Welcome to Cornell University!

As a new employee, you have the chance to enroll in a valuable benefit from CIGNA.

Personal Accident 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 and how to take advantage of this opportunity.

For long-term financial well-being, you need to understand where you are, be aware of where you want to go, and have a plan to get there.

The foundation of any successful plan is the assurance that you have the momentum to keep moving forward and the ability to overcome life’s challenges along the way.

Having adequate insurance is not only the basis for a sound financial blueprint, but it also provides the protection you need to feel confident that your home, your family, and your finances are protected if you or your spouse should die.

It’s easy and quick to safeguard yourself and your family with this Personal Accident Insurance coverage. Complete and sign the insurance application form included in this package and return it in the enclosed postage-paid envelope to the CIGNA Customer Service Center. Or fax it to CIGNA toll-free at 1.877.435.7181.

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.

P.S. The group rates for Personal Accident Insurance means you’d likely pay less than if you were to cover yourself on your own through an individual policy. Don’t you owe it to your family to look over this information?

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 Number YOK-008416 on Policy Form No.LZ-5196 for Personal Accident Insurance. The group policies are subject to the laws of the state in which they are issued.

The policy provides ACCIDENT ONLY coverage. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department. IMPORTANT NOTICE - THE POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.
How Can Personal Accident Insurance Benefit You?

Personal Accident Insurance provides useful coverage at a cost that’s affordable to you. If you die as the result of a covered injury or covered accident, the benefits can help pay the mortgage and pay for your children’s college. If you are injured in a covered accident, this insurance can help pay for new living circumstances.

The National Safety Council (NSC) estimates that the entire population of a small city—105,000—will die this year from accidents that you can neither foresee nor prevent. Every five minutes, the NSC says, an American dies in a motor vehicle accident, or common household mishap such as a fall, poisoning, choking or drowning. If that weren’t sobering enough, the NSC counted more than 24 million nonfatal injuries—the population of the eight largest U.S. cities combined!—in 2005, the last year for which it has compiled data. All of these means that if you haven’t prepared, your loved ones could be facing severe financial distress if you were to die in an accident. And if you were in an accident and survived, would you be able to pay for your new lifestyle circumstances?

The answer is YES, with Cornell University Personal Accident Insurance.

What You Get From Personal Accident Insurance

- Large coverage, small price. $2.10 a month gains you $100,000 of protection. For $2.20 a month, you can add another $100,000 to insure your spouse/domestic partner.* You can even purchase up to $500,000 of coverage.1

- Cash for you. Personal Accident Insurance pays you benefits if you are injured in a covered accident, not just death benefits.

- Protection on or off the job. Personal Accident Insurance pays whether the covered accident is work-related or not, anywhere in the world.

- Protection if you change jobs. If you leave Cornell University, or the policy is canceled, you can continue your benefits by converting to an individual plan. (Costs may change)

Did you know?

According to the National Safety Council:

- Accidents are the leading killer of Americans to age 41
- Accidents are the fifth-leading cause of death for Americans (following heart disease, cancer, stroke and chronic lower respiratory disease)
- The accidental death rate around the home in the U.S. rose at 15 times the inflation rate since 1992


1Maximum benefit amount applies under age 70.

1This rate was computed by extrapolating from the following wording in the release: “Since 1992, the death rate from injuries in home and community settings increased 30 percent.” This computation was based on comparing the rate stated above to the inflation rate over that period, available from a number of sources.

*Domestic Partner is defined in the group policy. For the purpose of this brochure, whenever the term Spouse appears it shall also include Domestic Partner. In order to be eligible for coverage, a Domestic Partner must: 1) be legally prohibited from marrying the Employee; 2) not be currently legally married to any other person; and 3) not be a blood relative of the Employee any closer than would prohibit legal marriage. Please refer to your employer’s “Statement of Partnership” for additional eligibility requirements.
Who Is Covered?
Every eligible member of your family.

You have this coverage available to you as a regular full-time or part-time employee of Cornell University, scheduled to work a minimum of 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 employees.

Your lawful spouse/domestic partner is eligible if he or she is under age 70.

Your unmarried dependent children and your domestic partner’s unmarried dependent children are eligible if they are under age 19, or under age 25 if they are full-time students.

No one may be covered more than once under this Policy. If covered as an employee, you cannot also be covered as a dependent.

Coverage
Through the Personal Accident Insurance program, you can purchase the following coverage at a group rate. Subject to any applicable restrictions or limitations in the Personal Accident Insurance policy, this coverage provides benefits for you and your entire family, now and in the future.

Personal Coverage
You may select coverage from $10,000 to $500,000 worth of coverage for yourself in $10,000 units. If you select a benefit amount over $250,000, the amount cannot exceed 10 times your annual salary.

Spouse and Child Coverage
You can purchase coverage for your eligible spouse of either 100% or 50% of the benefit amount you choose for yourself. The maximum benefit amount cannot exceed $250,000. For just one premium, you can cover all your dependent children equal to 10% of your benefit amount. The maximum benefit amount cannot exceed $25,000 per child.

Changing from Group to Individual Coverage
If this group coverage ends before you reach age 70, for any reason except nonpayment of premium, you can convert to an individual policy. No medical certification is needed. To continue your coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate.

Beginning and Continuing Your Personal Accident Coverage
An employee may enroll for Personal Accident Insurance coverage at any time without providing evidence of insurability. Coverage becomes effective as of the date we approve your application, provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins.

If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work. If your spouse/domestic partner is not actively at work or if your spouse/domestic partner or children are unable to engage in all the usual duties of a person of like age and gender, the effective date of their insurance will be deferred until they return to work or resume their usual duties.

For insurance for your spouse/domestic partner and/or children to become effective, he/she must not be an inpatient in a hospital, receiving chemotherapy or radiation therapy on an outpatient basis, confined at home and under the care of a physician for sickness or injury or totally disabled.

Your coverage will continue as long as Cornell University and CIGNA Group Insurance continue to offer the program under the group policy, you are an eligible employee, and you pay the premium when due, and do not serve more than 30 days of full-time active duty in any Armed Forces. Coverage for your spouse and dependent children ends when your coverage terminates, when their premiums are not paid, or when they’re no longer eligible, whichever occurs first.
Rates & Plan Sheet—Personal Accident Insurance*

It's made to order.
You can buy coverage for yourself only or for yourself, your spouse and your children.

It's affordable.
A small amount of money can buy you a great deal of peace of mind. For $2.10 a month, you can obtain $100,000 of coverage. For $4.30 a month, you can obtain $100,000 of coverage for you and your spouse.

It's everywhere you are.
Because you never know when or where an accident is going to happen, Personal Accident Insurance provides around-the-clock, around-the-world protection, whether you're on or off the job. It offers insurance benefits if you, your covered spouse, or children are killed in an accident covered by the program, and accidental injury benefits if you or your covered family members are seriously injured in an accident covered by the program.

It's flexible.
You can purchase as much as $500,000 worth of coverage, depending on your needs and budget.

It's convertible.
If your employment status with Cornell University changes or ends, or the policy is canceled, you can continue your coverage on an individual basis.

Monthly Cost of Insurance

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Spouse/Domestic Partner Only</th>
<th>Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.021 per $1,000 of coverage</td>
<td></td>
<td></td>
<td>$0.044 per $1,000 of coverage</td>
</tr>
</tbody>
</table>

Example:
If you select $250,000 of coverage for yourself, 50% benefit for your spouse/domestic partner and 10% for your dependent children, then:

For you:
$250,000 / $1,000 = 250
250 x $0.021 = $5.25 Monthly Cost

For your spouse/domestic partner:
$125,000 / $1,000 = 125
125 x $0.022 = $2.75 Monthly Cost

For your Child(ren):
$25,000 / $1,000 = 25
25 x $0.044 = $1.10 Monthly Cost

The total monthly cost for you and your family would be $9.10 ($5.25 + $2.75 + $1.10).

Benefits Reductions
As you grow older, your benefits will be reduced according to the following schedule:

<table>
<thead>
<tr>
<th>Age</th>
<th>Benefit Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>At age 70</td>
<td>Benefits will be reduced to 68% of the benefit amount selected</td>
</tr>
<tr>
<td>At age 75</td>
<td>Benefits will be reduced to 47% of the benefit amount selected</td>
</tr>
<tr>
<td>At age 80</td>
<td>Benefits will be reduced to 32% of the benefit amount selected</td>
</tr>
<tr>
<td>At age 85</td>
<td>Benefits will be reduced to 16% of the benefit amount selected</td>
</tr>
</tbody>
</table>

If you elect coverage for your family members, accidental death & dismemberment* benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected amount will be determined by this education schedule. Coverage for your spouse/domestic partner ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.

*For the purpose of this brochure, whenever the term Personal Accident Insurance or Accidental Death & Dismemberment is used, it is referring to the same insurance benefit.
A Valuable Combination of Benefits

To help protect you and your family against losses due to accidents, Personal Accident Insurance pays 100% of the benefit amount you select for accidental loss of life occurring within 365 days of a covered accident. A covered accident is a sudden unforeseeable event that results in injury or death and that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, CIGNA will pay benefits for dismemberment, loss of eyesight, speech and hearing, and paralysis.

Accidental Death & Dismemberment Schedule

If, within 365 days of a covered accident, bodily injuries result in:

<table>
<thead>
<tr>
<th>Injury Description</th>
<th>You or Your Spouse/ Domestic Partner</th>
<th>Your Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental loss of life</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Total paralysis of both upper and lower limbs</td>
<td>100%</td>
<td>200%</td>
</tr>
<tr>
<td>Loss of any two: hand, foot or eyesight</td>
<td>100%</td>
<td>200%</td>
</tr>
<tr>
<td>Loss of speech and hearing in both ears</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of one hand, or foot, or sight in one eye</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of speech or loss of hearing in both ears</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Total paralysis of both legs</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Total paralysis of arm and leg on one side of the body</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of thumb and index finger on same hand</td>
<td>25%</td>
<td>50%</td>
</tr>
</tbody>
</table>

If you suffer multiple injuries in one covered accident, you’ll receive only one amount—the largest amount to which you’re entitled.

Loss of a hand or foot means severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears, which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Severance means complete separation and dismemberment of the limb from the body. Paralysis means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible.

Additional Benefits

It’s not easy to predict how a serious accident will affect your family. Some accidents could have serious financial ramifications if extensive rehabilitation is required. A widowed spouse may need to enhance work skills or acquire new ones. In addition to the benefits previously outlined, Personal Accident Insurance provides benefits to help meet special needs and respond to special circumstances. Those additional benefits include: the Benefit for Children Requiring Special Care and for Wearing a Seat Belt.

For Children Requiring Special Care

Personal Accident Insurance helps parents with children who survive severe accidents. If an insured child suffers a covered accidental injury, we will double the benefit amount, up to $50,000. If your child subsequently dies within 90 days as a result of the accident, then we will pay only the death benefit payable under the plan.

This additional benefit can help parents cope with the ongoing financial obligations associated with caring for children who require continued medical attention, rehabilitation services and a specialized educational environment.

For Wearing a Seat Belt

Wearing a seat belt when you’re in a moving vehicle is probably the simplest and certainly the cheapest way to protect yourself from injury due to accidents. To encourage insureds to adopt this practice, Personal Accident Insurance offers the Seat Belt Benefit. This benefit automatically increases your coverage amount by 10% if you or a covered family member is killed in a covered accident while driving or riding in a private passenger vehicle* and while wearing a properly fastened seat belt (or, if the insured is a child, while protected by a child restraint system as defined by state law). The person’s death benefit will be increased by 10%, but will be no less than $1,000 or no more than $10,000. If it is unclear whether the insured had been wearing the required protection, the plan will pay a benefit of $1,000. No benefit will be paid if the official accident report is either not provided to us or it indicates that no seat belt was worn.

*A validly registered four-wheel private passenger (or policyholder-owned) car, station wagon, jeep, pickup truck, or van-type car.
Losses not Covered by Personal Accident Insurance

This policy doesn’t cover losses resulting directly or indirectly from, or caused by:

- Intentionally self-inflicted injury, suicide, or any attempt there at while sane or insane
- Commission or attempt to commit a felony or an assault
- Parachuting; hang-gliding
- Declared or undeclared war or act of war
- Flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth’s surface:
  - being flown by the Covered Person or in which the Covered Person is a member of the crew
  - designed for flight above or beyond the earth’s atmosphere
  - being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food
- Travel in any aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An aircraft will be deemed to be “controlled” by the Subscriber if the aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year.
- A Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization.
**INSURANCE APPLICATION**

Connecticut General Life Insurance Company (CG)
CIGNA Life Insurance Company of New York

For Information and Customer Service, call 1.800.231.1193, or write to the Cigna Customer Service Center Administered by McCamish Systems, LLC
P.O. Box 14577, Des Moines, IA 50306
Or fax toll-free 1.877.435.7181

Please print (preferably in black ink).

![Image](519x727 to 569x774)

**EMPLOYER** Cornell University

<table>
<thead>
<tr>
<th>Employee Name (First)</th>
<th>(Last)</th>
<th>Social Security #</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Phone (____)</td>
<td>Home Phone (____)</td>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Important:** You must complete the medical questions in this application, if you apply for life insurance: (1) exceeding the Guaranteed Coverage amount, or (2) after the completion of any open enrollment period (as agreed upon by your employer and the insurance company), or (3) as a newly hired employee more than 60 days after you are eligible to elect benefits.

### COMPLETE IF ELECTING SPOUSE/DOMESTIC PARTNER COVERAGE

- [ ] I am currently married and my date of marriage is ____________ - or - [ ] I currently have an eligible Domestic Partner*

<table>
<thead>
<tr>
<th>Name (First)</th>
<th>(Last)</th>
<th>Social Security #</th>
<th>Address</th>
<th>Phone No. (____)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthdate <strong>/</strong>/____</td>
<td>Sex: [ ] M [ ] F</td>
<td>Height ____ ft. ____ in.</td>
<td>Weight: ____ Lbs.</td>
<td></td>
</tr>
</tbody>
</table>

**Important:** See your Employer for more information about eligibility requirements for Domestic Partners, including whether an Affidavit must be on file with your Employer if you are not in a state-registered Domestic Partnership or in a Civil Union.

### GROUP UNIVERSAL LIFE INSURANCE — POLICY NO. 02–L104410

See the brochure for Guaranteed Coverage and amounts of insurance you may purchase. Amounts of insurance may be limited by state law.

**Employee:**

- [ ] I would like my insurance amount to match the following (check one):
  1. 1x
  2. 2x
  3. 3x
  4. 4x
  5. 5x
  6. 6x
  7. 7x
  8. 8x
  9. 9x
  10. 10x Annual Salary.

- [ ] I elect to contribute $__________ each month to my Cash Accumulation Fund.

**Guaranteed Amount:** The lesser of 5 times Annual Salary or $1,000,000. Maximum Amount: The lesser of 10 times Annual Salary or $2,000,000.

**Spouse/Domestic Partner:**

- [ ] I select the following insurance amount for my Spouse/Domestic Partner:
  - [ ] $40,000
  - [ ] 100% of my benefit - or - [ ] 50% of my benefit

- [ ] I elect to contribute $__________ each month to my Spouse’s/Domestic Partner’s Cash Accumulation Fund. (ex. $5, $10, $25. etc.)

**Dependent Children:** I currently have eligible dependent children, and:

- [ ] I select the following insurance amount: $2,000 $4,000 $6,000 $8,000 $10,000 $12,000 $14,000 $16,000 $18,000 $20,000

### PERSONAL ACCIDENT INSURANCE — POLICY NO. YOK-008416

I select the following insurance amount:

<table>
<thead>
<tr>
<th>Employee Benefit Amount</th>
<th>Spouse/Domestic Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>$__________ (units of $10,000, up to $500,000)</td>
<td>[ ] 100% of my benefit - or - [ ] 50% of my benefit</td>
</tr>
</tbody>
</table>

**Maximum Amount:** $25,000

### BENEFICIARY

To specify a beneficiary, go to [http://workday.cornell.edu](http://workday.cornell.edu) (You should land on All About Me). Click the Benefits icon, then click on either the Life Insurance or Personal Accident Insurance link. Once on Cigna Trusted Advisor, click on the "My Accounts" link.

### ACCEPTANCE/DECLINATION

- [ ] I accept the insurance coverage elected above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my earnings. If I have not elected coverage, I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the insurance company’s approval.

**Employee Signature** ________________________________ Date __/__/____

**Please Sign Here**

**Important:** You must also sign and date the Agreements Section on the back of this form

Be sure to make a copy for your own records.

Administered by McCamish Systems, LLC

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TL-006069 (5/97)
During the last five years, has the proposed insured been diagnosed with or received treatment by/from a member of the medical profession for any of the conditions listed in questions below?

| A. Cysts, moles, warts, polyps, cancer or tumor? | Yes | No |
| B. High blood pressure, heart attack, pain or pressure in chest, shortness of breath, irregular heartbeats, heart murmur, varicose veins or any other disease or disorder of the heart or circulatory system? | Yes | No |
| C. Enlarged glands, goiter, diabetes, thyroid disorder, any disease or disorder of the stomach, intestines, liver, gallbladder, kidneys, or any disease or disorder of the gastrointestinal or urinary tract, asthma, emphysema, tuberculosis, pneumonia, or disease of the throat, lungs, or other disease or disorder of the respiratory tract? | Yes | No |
| D. Any alcohol and/or drug addiction and/or substance abuse; mental, emotional or any other nervous disorders? | Yes | No |
| E. Is there a current use of prescribed medications by the proposed insured? | Yes | No |
| F. Ever been diagnosed with or been treated for AIDS-Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) or tested positive for antibodies to the AIDS (Human Immunodeficiency) Virus? | Yes | No |
| G. Any illness, injury, birth or congenital defect, disease or disorder not mentioned in questions A through F? | Yes | No |
| H. Stroke, paralysis, epilepsy, fainting, headaches, seizures, dizziness, or other disease/disorder of the nervous system? | Yes | No |
| I. Gout, arthritis, rheumatism, neck or back strain/sprain/injury, any deformity or loss of limb, or any other disease or disorder of the back, spine, muscles, bones or joints? | Yes | No |
| J. Any surgical operation performed or been advised to have any performed? | Yes | No |
| K. Ever been in a hospital or sanitarium for rest, treatment, observation or diagnosis; undergone any special examinations or laboratory tests, such as x-rays, electrocardiograms, biopsies, blood or urine tests; or had any medical advice, examination, consultation or treatment not mentioned in questions A through J? | Yes | No |

Use the space below to provide details for 'Yes' answers given above and/or medical impairments listed in questions A-K. Completed and attach a separate sheet of paper if additional space is required. Please sign and date the attachment.

<table>
<thead>
<tr>
<th>Name of Employee/Spouse/Domestic Partner</th>
<th>Condition</th>
<th>Date Occurred</th>
<th>Duration/Treatment Received</th>
<th>Current Status</th>
</tr>
</thead>
</table>

### AGREEMENTS ###

To the best of my knowledge and belief, all written, telephonic and electronic information I provided is true and complete. I also understand that the insurance I have selected for myself will begin on the effective date, provided I am actively at work on that date. If I am not, the effective date of my personal coverage, as well as dependent coverage, will be delayed until I am actively at work. For Group Universal Life Insurance, if I am not actively at work within 90 days of the date the insurance company receives the application, a new application and medical questionnaire will be required. Also, if any one of my dependents to be insured is not performing normal daily activities* on the effective date, that coverage will be delayed until the date the dependent resumes normal daily activities. For Group Universal Life Insurance, if a dependent is not performing normal daily activities within 90 days of the date the insurance company receives the application, a new application and medical questionnaire will be required. I understand that insurance subject to medical questions requires insurance company approval, and additional medical information, including blood work, may be required to approve such insurance. I understand that I am responsible to report to the insurance company any change in my health prior to my coverage effective date, and that no coverage will be effective unless I meet the insurance company’s underwriting requirements on the effective date.

**Authorization:** If proposed for insurance, I authorize the following parties with any records or knowledge of personal information, medical history, mental or physical condition, diagnosis or treatment of me, to give such information to the Insurer, its authorized representatives or reinsurers. The authorized parties include any licensed physician, medical practitioner, hospital, clinic, Veterans Administration or other medically related facility, insurance company, employer, the Medical Information Bureau, or other organization, institution or person. For the purposes of collection and use of information to evaluate my application for insurance, I agree that my authorization is valid for thirty (30) months from the date of my signature below. I understand that disclosures may be made without my consent as permitted by law. I also understand that the Insurer, its authorized representatives or reinsurers may make a brief report about my health or medical information listed above to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If I apply to another Bureau Member Company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of my request, the Bureau will arrange disclosure of any information it may have in my file. If I question the accuracy of information in the file, I may contact the Bureau and seek a correction in accordance with the procedures set forth in the Fair Credit Reporting Act. The Bureau’s information office address is P.O. Box 105, Essex Station, Boston, MA 02112.

**Electronic/Telephonic Authorization:** I authorize the insurance company to accept my telephonic and electronic elections and change requests, as allowed by law. The insurance company will not be legally responsible for any liability if acting in good faith upon any instructions given by telephone or electronic means, or for the authenticity of such instructions.

* Normal Daily Activities: Normal daily activities for a spouse/domestic partner and child are defined as follows. **Spouse/Domestic Partner:** A spouse/domestic partner will not be deemed able to do normal tasks if he or she: (a) is hospitalized; and/or (b) is confined at home under the care of a medical doctor for sickness or injury; and/or (c) has had his or her level of activity significantly reduced so that he or she requires supervision or assistance to perform any of the following Activities of Daily Living: mobility, transferring, feeding, dressing or toileting—which another person of the same age and sex could normally perform. **Child:** A child will not be deemed able to do normal tasks if he or she: (a) is hospitalized; and/or (b) is confined at home under the care of a medical doctor for sickness or injury.

**Caution:** Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Sign Here

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Month/Day/Year</th>
<th>Spouse’s/Domestic Partner’s Signature</th>
<th>Month/Day/Year</th>
</tr>
</thead>
</table>

TL-006069 (5/97)