

Schedule of Benefits

(GR-9N S-01-001-01)

Employer: Katy Independent School District

Group Policy Number: GP-724976-GI

Issue Date: May 2, 2018

Effective Date: January 1, 2018

Schedule: 1C

Cert Base: 1

For: Class 3- Higher Administration: P-6 and P-7 or Grandfathered Administrators as of November 1, 1999 - Life Insurance, Dependent Life Insurance, and Accidental Death and Personal Loss Coverage

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

Schedule of Life Insurance Benefits

(GR-9N S-02-01 01)

Employees

(GR-9N S-02-01 01)

Basic Schedule

Classification *(GR-9N S-02-01 01)*

All Employees

Amount

\$50,000

Employees

(GR-9N S-02-01 01)

Supplemental Schedule

Classification

All Employees

Amount

\$10,000 or increments of \$10,000 to a maximum of \$300,000, not to exceed 100% of your basic annual earnings, as determined by your Employer

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$350,000.

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 make a change, your employer can provide you with information on how and when changes can be made.

Evidence Requirements

To become insured for Supplemental Life Insurance coverage, certain requirements will need to be met. You can become insured for Supplemental Life Insurance in excess of \$200,000 as long as you submit evidence of good health, and **Aetna** approves. If **Aetna** does not approve your evidence of good health, the amount of Supplemental Life Insurance will be limited to the Guaranteed Standard Issue amount.

In addition, the following apply while you are insured:

- If you first become eligible for an amount of Supplemental Life Insurance in excess of \$200,000, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves. This does not apply if the sole reason you become eligible for the higher amount is because of an earnings increase.
- You elect to increase your Supplemental Life Insurance by more than one level or multiple of your basic annual earnings then you can only become insured for the higher amount if you submit evidence of good health, and **Aetna** approves. This applies even if **Aetna** has approved evidence of your good health in the past.
- 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 this higher amount only if you submit evidence of good health, and **Aetna** approves.

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 you can enroll for one level or \$10,000 of coverage without submitting evidence of good health. Any amount over one level or \$10,000 of coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If evidence of good health is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

Note:

The life insurance amount you receive under the permanent and total disability feature of this plan will be reduced to Not Applicable when you reach age 65. It will not be reduced according to the Age and Retirement Reduction Rules above.

Dependents Schedule (GR-9N S-02-02 01)

Classification

Amount*

Spouse

Option 1 - \$10,000

Option 2 - \$20,000

Option 3 - \$35,000

child, live birth to age 26

Option 1 - \$5,000

Option 2 - \$10,000

Option 3 - \$10,000

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

Evidence Requirements for Dependents

For your dependents to become eligible for life insurance coverage, certain requirements will need to be met. Note that the dependent eligibility date is the date you can first elect coverage for a dependent under this plan or any prior group plan.

Requests Submitted More Than 31 Days after the Dependent Eligibility Date

If you request life insurance coverage for a dependent spouse more than 31 days after the dependent eligibility date, the dependent spouse can become insured as long as you submit evidence of the dependent's good health, and **Aetna** approves.

If you must submit evidence of your dependent spouse's good health, you must notify **Aetna** if any information that has been submitted to **Aetna** on your dependent spouse's behalf has or would change as a result of knowledge gained prior to **Aetna** notifying you that your spouse has been approved for the life insurance amount which is subject to evidence of good health.

Accelerated Death Benefit (GR-9N 03-003 01)

Employees and Dependent
Spouses

ADB months	24 months
ADB percentage	up to 75%
ADB minimum	\$5,000
ADB maximum	up to \$500,000

Accidental Death and Personal Loss Coverage

(GR-29N 03-01 01)

Schedule of Accidental Death and Personal Loss Benefits

Employees Basic Schedule

Classification
All Employees

Principal Sum
\$50,000

Employees Supplemental Schedule

Classification
All Employees

Principal Sum
\$10,000 or increments of \$10,000 to a maximum of \$300,000, not to exceed 100% of your basic annual earnings, as determined by your Employer

You may elect any one of the available options shown above for Supplemental Accidental Death and Personal Loss Coverage. Once you have made a selection, if you wish to make a change in your coverage, your employer will provide you with information on how and when changes can be made.

The amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

Additional Accidental Death and Personal Loss Benefit Maximums

(GR-9N S-03-02 01)

Employees

Passenger Restraint Benefit Maximum
for you

\$10,000*

Airbag Benefit Maximum

One half of a person's **Passenger Restraint** Benefit

Education Benefit Maximum
for each dependent child

Your actual expenses not to exceed 5% of your or your spouse's principal sum or \$5,000 per year for up to 4 years, whichever is less

for your spouse

Your actual expenses not to exceed 5% of your principal sum or \$5,000 per year for up to 4 years, whichever is less

Child Care Benefit Maximum
for each child

Your actual expenses not to exceed 3% of your principal sum or \$2,000 per year per child for up to 4 years, whichever is less

Repatriation of Remains Benefit Maximum

Your actual expenses up to \$5,000*

Double Indemnity on a Common Carrier Benefit
Maximum
for you

An amount equal to your principal sum not to exceed \$250,000

*This benefit maximum is payable only once, even if the person is covered for both Basic and Supplemental Accidental Death and Personal Loss Coverage at the time of the loss.

General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.