Welcome to Cornell University!

As a new employee, the University provides Basic Life Insurance coverage, at no cost to you.

Basic Life Insurance is a useful solution to help you preserve your family’s lifestyle and enable them to live happily and comfortably in the future. In this package you can learn all about the advantages of this program offered to you as a Cornell University employee.

CIGNA Group Insurance will maintain beneficiary records for the Basic Life Insurance coverage provided by the University. Please complete the enclosed beneficiary form and return to CIGNA in the postage-paid envelope. In the future, you may contact the CIGNA Customer Service Center to change or confirm your beneficiary designation.

If you have any questions, please call the CIGNA Customer Service Center toll-free at 1.800.231.1193. Knowledgeable and friendly service representatives are available to answer your questions Monday through Friday, 9 a.m. to 6 p.m. Eastern time.

The coverage outlined in this brochure may vary by state.

CIGNA Group Insurance products and services are provided by underwriting subsidiaries of CIGNA Corporation, including CIGNA Life Insurance Company of New York.

The term “CIGNA” is used to refer to these subsidiaries and is a registered service mark.

CIGNA companies are leading providers of insurance, employee benefits, health care, investment management, and financial services to businesses and individuals worldwide.

This information is a brief description of the principal provisions of the insurance coverage. It is not a contract. Complete terms and conditions of coverage are set forth on Policy Form No.TY-005150 for Basic Life Insurance. The group policies are subject to the laws of the state in which they are issued.
How Can Basic Life Insurance Benefit You?

A Foundation of Protection
The University provides Basic Life Insurance coverage, at no cost to you, as long as you meet the eligibility criteria. The coverage amount equals one-half of your annual budgeted salary, rounded to the next higher even $1,000, up to a maximum benefit of $50,000. Your amount of Basic Life Insurance will fluctuate with any salary increases/decreases you may receive throughout the year.

You are eligible as long as you are an employee of Cornell University, scheduled to work at least 1,000 hours per calendar year or more, or you worked 1,000 hours a year or more during the immediately preceding calendar year, or 910 hours for County Extension Services employees.

The coverage becomes effective the first day you’re eligible and remains in force for as long as you remain a Cornell University employee. If you ever leave the university, you can retain this coverage by converting it to an individual policy.
Employee Name: ___________________________  Employee ID #: __________
Social Security Number: _______ - _______  Date of Birth: __________
Work Phone: (____)______________________  Indicate one of the following:
Home Phone: (____)______________________  □ Single  □ Married
Home Address: ________________________________________________
If you designate more than one beneficiary, you must also allocate a percentage (%) of your benefit to each, with the total equaling 100%. You may designate contingent beneficiaries, and percentages (%), on a separate sheet of paper. All forms and attachments must be signed and dated before they are submitted to CIGNA.

Basic Life Insurance, underwritten by CIGNA Life Insurance Company of New York

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Contingent(s):

What is a contingent beneficiary?
A contingent beneficiary will receive beneficiary proceeds if your first, or primary beneficiary is deceased. You are not required to designate a contingent beneficiary.

Can I designate a minor child?
If you wish to designate a minor child(ren), contact a legal advisor about the proper procedures.

What if I don’t select any beneficiaries?
If a Beneficiary is not designated, or if there is no surviving beneficiary, benefits will be paid to the first surviving Class of the following Classes of Beneficiaries: a.) the insured’s spouse; b.) the insured’s child or children; c.) the insured’s parents; d.) the insured’s siblings; or e.) the insured’s estate.

Employee’s Signature ___________________________  Date __________

AR #9909-12549 (02/09)