneficiary requests.

If all Beneficiaries receiving monthly payments die, we will pay the unpaid Proceeds plus earned interest in one sum to the estate of the last surviving Beneficiary.

B. OTHER SETTLEMENT OPTIONS

Other settlement options may be arranged if you and we agree. We will furnish data on these other options upon request.

CONVERSION

Subject to the conditions which follow, any person insured under the Policy may convert all or part of this coverage to an individual life policy without Evidence of Insurability. Time served under this Policy will apply to the incontestability and suicide exclusion provisions of the conversion policy.

A. ELIGIBILITY FOR CONVERSION

An insured person will be eligible to obtain an individual life insurance policy during the conversion period if his or her coverage, or any portion of it, ends under the Policy due to:

1. termination of membership in an eligible class; or
2. ceasing to be eligible according to the eligibility provisions of the Policy.

B. TIME LIMIT FOR CONVERSION

We will issue an individual life policy only if the insured person gives us a written request to convert within 31 days of the date his or her coverage ends under the Policy.

The premiums for the first term of coverage for the individual policy must be paid before the policy will be issued. The new policy will take effect at the end of the 31 day conversion period.

C. CONVERSION POLICY BENEFITS

The conversion policy may be on any individual plan of life insurance offered by us, except term insurance. The new policy will not include disability or any other supplemental benefits. Premium rates for the new policy will be based on:

1. the person's age at the date of issue; and
2. the premium rates then in use by us.

The face amount of the new policy may not exceed the amount of Retiree life insurance in force on the last day of coverage, but must be at least \$1,000.

D. CONVERSION WHEN THE POLICY TERMINATES

If the Policy terminates or if the Policy is amended so as to reduce or terminate insurance, the person's conversion rights are limited to the amount of insurance which ended under the Policy, in increments of \$1,000.

The face amount of the new policy must be at least \$1,000.

E. IF THE INSURED PERSON DIES

If the insured person dies during the 31 day conversion period, we will pay a life benefit under the Policy. The Proceeds payable will be the maximum amount available for conversion, whether or not application for conversion was made.

Any individual policy issued in accordance with this conversion provision must be surrendered without a claim and any premiums paid for it will be refunded.

DEPENDENT LIFE INSURANCE

We will pay the Proceeds due under this Dependent Life Insurance section to you when we receive Proof of an insured Dependent's death.

A. DEPENDENT'S ELIGIBILITY

A dependent becomes eligible for coverage on the later of the following dates:

1. the date you become eligible; or
2. the date the person becomes a Dependent.

B. DEPENDENT'S EFFECTIVE DATE

Subject to Item C. DEFERRED EFFECTIVE DATE and any evidence of insurability requirements, an eligible Dependent becomes insured on the later of the following dates:

1. the date your insurance takes effect; or
2. the date you first acquire a Dependent.

C. DEFERRED EFFECTIVE DATE

If, on the date a Dependent would otherwise become insured or receive an increase in coverage, the Dependent is confined to a hospital, skilled nursing facility or similar institution due to an illness or injury, that Dependent's effective date will be deferred until the Dependent is no longer confined.

D. BENEFIT AMOUNT

We will pay Proceeds based on the amount of insurance shown in the Coverage Outline for:

1. the Dependent's age at the time of his or her death; and
2. according to your class on the date of the Dependent's death.

E. WHEN INSURANCE ENDS

A Dependent's insurance under the Policy will end on the **earliest** of the following dates:

1. the date the person ceases to be an eligible Dependent;
2. for the Spouse, the date divorce is final or the date your domestic partnership is terminated;
3. the last day of the period for which you have made any required contribution (Contributory Insurance);
4. the date your coverage under the Policy ends;
5. the date all Dependent coverage ceases under the Policy; or
6. five months after your death (premium payment will be waived for Dependent Life Insurance coverage during this five month period).

F. CONVERSION

If an insured Dependent no longer qualifies for life insurance under the Policy, the Dependent may be able to exercise the right to a conversion policy. Refer to the CONVERSION provision in LIFE INSURANCE for the conditions under which conversion may be available.

CLAIMS

This section explains some of the terms and conditions relating to payment of claims.

A. CLAIM FORMS

We will furnish the claim forms for filing Proof of Loss within 15 days after they are requested. If we do not do so, the claimant may comply with the Proof of Loss requirements of the Policy by submitting:

1. written Proof showing the occurrence, nature and extent of the loss for which claim is made;
2. the Proof within the time fixed in Item B. PROOF OF LOSS.

B. PROOF OF LOSS

1. Written Proof of Loss must be furnished to us at our Home Office within 90 days after the date of the loss.
2. Failure to furnish Proof will not invalidate nor reduce any claim if it is not reasonably possible to give Proof within 90 days, provided the Proof is furnished as soon as reasonably possible.
3. In no event, except in the absence of legal capacity of the claimant, may Proof be given later than one year from the time Proof is otherwise required.
4. Proof of continuing disability must be furnished within 90 days of the date such Proof is requested.

C. PHYSICAL EXAM AND AUTOPSY

We have the right and opportunity to have a person whose injury or illness is the basis of a claim examined by a Physician of our choice at our expense. This right may be used as often as reasonably required while the claim is pending and, in the case of death, includes an autopsy, where it is not forbidden by law.

D. INCONTESTABILITY

In the absence of fraud, any statement by you or your Dependent to obtain coverage under the Policy will be a representation and not a warranty. No misrepresentation will be used to reduce or deny a claim or to deny the validity of coverage unless:

1. coverage would not have been approved except for the misrepresentation;
2. the misrepresentation is contained in a written instrument signed by you or your Dependent;
and
3. a copy of the written instrument containing the misrepresentation has been given to you, the Dependent or the Beneficiary.

After coverage has been in effect for two years during the lifetime of the person, no misrepresentation will be used to reduce or deny a claim or to deny the validity of coverage.

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

E. PAYMENT OF CLAIMS

We will pay the Proceeds for insured losses as soon as we receive satisfactory Proof of Loss.

If we fail to pay the Life Insurance Proceeds under this Policy within 30 days after we receive due Proof of death, and if the Beneficiary elects to receive a lump sum settlement, we will pay interest on the Proceeds after the expiration of the 30-day period. We will compute the interest from the date of the insured person's death until the date of payment, at a rate not lower than that paid by the insurer on other withdrawable policy owner funds.

At the end of the 30-day period, we will notify the designated Beneficiary at his or her last known address that interest at the applicable rate will be paid on the lump sum Proceeds from the date of death of the insured person.

F. REVIEW PROCEDURE

A claimant has the right to a review of any denial by us of all or any part of a claim. To obtain a review for life insurance claims, a written request for review should be sent to us at our Home Office within 60 days after the claimant receives notice of denial. To obtain a review for disability insurance claims, a written request for review should be sent to us at our Home Office within 180 days after the claimant receives notice of denial. No special form is required.

The claimant may submit written comments and provide additional documentation in support of the claim, and may review any non-privileged information relating to the request for review.

We will review the claim promptly after receiving the request. For life insurance claims, we will send the claimant written notice of our decision within 60 days after the request for review is received, or within 120 days if special circumstances require an extension. For disability insurance claims, we will send the claimant written notice of our decision within 45 days after the request for review is received, or within 90 days if special circumstances require an extension. The notice will include the reasons for the decision and will refer to the specific provisions of the Policy on which the decision is based.

Another person may be authorized to act for the claimant under this review procedure.

G. LEGAL ACTIONS

A claimant or the claimant's authorized representative may not start any legal action:

1. until 60 days after Proof of Loss has been given; or
2. more than three years after the time Proof of Loss is required to be given.

H. CONTACT INFORMATION

If you have questions concerning your coverage, you may contact our customer service department at 1 (800) 286-1129 or write to our customer service department at the following address: LifeMap Assurance Company, PO Box 1271, MS E3A, Portland, OR 97207-1271.

You may also seek assistance from the Idaho Department of Insurance. You can contact them by writing to the Idaho Department of Insurance, Consumer Affairs, 700 W State Street, 3rd Floor, PO Box 83720, Boise, ID 83720-0043 or calling 1-800-721-3272 or visiting the Idaho Department of Insurance's website at www.DOI.Idaho.gov.

GENERAL PROVISIONS

A. MISSTATEMENT OF AGE

If a person's age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon the person's age, the benefit amount will be the amount the person would have been entitled to if his or her correct age were known.

NOTE: A refund will not be made for a period more than 12 months before the date we are advised of the error.

B. CLERICAL ERROR OR OMISSION

Clerical error or omission will not:

1. cause an ineligible employee to become insured;
2. invalidate insurance otherwise validly in force; or
3. continue insurance validly terminated.

C. POLICY CHANGES

The Policy may be changed in whole or in part. No change will be valid unless approved by one of our officers. The approval must be in writing and endorsed on or attached to the Policy. No other person, including an insurance producer, may change the Policy or waive any part of it.

D. AGENCY

For all purposes under the Policy the Policyholder acts on its own behalf or as agent of the Employee. Under no circumstances will the Policyholder be deemed our agent without a written authorization.

E. CERTIFICATES

The Employer is responsible for giving to you a complete copy of the Certificate for your applicable class within 31 days after receipt of the Certificates from us.

F. ASSIGNMENT

The Policy may not be assigned, but you may assign your rights under the Policy. We are not liable for the assignment's validity or sufficiency. We are not bound by an assignment until we receive it.



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This Endorsement is effective on the effective date of the Policy or Certificate to which it is attached.

DOMESTIC PARTNER ENDORSEMENT

1. It is agreed that coverage for domestic partners and children of domestic partners shall be included; therefore, the following definition of Domestic Partner is added:

Domestic Partner means an adult of the same or opposite sex who has an emotional and financial relationship with you, similar to that of a spouse, as evidenced by the following facts:

1. you and your domestic partner share a residence and the financial responsibility for the joint household and intend to continue an exclusive relationship indefinitely;
2. you and your domestic partner each are at least eighteen (18) years of age;
3. you and your domestic partner are both mentally competent to enter into a binding contract;
4. neither you nor your domestic partner are married to or legally separated from anyone else;
5. you and your domestic partner are not related to one another by blood closer than would bar marriage; and
6. neither you nor your domestic partner is a domestic partner of anyone else.

2. It is also agreed that all references to Spouse in the Policy and Certificate shall now read as follows:

Spouse or Domestic Partner

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

LIFEMAP ASSURANCE COMPANY

Secretary

President