



Strengthen Your Family's Financial Safety Net

Group Universal Life Insurance
Voluntary Personal Accident Insurance
Voluntary Disability Insurance



Cigna Employee-Paid Voluntary Benefits!

As an eligible employee of Insperty®, you have the chance to apply for valuable benefits from Cigna. To determine whether you are eligible under the Insperty Welfare Benefits Plan, contact Insperty at 1.866.715.3552.*

Cigna Voluntary Benefits include Group Universal Life, Voluntary Personal Accident and Voluntary Disability Insurance which are 100% employee-paid through convenient post-tax payroll deductions. These benefits are useful solutions 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 these programs offered to you by the Insperty Welfare Benefits Plan and how to take advantage of those opportunities.

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/domestic partner should die, become seriously injured in an accident, or if you become disabled.

It's easy and quick to safeguard yourself and your family with any or all of these coverages— Group Universal Life, Voluntary Personal Accident and Voluntary Disability Insurance.

All eligible employees who meet any eligibility waiting periods, as defined by Insperty (refer to the General Definitions page in the brochure for a complete eligibility definition), may participate in these programs. If you apply within 30 days of your eligibility date, you may not have to take any medical tests or answer any health questions. If you decide to apply for Group Universal Life and/or Voluntary Disability Insurance later, you will have to provide acceptable evidence of insurability. This may require a medical examination, at your own expense. You may, however, apply for Voluntary Personal Accident Insurance at any time, without evidence of insurability.

If you have any questions, please call the Cigna Customer Service Center** at 1.800.231.1193. Knowledgeable and friendly service representatives are available to answer your questions Monday through Friday, 8 a.m. to 5 p.m., Central time.

The group rates for Insperty Group Universal Life, Voluntary Personal Accident and Voluntary Disability Insurance mean 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?

*For the purpose of this application material, wherever Insperty appears it shall mean Insperty Holdings, Inc.

**Cigna Customer Service Center administration provided by Infosys McCamish Systems, LLC.

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Group Universal Life Insurance Plan Features

At last, you can plan for your retirement and secure your loved ones' lifestyle at the same time! The Group Universal Life (GUL) Insurance program provides your family with generous amounts of life insurance and also provides you with a way to save money by contributing to the optional Cash Accumulation Fund (CAF) which earns tax-deferred interest. Apply within 30 days of your eligibility date and you may not have to answer any medical questions.

What You Get From Group Universal Life Insurance

- ***Yours for the asking.*** Apply within 30 days of your eligibility date and you may not have to answer any medical questions or provide any evidence of insurability.
- ***Ease of payroll deductions.*** While an active Insperity employee, your GUL Insurance premiums and CAF contributions are deducted from your paycheck using post-tax dollars.
- ***You can take it with you!*** You can keep your coverage in force even if you leave Insperity.
- ***Large coverage, small price.*** Depending on your age, you could receive up to six times your covered earnings¹ for as little as 5 cents a month per \$1,000 of coverage.

In addition, if you participate in the CAF, you can receive the following:

- ***Money for you now.*** You can call on your GUL Insurance CAF for withdrawals or low-interest loans if you've built up adequate cash value.²
- ***Money for you later.*** You earn interest on your savings and the interest is tax-deferred.

Did you know?

- As many as 132 million Americans rely on life insurance to protect their financial security.
- Half of the households in America would feel the financial impact from the loss of their primary wage earner in a year or less.
- Over 40 percent would feel the impact within 6 months, including nearly 40 percent of households with an annual income of \$100,000 or more.

SOURCE: "LIMRA's Facts About Life 2015." LIMRA International http://www.limra.com/uploadedFiles/limra.com/LIMRA_Root/Posts/PR/_Media/PDFs/2015-LIAM-Fact-Sheet.pdf

Keeping Pace with the Changes in Your Life

How much life insurance do you need today? How much will you need in two years? Five years? What if you can't afford to continue paying your premiums due to a terminal illness? At Cigna, we've thought about these questions and have developed options that can help you maintain adequate insurance levels as your needs—and your circumstances—change.

Automatic Increase Option

With the Automatic Increase Option, your GUL coverage will increase automatically (up to \$25,000 annually, not to exceed the maximum allowed) on each January 1 if you have an increase to your covered earnings.¹ With this option, you reduce your risk of becoming under insured. Your payroll deduction amount will also be increased to cover the higher amount of protection. (If you don't want your coverage increased, you must decline this option by contacting the Customer Service Center at 1.800.231.1193. If you revoke this Automatic Increase Option, you will need to provide acceptable evidence of insurability if you would like to add this option back at a later date.) Here's an example of how this option works:

Ted is 32 years old, makes \$45,000 a year and has GUL coverage equal to three times his salary, or \$135,000. He gets a salary increase of \$4,700. With the Automatic Increase Option, his insurance coverage would be increased to \$150,000 ($\$4,700 \times 3 = \$14,100$, rounded up to the next \$1,000 = \$150,000). Accordingly, his payroll deduction amount would be automatically increased for this additional coverage.

Additional Opportunities to Increase Coverage

You may have additional opportunities to increase your GUL coverage, on a guaranteed basis, outside of the Automatic Increase Option. An increase in coverage can be requested within 30 days following an increase to your covered earnings.¹ The increase will not be subject to the insurability requirement except for any portion of the requested increase that exceeds \$100,000.

Accelerated Payment Benefit

If you or your covered spouse/domestic partner becomes terminally ill and isn't expected to live more than 12 months, you can receive up to 50% of your coverage amount—potentially tax free.* The money is paid out in a lump sum, directly to the covered individual. To qualify to receive the benefit, you or your spouse/domestic partner must provide medical certification from two unaffiliated physicians that your life expectancy or that of your spouse/domestic partner is 12 months or less. Cigna will send payment as soon as your request, medical certification and supporting evidence are reviewed and approved. Your premium obligation continues on the full amount of coverage if this benefit is exercised. The following example illustrates how a 50% benefit would pay out on \$100,000 of coverage:

<u>Payment of Benefit</u>	<u>Monthly Premium</u>
\$100,000 of GUL coverage	\$12.60
- \$ 50,000 (50% potentially tax-free lump-sum payment)	
<u>\$ 50,000 remaining coverage amount</u>	\$12.60

*You may want to seek advice from your personal legal or tax advisor before exercising this option

Cash Accumulation Fund

Saving money isn't easy, but the secret to saving is simple. All you have to do is set aside a certain amount out of each paycheck—before you receive it. Even a small amount set aside on a regular basis can add up to significant savings over time. You can do it painlessly with your GUL Insurance CAF. You can contribute through convenient payroll deductions or lump-sum payments.

What are your goals? Money for retirement, cash for college, a down payment on a home? Whatever they are, contributing to the CAF can help you reach them. The net cash value you build will earn interest that is income tax-deferred in most cases. The minimum rate will never be less than 4%. To build your cash value, simply determine how much extra you wish to contribute to the program beyond the cost of insurance. Then, sit back and watch your money grow. It's that easy!

Contributions to the CAF are optional and determined by you. Maximums are based on Internal Revenue Code (IRC) limits and are subject to a 2% premium charge which represents a portion of the state and federal tax imposed on contributions made to the fund. Since contributions are subject to very specific IRC guidelines, dependent upon your age, cost of insurance, and the effective date of your certificate, it is recommended that you contact the Cigna Customer Service Center where a Service Representative will calculate the maximum contribution amount for you. You must apply for GUL to contribute to the CAF.

Tax-Deferred Accumulation

Under current tax law, the competitive interest you earn on your CAF is income tax-deferred as long as it remains in your account. That means your interest compounds faster because it isn't eroded by taxes each year.

Easy Access to Your Money

The money in your CAF is yours to use as financial needs arise. You can borrow against your CAF or make a withdrawal. The minimum loan or withdrawal amount is \$250 and you will be charged a \$25 transaction fee for each withdrawal.

- When you do decide to withdraw your money, you'll only pay taxes if the withdrawal amount exceeds the amount of your total contributions (cost of insurance plus CAF contributions).
- To make a withdrawal, call the Cigna Customer Service Center and ask for the appropriate form.
- If you want to take out a loan, you can arrange your own repayment schedule with the Cigna Customer Service Center. You'll be assessed 8% interest annually on the outstanding loan amount, but you will continue to be credited with 6% on the loan account value. You should not owe any income tax on your loan unless you cancel your coverage or your coverage lapses.

Cash Accumulation Fund Growth Charts

The charts below show how the CAF can grow at the guaranteed minimum interest rate of 4% when compared to a traditional savings account earning the same 4% interest rate. The numbers shown below are on a cumulative basis. The charts assume that the CAF contribution, cost of insurance and deposits to a traditional savings account are paid on a monthly basis.

\$50 Monthly Contribution Scenario

YEARS	CAF 4%	TRADITIONAL SAVINGS ACCOUNT 4%	TOTAL CUMULATIVE TAX	AMOUNT LESS TAX (savings – total tax)
5	\$ 3,253.60	\$ 3,241.49	\$ 80.50	\$ 3,160.99
10	\$ 7,212.11	\$ 7,009.41	\$ 336.47	\$ 6,672.94
15	\$12,028.24	\$11,389.28	\$ 796.43	\$10,592.85
20	\$17,887.80	\$16,480.46	\$1,493.49	\$14,986.97
25	\$25,016.85	\$22,398.50	\$2,466.17	\$19,932.33
30	\$33,690.43	\$29,277.66	\$3,759.22	\$25,518.44

\$100 Monthly Contribution Scenario

YEARS	CAF 4%	TRADITIONAL SAVINGS ACCOUNT 4%	TOTAL CUMULATIVE TAX	AMOUNT LESS TAX (savings – total tax)
5	\$ 6,507.21	\$ 6,482.97	\$ 160.99	\$ 6,321.98
10	\$14,424.23	\$14,018.82	\$ 672.94	\$13,345.88
15	\$24,056.48	\$22,778.55	\$1,592.85	\$21,185.70
20	\$35,775.60	\$32,960.93	\$2,986.98	\$29,973.95
25	\$50,033.70	\$44,796.99	\$4,932.33	\$39,864.66
30	\$67,380.86	\$58,555.32	\$7,518.44	\$51,036.88

The CAF contribution scenario reflects a 2% premium charge. The traditional savings account scenarios assume a 25% tax bracket. The actual CAF interest rate can adjust quarterly but will never go below 4%. Current savings account interest rates are below 4%. Actual rates can be more or less favorable than shown. Savings account interest rates are not guaranteed, fluctuate with market conditions and vary among financial institutions. A CAF is not federally insured (FDIC). As an insurance product, it must comply with each applicable state's specific insurance reserve requirements.

Group Universal Life Insurance Plan Summary

It's a family matter. Subject to any applicable restrictions or limitations in the GUL policy, coverage options for you and your family are summarized as follows:

Coverage for You

You are an eligible employee, as defined by Insperity (refer to the General Definitions page in the brochure for a complete eligibility definition), or you are an Insperity employee who meets the requirement for continuing eligibility during an approved leave of absence.

- Coverage amounts available: 1, 2, 3, 4, 5, or 6 times your covered earnings¹ rounded to the next higher \$1,000, if not already an even multiple.
- Guaranteed issue amount³ available within 30 days of your eligibility date without evidence of insurability: Three times your covered earnings,¹ rounded to the next higher \$1,000, if not already an even multiple, or \$500,000, whichever is less.

If you provide evidence of insurability, you can:

- Purchase more than the guaranteed issue amount³—up to six times your covered earnings,¹ rounded to the next higher \$1,000, if not already an even multiple, or \$2,500,000, whichever is less.
- Increase your life insurance coverage at any time, up to the maximum allowed.

Life Status Change

Within 30 days of a change in marital status, birth/adoption of a child, purchase of a primary home, death of a spouse/domestic partner or child, or a change in the Basic Life Insurance plan available to you in which you are no longer insured for benefits, you can purchase an additional guaranteed issue amount³ of one times your covered annual earnings, up to the maximum allowed.

Coverage for Your Spouse/Domestic Partner

You can purchase coverage for your eligible spouse/domestic partner in the following amounts:

- \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$100,000, \$150,000, or \$200,000.

Coverage for a spouse/domestic partner cannot exceed 100% of the employee's eligible coverage amount.

- Guaranteed issue amount³ available for your spouse/domestic partner during your first 30 days of eligibility without evidence of insurability: \$10,000 or \$20,000.
- The guaranteed issue amount³ is also available for your new spouse/domestic partner within 30 days of your marriage date without evidence of insurability.

If your spouse/domestic partner provides evidence of insurability, you can purchase:

- Coverage up to \$200,000.

To be eligible for coverage, your spouse/domestic partner must be younger than age 65.

For coverage to become effective, your spouse/domestic partner must not be: hospitalized, confined at home under the care of a doctor, receiving disability benefits, or unable to perform the normal daily activities of a person of the same age and sex.

Coverage for Your Children

If you elect GUL for yourself or your spouse/domestic partner, you may also purchase term insurance for all of your dependent children who are at least 15 days old and younger than 26 years old, or 26 years of age or older and primarily supported by the employee and incapable of self-sustaining employment because of a mental or physical handicap.

For just one premium, you can cover all of your dependent children for one of the following amounts:

- You can obtain \$5,000 or \$10,000 in guaranteed issue amounts³ of term insurance coverage if you apply for coverage for your child(ren). When your child(ren) no longer qualifies as a dependent, they are eligible to apply for GUL coverage as an adult.
- For your children's coverage to be effective, they must not be hospitalized or confined at home under the care of a doctor.
- A Dependent Child(ren) may be covered under the Insured Employee or the Insured Spouse/Domestic Partner, but not under both.

Group Universal Life Insurance

Monthly Cost of Insurance

Use the charts below to determine the monthly cost of GUL coverage only. To determine the cost of coverage, find your age or your spouse's/domestic partner's age in the left column of the chart below, then read across to find the monthly cost of insurance for each \$1,000 of coverage. These costs do not reflect any money going into the CAF.

Rates are subject to change but will not exceed the guaranteed maximum cost of insurance shown in your certificate. If you terminate active employment with Insperty, higher rates may apply.

Age of Employee or Spouse/ Domestic Partner*	Monthly Cost of Insurance (Rates per \$1,000)
Under 25	\$0.045
25-29	0.054
30-34	0.072
35-39	0.090
40-44	0.126
45-49	0.198
50-54	0.360
55-59	0.585
60-64	0.882
65-69	1.476
70+	1.854

Dependent Child Coverage Rates	
\$5,000 of coverage for all your dependent children	\$0.90 per month
\$10,000 of coverage for all your dependent children	\$1.80 per month

*Your age for calculating monthly cost of insurance will be updated on each January 1.

Information On Coverage

- The death benefit, or an increase in the death benefit, will be limited to a refund of premium if an insured commits suicide within the first two years of the effective date of the GUL coverage or within two years of the effective date of an increase in coverage, unless limited by applicable state law.
- No one can be covered as an employee and a dependent at the same time, or as the dependent of two employees, even if eligible.
- If you meet the eligibility requirements, Cigna receives your online or paper insurance application within 30 days of your eligibility date and you apply for an amount of life insurance coverage that is less than or equal to the guaranteed issue amount,³ your coverage will take effect on the later of the date you become eligible or the date Cigna receives the online or paper insurance application. Provided your dependents' applications have been received, their coverage will take effect on the later of your coverage effective date or the date they become eligible.
- If you or your dependents apply for an amount of life insurance coverage that is greater than the guaranteed issue amount,³ or apply 30 days or more after becoming eligible, coverage will take effect on the date Cigna agrees in writing to cover you or your dependents. You may need to have a medical exam or provide a physician's statement for coverage greater than the guaranteed issue amount.³
- If your employment status with Insperty changes or ends, you can continue your coverage on an individual basis. Premiums for your coverage will be billed directly to you at home. Higher rates may apply.
- Employee or spouse/domestic partner coverage will end on the earliest of the following dates: when you cancel the coverage, when the group policy is canceled, when the premiums are not paid, on the Endowment Benefit Date (which is the policy anniversary date following the insured's 99th birthday), when the insured dies, or, for eligible employees of employers that are an Applicable Large Employer under the Affordable Care Act, when eligibility is lost due to reaching the conclusion of the Stability Period, unless eligibility is continued due to meeting the criteria for the Stability Period immediately following the current Stability Periods conclusion.

If coverage ends because the group policy is cancelled and you have been insured under the plan for at least two years, you may be eligible to convert up to \$10,000 coverage into a whole life policy, less any amount which you may be eligible to continue or replace under a Successor Plan.
- Dependent children coverage will end when your coverage ends (or when your spouse's/domestic partner's coverage ends, if their coverage is on the spouse's/domestic partner's certificate); you cancel their coverage; when they are no longer eligible; or when the insured dies, whichever occurs first.

If you apply for coverage during a guaranteed issue period and your request for coverage exceeds the guaranteed issue levels or amounts, only the coverage amounts ABOVE the guaranteed issue limits will be subject to insurability requirements. Below is an example showing the amounts above guaranteed issue limits that would be subject to insurability requirements:

Covered Earnings ¹	Covered Earnings Multiple Elected	Total Coverage Requested	Amount Guaranteed	Amount Subject to Approval
\$ 50,000	6 times	\$300,000	\$150,000	\$150,000
\$300,000	2 times	\$600,000	\$500,000	\$100,000

Voluntary Personal Accident Insurance Plan Features

Voluntary Personal Accident Insurance (also known as Accidental Death & Dismemberment 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, pay for your children's college and even for your spouse's/domestic partner's retraining and education. If you are injured in a covered accident, this insurance can help pay for new living circumstances.

The National Safety Council (NSC) reports that in the U.S. the entire population of a city—about 121,000—died in 2010, the last year for which statistics are available, from accidents that could neither be foreseen nor prevented.⁴ That's four Americans every minute⁵ who die in motor vehicle accidents, or common household mishaps such as falls, poisoning, choking or drowning.

If that isn't sobering enough, the NSC counted more than 30 million nonfatal injuries⁶—the population of the 17 largest U.S. cities combined!⁷—in 2011, the last year for which it has compiled data. All this means that if you haven't prepared your loved ones can be facing severe financial distress if you die in an accident. If you are in an accident and survive will you be able to pay for your new lifestyle circumstances?

The answer is YES, with Insperty Voluntary Personal Accident Insurance.

What You Get From Voluntary Personal Accident Insurance

- **Large coverage, small price.** \$1.60 a month gains you \$100,000 of protection. For \$2.60 a month, you can provide \$100,000 to insure yourself and your family. You could even purchase up to \$2,500,000 of coverage.
- **Cash for you.** Voluntary Personal Accident Insurance pays you benefits if you are injured in a covered accident, not just death benefits.
- **Protection on or off the job.** Voluntary 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 Insperty or the policy is canceled, you can continue your benefits by converting to an individual plan (costs will change).
- **Begin coverage when you are ready.** You may apply for Voluntary Personal Accident Insurance coverage at any time without providing evidence of insurability.

Did you know?

- Accidents are the fifth leading cause of death for all Americans (following heart disease, cancer, chronic lower respiratory diseases and stroke).
- Accidents are the leading non-disease killer of younger Americans to age 44.
- In 2012, 63,000 accidental deaths occurred in U.S. households.

SOURCE: National Safety Council. (2014). *Injury Facts*®, 2014 Edition.

Changes in Covered Earnings

Your Voluntary Personal Accident Insurance coverage amount will increase (not to exceed plan maximum) automatically on January 1 if you have an increase to your covered earnings.¹ Your payroll deduction amount will also increase to cover the higher amount of coverage.

Beginning and Continuing Your Voluntary Personal Accident Insurance Coverage

An employee may apply for Voluntary Personal Accident Insurance coverage at any time without providing evidence of insurability. If you meet the eligibility requirements, your coverage will take effect on the latest of: the program effective date, the date you become eligible, or the date Cigna receives your completed application. Your dependents' coverage will take effect on the later of your coverage effective date or the date they become eligible, provided their application has been received and the appropriate premium paid.

If you're not actively at work* on the date you would otherwise become covered, the effective date of your insurance will be deferred until you are actively at work. For your spouse's/domestic partner's coverage to be effective you must be actively at work and your spouse/domestic partner must not be hospitalized, confined at home under the care of a doctor, receiving disability benefits, or unable to perform the normal daily activities of a person of the same age and sex. For your children's coverage to be effective, you must be actively at work and your children must not be hospitalized, confined at home under the care of a doctor, receiving disability benefits, or unable to perform the normal daily activities of a person of the same age and sex.

Your coverage will continue for up to 12 weeks (or any longer period required by applicable state or federal law) during employer-approved leave of absence, including Family Medical Leave, as long as Insperty 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. Coverage for your spouse/domestic partner and dependent children ends when your coverage ends, when their premiums are not paid, or when they're no longer eligible, whichever occurs first.

Changing from Group to Individual Coverage

If this group coverage ends before you reach age 70, you can convert to an individual policy.

Reasons for the group coverage to end may include:

- employment ends; (Termination will not affect a claim for a Covered Loss or Covered Injury that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.)
- eligibility ends (except for age for the Employee or Covered Spouse/Domestic Partner);
- the insured does not comply with the terms and conditions of the insurance coverage;

**Any guaranteed issue coverage for eligible employees who apply while on an approved leave of absence becomes effective on the first day the employee returns to Active Service. If while out on an approved leave of absence, the employee becomes ineligible for these benefits as defined in the Certificate of Coverage, and later regains eligibility, a new application period may be available.*

- eligibility is lost due to reaching the conclusion of the Stability Period, unless eligibility is

continued due to meeting the criteria for the Stability Period immediately following the current Stability Periods conclusion (applies to eligible employees of employers that are Applicable Large Employers under the Affordable Care Act only).

You may have Cigna issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. If your group coverage ends due to non-payment of premiums, you may not convert your 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 within 62 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 of coverage.

Additionally, if your insurance ends because this Group Policy is terminated and you have been covered under this Group Policy for at least five years, you may have Cigna issue an individual policy or certificate of accident insurance.

Extension of Conversion Period

If you are eligible for conversion and are not notified of this right at least 31 days prior to the end of the 62 day conversion period, the conversion period will be extended. You will have 31 days from the date notice is given to apply for a converted policy or certificate of coverage. In no event will the conversion period be extended beyond 105 days.

If you sustain a covered loss or die during the extended conversion period, but more than 31 days after your coverage under the Group Policy terminates, benefits will not be paid under the Group Policy.

If your application for a converted policy or certificate is received by Cigna and the required premium is paid, benefits may be payable under the converted policy or certificate of coverage.

Voluntary Personal Accident Insurance Plan Summary

It's everywhere you are.

Because you never know when or where an accident is going to happen, Voluntary 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/domestic partner, 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 \$2,500,000 worth of coverage, depending on your needs and budget.

It's convertible.

If your employment status with Insperty changes or ends, or the policy is cancelled, you can continue your coverage on an individual basis.

Who Is Eligible?

You are an eligible employee, as defined by Insperty (refer to the General Definitions page in the brochure for a complete eligibility definition), or you are an Insperty employee who meets the requirement for continuing eligibility during an approved leave of absence.

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

Your children are eligible from live birth to 26 years of age or 26 years of age or older if primarily supported by you and cannot be sustainably employed because of a mental or physical handicap.

No one can be covered as an employee and a dependent at the same time, or as the dependent of two employees, even if eligible.

Coverage

Through the Voluntary 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 1, 2, 3, 4, 5 or 6 times your covered earnings¹ rounded to the next higher \$1,000, if not already an even multiple, to a maximum of \$2,500,000.

Personal and Family Coverage

If you select family coverage for you and your family and you have no children, your spouse/domestic partner will be covered for 60% of your benefit amount. If you have dependent children but no spouse/domestic partner, your children will be covered for 15% of your benefit amount. If you select family coverage and have a spouse/domestic partner and children, your spouse/domestic partner will be covered for 50% of your benefit amount and your children for 10%. (The premium is the same, regardless of the number of children covered.) The maximum benefit for a spouse/domestic partner is \$1,500,000; for children, the maximum benefit amount is \$50,000.

When Coverage Takes Effect

The effective date of this coverage depends on the date coverage is elected and the date the online or paper insurance application is received by Cigna. The effective date of this insurance is the later of the program's effective date, the date you become eligible, or the date Cigna receives your completed application.

If you are not actively at work on the date coverage would become effective, coverage will become effective on the first day the employee returns to Active Service. If while out on an approved leave of absence, the employee becomes ineligible for these benefits as defined in the Certificate of Coverage and later regains eligibility, a new application period may be available.

Benefit Reductions

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

At age 70	Benefits will be reduced to 70% of the benefit amount selected.
At age 75	Benefits will be reduced to 45% of the benefit amount selected.
At age 80	Benefits will be reduced to 30% of the benefit amount selected.
At age 85	Benefits will be reduced to 15% of the benefit amount selected.

If you elect coverage for your family members, Voluntary Personal Accident Insurance benefits for your insured family members will be based on your selected benefit amount. Other program benefits based on your selected benefit amount will be determined by this reduction 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.

A Valuable Combination of Benefits

To help protect yourself and your family against losses due to accidents, Voluntary 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 paralysis, dismemberment, loss of eyesight, speech, or hearing.

Accidental Death and Dismemberment Benefit Schedule

If, within 365 days of a covered accident, bodily injuries result in:	Cigna will pay this % of the benefit amount	
	You or Your Spouse/ Domestic Partner	Your Children
Accidental loss of life	100%	100%
Total paralysis of both upper and lower limbs Loss of any two: hand, foot or eyesight Loss of speech and hearing in both ears	100%	200%
Loss of one hand, foot, or sight in one eye Loss of speech or loss of hearing in both ears Total paralysis of both legs Total paralysis of arm and leg on one side of the body	50%	100%
Loss of thumb and index finger on same hand	25%	50%

Voluntary Personal Accident Insurance Monthly Cost of Insurance

How much will Voluntary Personal Accident Insurance cost? It depends on the amount of coverage you feel you need, how much coverage you elect and whether or not you elect Family Coverage. Keep in mind that you can increase or decrease your coverage at any time.

Monthly Cost of Insurance

Employee Only	\$0.016 per \$1,000 of coverage
Employee and Family	\$0.026 per \$1,000 of coverage

Examples:

Employee only coverage: if your covered earnings¹ are \$45,000, and you elect coverage of three times your earnings, or \$135,000, your cost for Voluntary Personal Accident Insurance would be $\$135,000 \div 1,000 \times \$0.016 = \$2.16$ per month

Employee and family coverage: if your covered earnings¹ are \$45,000, and you elect coverage of three times your earnings, or \$135,000, your cost for Voluntary Personal Accident Insurance would be $\$135,000 \div 1,000 \times \$0.026 = \$3.51$ per month

Additional Benefits for Voluntary Personal Accident Insurance

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/domestic partner may need to enhance work skills or acquire new ones. In addition to the benefits previously outlined, Voluntary Personal Accident Insurance provides benefits to help meet special needs and respond to special circumstances. Those additional benefits include: Exposure and Disappearance, the Benefit for Children Requiring Special Care, the Education Benefit, Child Care Expenses, Coma Benefit and the Supplemental Restraint Benefit.

Exposure and Disappearance

This benefit pays for covered losses resulting from unavoidable exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you are traveling. It also allows the presumption of death if your body is not found within a year of a covered accident.

The Benefit for Children Requiring Special Care

This increased benefit can help you cope with ongoing financial obligations if your child is severely injured in a covered accident. It can provide you with the additional money you would need if your child required continuous medical attention, rehabilitation services, or a specialized educational environment. If your insured child suffers a covered accidental injury we will double the benefit amount up to \$100,000. If your child subsequently dies within 90 days of the covered accident, then we will pay only the death benefit payable under the plan. The Accidental Death and Dismemberment Schedule on page 16 shows this additional benefit.

Child Care Expenses

If you have elected to cover your family members and you or your insured spouse/domestic partner dies as a result of a covered accident, Voluntary Personal Accident Insurance will pay an additional benefit to help pay for your children's child care expenses.

To receive the Child Care Center Benefit you must have a surviving child under 13 who is enrolled in a licensed child care center at the time of your death, or within one year afterward. The following conditions will apply:

- This benefit will be an annual sum for each covered child of actual charges up to 3% of your benefit amount, but not more than \$3,000 a year for up to five years, or until the dependent child's 13th birthday, whichever occurs first.
- We will make the payment to the child's surviving custodial parent or legal guardian. Each payment will be made to the end of a 12-month period in which there were documented child care center expenses.
- If at the time of the accident family coverage is in force but there is no dependent child who qualifies, we will pay an additional benefit of \$1,500 to you or your beneficiary.

The Education Benefit

If you are the primary source of income for your family, the loss of that income could be devastating to your family, especially if a college education for your children is one of your long-term goals. What's more your spouse/domestic partner might need to go back to school in order to gain new skills for employment. Voluntary Personal Accident Insurance provides benefits for training or education, as follows:

■ *For your children.* If you die in a covered accident, we will pay an extra benefit for each insured child who is enrolled in college or is in the 12th grade and enrolls in college within one year of the accident. To help pay college expenses, we will increase your benefit amount by actual charges up to 5% or \$5,000, whichever is less, for each qualifying child. This benefit is payable each year for four consecutive years, as long as your children continue their college education.

■ *For your spouse/domestic partner.* If, within one year of your death in a covered accident, your spouse/domestic partner enrolls in an accredited school to gain skills needed for employment, we will pay the actual cost of this education or training program for up to one year after enrollment begins, up to \$5,000. If your spouse/domestic partner doesn't elect this education program and you have no dependent children, we will pay an additional \$1,000 to your beneficiary.

Coma Benefit

Voluntary Personal Accident Insurance pays an additional benefit if you or an insured family member enters a coma. If you, your spouse/domestic partner, or your children are in a coma as a result of a covered accident, we will pay a Coma Benefit as long as the insured person entered the coma within 31 days of the accident. After the insured person has been in a coma for 31 days, we will begin to make monthly payments of 1% of the covered person's full benefit amount. We will make 11 monthly payments provided the person remains in a coma during this period. If the person recovers, the payments will stop. If the insured person dies as a result of a covered accident while the monthly Coma Benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump-sum payment equal to the full benefit amount, minus any amounts we have paid or owe under the schedule of losses. This lump-sum payment will end the insured person's coverage under the policy. No further benefit will be paid.

The Supplemental Restraint Benefit

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, Voluntary 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). This additional Seat Belt Benefit will be no less than \$1,000 or no more than \$25,000. Cigna will pay an additional 5%, or \$12,500, if the insured is killed in an accident and was positioned in a seat protected by a properly functioning, original, factory-installed supplemental restraint system that inflates on impact. If it isn't clear whether the insured had been wearing the required protection or whether the supplemental restraint system inflated properly, the program 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.

Losses not Covered by Voluntary Personal Accident Insurance

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

- Intentionally self-inflicted injuries or suicide, while sane or insane
- Voluntary self-administration of any drug or chemical substance not prescribed by and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.)
- Any felony or assault committed by or attempted by the insured
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment for these conditions. (This doesn't include a bacterial infection resulting from an accidental bodily injury or accidental food poisoning.)
- War or any act of war, declared or undeclared
- Injuries sustained while you are on full-time active duty in the armed forces for more than 30 days
- Travel in an aircraft that is owned, leased, or controlled by the Employer or employer, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Employer or employer if the aircraft may be used as the Employer or employer wishes for more than 10 straight days, or more than 15 days in any year
- Travel in an experimental aircraft or aircraft used or designed for use beyond the earth's atmosphere
- Travel in an aircraft operated by a military authority other than Air Mobility Command (AMC) or similar foreign service
- Being a pilot or crew member in any aircraft
- Travel in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as a passenger on a regularly scheduled commercial airline, or being used for any operation that requires a special permit from the FAA, even if it's granted (this does not apply if the permit is required only because of the territory flown over or landed on)

*A validly registered four-wheel private passenger or policyholder-owned car, station wagon, jeep, pickup truck, or van-type car.

Voluntary Disability Insurance Plan Features

Could you make ends meet if a disabling sickness or injury made you unable to return to your job? If you were to become disabled by a covered sickness or injury, Voluntary Disability Insurance can help you keep up with your bills and maintain your standard of living with a specific benefit to help you with expenses.

What You Get From Voluntary Disability Insurance

- **Cash for you now.** You may receive up to 60% of your weekly Covered Earnings¹ to a weekly maximum of \$2,308 during the first 24 weeks of disability payments. Elimination period is 14 days from either accident or sickness.
- **Cash for you later.** After your weekly benefits stop, you may receive monthly benefits up to 60% of your monthly Covered Earnings¹, to a monthly maximum of \$10,000.
- **Cash for your spouse/domestic partner.** Under certain circumstances while you are disabled, your spouse/domestic partner may receive benefits to pay expenses for education, job placement, retraining and moving. Consult the "Definitions and Additional Information Related to Disability" section for details on Spouse/Domestic Partner Rehabilitation Services.
- **Cash for your family.** If you die while receiving monthly disability benefits, Cigna pays a Family Survivor Benefit based on 100% of the total of your last month's benefit, plus any other earnings by which this benefit had been reduced. This program pays a single lump sum, equal to six monthly survivor benefits.
- **Cash while you're back at work.** You may continue to receive benefits if you return to work but continue to meet the definition of "disability." Consult the "Definitions and Additional Information Related to Disability" section for details on the Work Incentive Benefit.
- **Easy claim filing.** Customer service representatives are a toll-free phone call away to answer your questions.
- **Yours for the asking.** If you apply for coverage under this plan within 30 days of your eligibility date, you will not have to answer medical questions. After that time, you will need to provide evidence of good health, which could require a medical exam you'd have to pay for.
- **Large coverage, small price.** Depending on your age and monthly earnings, you could receive this protection for an affordable price.
- **Convenience.** Your premiums are deducted from your paycheck, so you can be confident that your coverage is always up-to-date.

Did you know?

- Almost 3 in 5 of those receiving Social Security disability benefits in 2009 were under retirement age. More than half had no other income.

SOURCE: SSI Annual Statistical Report, 2009 (Released September 2010), viewed at http://www.ssa.gov/policy/docs/statcomps/ssi_asr/ on March 21, 2011.

- Disabilities in 2010 cost each working American about \$2,300 out-of-pocket in taxes, treatment and other costs.

SOURCE: SSI Annual Statistical Report, 2009 (Released September 2010), viewed at http://www.ssa.gov/policy/docs/statcomps/ssi_asr/ on March 21, 2011.

- The number of approvals for Social Security disability benefits declined by 10 percent in 2009, although more Americans than ever applied almost 3 million.

SOURCE: "Disabled Workers Applications For Disability Benefits & Benefit Awards," Social Security Administration, viewed at <http://www.ssa.gov/OACT/STATS/table6c7.html> on March 21, 2011.

Voluntary Disability Insurance is designed to help you meet your financial obligations if you cannot work as a result of a covered injury or sickness. The monthly disability benefit provided by this program is a total benefit; that is, it will be reduced by any Social Security retirement and/or disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving these benefits. Your disability benefits will not be reduced by any Social Security disability benefits you might receive in the future, as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive these benefits.

Other income sources that may reduce your benefits under this program include:

- Employer-paid portion of company retirement plan benefits
- Amounts payable under local, state/provincial or federal government disability or retirement law, or other state or federal laws, including those governing workers compensation (including temporary or permanent disability benefits), occupational disease and unemployment compensation. This includes damages, compromises, or settlements paid in place of such benefits
- Amounts payable by any franchise or group insurance or similar plan
- Benefits payable by a Canadian and/or Quebec provincial pension plan
- Benefits payable under work-loss provisions of any mandatory "no fault" auto insurance
- Amounts of any wage or salary earned for work performed during your disability
- Any amount on account of sick leave or as salary continuation, paid by the Employer on account of the Employee's disability. For purposes of this provision, "salary continuation" includes any payment, whether or not made under a plan, on account of the Employee's disability, but does not include any payment for any period during the first 6 months of disability to the extent that, when added to the Gross Disability Benefit, the total of such payments would not exceed 100% of Covered Earnings¹

Income sources that will not reduce your benefits under this program are:

- Benefits paid by personal, individual disability income policies
- Individual deferred compensation agreements
- Employee savings plans, including thrift plans, stock options or stock bonuses
- Individual retirement funds, such as IRA or 401(k) plans
- Profit-sharing, investment or other retirement or savings plans

Limitations

Long-Term Disability Pre-existing Conditions

Pre-existing conditions are those for which you have incurred expenses; taken prescription drugs; received medical treatment, care or services (including diagnostic measures) during the three months immediately prior to the most recent effective date of insurance. This program does not pay benefits for any disability resulting from a pre-existing condition unless the disability occurs after you have been covered under this program for 12 consecutive months.

Limited Benefit Periods for Mental or Nervous Disorders (Applies to Monthly Benefits only)

The Insurance Company will pay Disability Benefits on a limited basis during an Employee's lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Anxiety disorders
- 2) Delusional (paranoid) disorders
- 3) Depressive disorders
- 4) Eating disorders
- 5) Mental illness
- 6) Somatoform disorders (psychosomatic illness)

If, before reaching his or her lifetime maximum benefit, an Employee is confined in a hospital for more than 14 consecutive days, that period of confinement will not count against his or her lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse (Applies to Monthly Benefits only)

The Insurance Company will pay Disability Benefits on a limited basis during an Employee's lifetime for a Disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly Disability Benefits have been paid, no further benefits will be payable for any of the following conditions.

- 1) Alcoholism
- 2) Drug addiction or abuse

If, before reaching his or her lifetime maximum benefit, an Employee is confined in a hospital for more than 14 consecutive days, that period of confinement will not count against his or her lifetime limit. The confinement must be for the Appropriate Care of any of the conditions listed above.

Benefit Period

Once you qualify for benefits under this program you continue to receive them until the end of the benefit period or until you no longer qualify for benefits whichever occurs first. (We will ask you to periodically furnish proof of your continuing disability.) Short-term disability benefits will be paid weekly. Long-term disability benefits will be paid monthly. Your benefit period begins on the first day after you complete your elimination period. Should you remain disabled, your benefits will continue according to the schedule below, depending on your age at the time you become disabled. Benefits payable under this program will terminate on the earliest of any date indicated below:

- The date we determine you are no longer disabled
- The date the maximum benefit period ends (see chart below)
- The date you cease to get appropriate care
- The date you refuse to participate without good cause in all required phases of the rehabilitation plan*

Age at Commencement of Disability	Duration of Benefit Period
Age 62 or younger	To age 65 or the date the 42nd monthly benefit is payable, if later.
63 years	36 monthly payments
64 years	30 monthly payments
65 years	24 monthly payments
66 years	21 monthly payments
67 years	18 monthly payments
68 years	15 monthly payments
69 years or older	12 monthly payments

*Benefits may be resumed if you begin to cooperate in the rehabilitation plan or transitional work arrangement within 30 days of the date benefits terminated.

- The date you refuse to participate without good cause in a transitional work arrangement or other modified work arrangement*
- The date you fail to cooperate with us in the administration of your claim
- The date you die

Continuation

Your Disability Insurance will continue if your Active Service ends because of a Disability for which benefits under the Policy are or may become payable. Your premiums will be waived while Disability Benefits are payable. If you do not return to Active Service, this insurance ends when your Disability ends or when benefits are no longer payable, whichever occurs first.

If your Active Service ends due to an approved leave pursuant to the Family and Medical Leave Act (FMLA), insurance will continue for up to 12 weeks or the leave period required by federal or law in the state in which you are employed. Premiums are required for this coverage.

If your Active Service ends due to an Employer approved leave of absence, insurance will continue for up to 12 weeks. Premiums are required for this coverage.

If your Active Service ends due to any other excused short term absence from work that is reported to the Employer timely in accordance with the Employer's reporting requirements for such short term absence, your insurance will continue until the earlier of:

- the date your employment relationship with the Employer terminates;
- the date premiums are not paid when due;
- the end of the 30 day period that begins with the first day of such excused absence;
- the end of the period for which such short term absence is excused by the Employer.

Conversion

In addition, this program includes a long-term disability conversion privilege feature. Under this feature, you may be eligible to become insured under a separate disability policy if you should leave your current employment with Insperity or if your coverage ends as the result of an approved leave of absence exceeding 12 weeks (or any longer period required by applicable state or federal law). Conversion is not available in certain situations for example when you are retired, reach age 70, not in active service because of disability or you have not been covered under the policy for 12 consecutive months.

Termination of Coverage

Your coverage under this program will end on the earliest of any of the following dates:

- The date you're no longer an active employee of Insperity
- The date you are no longer a member of an eligible class of employees
- The date the policy is terminated by Cigna or Insperity
- The day after the last date for which a premium has been paid by you or Insperity
- The date you become eligible for a program of benefits intended to replace this coverage
- The date you are no longer in active service
- The date benefits end because you did not comply with the terms and conditions of the policy

- The date eligibility is lost due to reaching the conclusion of the Stability Period, unless eligibility is continued due to meeting the criteria for the Stability Period immediately following the current Stability Periods conclusion (applies to eligible employees of an employer that are an Applicable Large Employer under the Affordable Care Act only)

If you are receiving disability benefits when the policy terminates, disability benefits will continue if you remain disabled and meet the requirements for the insurance. Any later period of disability, regardless of cause, that begins when you are eligible under other disability coverage provided by any employer, will not be covered.

Exclusions

The Insurance Company will not pay any Disability Benefits for a Disability that results, directly or indirectly, from:

1. suicide, attempted suicide, or self-inflicted injury while sane or insane
2. war or any act of war, whether or not declared
3. active participation in a riot
4. commission of a felony
5. the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy
6. any cosmetic surgery or surgical procedure that is not Medically Necessary; "Medically Necessary" means the surgical procedure is: (a) prescribed by a Physician as required treatment of the Injury or Sickness; and (b) appropriate according to conventional medical practice for the Injury or Sickness in the locality in which the surgery is performed. (The Insurance Company will pay benefits if the Disability is caused by the Employee donating an organ in a non-experimental organ transplant procedure.)

In addition, the Insurance Company will not pay Disability Benefits for any period of Disability during which the Employee is incarcerated in a penal or corrections institution.

Voluntary Disability Insurance Plan Summary

Eligibility for Coverage

You are an eligible employee, as defined by Insperity (refer to the General Definitions page in the brochure for a complete eligibility definition), or you are an Insperity employee who meets the requirement for continuing eligibility during an approved leave of absence.

When Coverage Takes Effect

An eligible employee may elect to be covered only by authorizing payroll deductions in a form approved by Insperity and Cigna. The effective date of this coverage depends on the date coverage is elected and the date the online or paper insurance application is received by Cigna. The effective date of this insurance is the later of the program's effective date, the date you become eligible, the date Cigna receives your completed online or paper insurance application or the date the application is signed.

Minimum Disability Benefit

Your benefits from this program will never be less than one of the following amounts:

- After the two week Benefit Waiting Period, the first 24 weeks: \$25 or 10% of your weekly benefit, whichever is greater; and
- Week 25 through the end of your disability: \$100 or 10% of your monthly benefit amount, whichever is greater

If there is an overpayment due, this benefit may be reduced to recover the overpayment.

Voluntary Disability Insurance

Monthly Cost of Insurance

How Much Your Coverage Will Cost

You pay for the cost of Voluntary Disability Insurance. Use the below chart to help you calculate your monthly cost of coverage. You must authorize payroll deductions for the monthly cost of insurance payments.

If you are between these ages	Your cost Per \$100 of Monthly Covered Earnings
18 - 29	\$0.234
30 - 34	0.383
35 - 39	0.542
40 - 44	0.748
45 - 49	1.038
50 - 54	1.337
55 - 59	1.496
60 - 64	1.178
65 - 69	0.926
70+	0.673

Rates are calculated based on monthly covered earnings up to a maximum of \$16,667.

Costs are subject to change

Definitions and Additional Information Related to Disability

To receive disability benefits you must be disabled as a result of a covered injury or sickness and you must be under the appropriate care of a licensed, practicing physician who is qualified to treat your disability.

Disabled means that, solely because of a covered injury or sickness, you are unable to perform all of the material duties of your regular occupation, or you are unable to earn 80% or more of your indexed covered earnings.¹ After 30 months of disability, you are considered disabled if, solely due to your injury or sickness, you are unable to perform all the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, or you are unable to earn more than 80% of your indexed covered earnings.¹ Cigna will require proof of earnings and continued disability.

Injury means any accidental loss or bodily harm.

Sickness means any physical or mental illness.

Accident means a sudden, unforeseeable event that causes bodily injury within 90 days of the event and occurs while you are covered under this plan.

Appropriate Care means the determination of an accurate and medically supported diagnosis of your disability, or ongoing medical treatment conforming to generally accepted medical standards, regarding care and frequency of treatment, by a licensed physician.

Elimination Period is the period of time an employee must be continuously disabled before disability benefits are payable.

Regular Occupation means the occupation you routinely perform at the time your disability begins. In evaluating your disability, Cigna will consider the duties of your occupation as it is normally performed in the general labor market in the national economy.

Indexed Covered Earnings are the same as covered earnings¹ for the first 12 months of benefit payments. After the 12th month of benefit payments we apply an increase to your covered earnings amount¹ and refer to this as "indexed covered earnings" in order to calculate the maximum benefit payable under this program when combined with other income benefits you may be eligible to receive. The amount of the increase we apply is the lesser of either 10% or the rate specified in the Consumer Price Index for Urban Wage Earnings and Clerical Workers (CPIW) for the preceding calendar year. We do not reduce indexed covered earnings¹ if the CPIW drops. If the CPIW is ever discontinued, we will use a comparable national index to calculate indexed covered earnings.¹

Work Incentive Benefit: You may continue to receive benefits if you return to work but continue to meet the definition of disability. While weekly benefits are payable and throughout the first 30 months of disability, benefits will be reduced so that the combination of this program's benefit, work earnings and other income benefits do not exceed 100% of your predisability indexed covered earnings. After the first 30 months of disability, benefits payable under this program are reduced by 50% of your actual work earnings. If you return to work while benefits are payable, but are not performing to the level of

your optimum ability in that work—as determined by independent medical specialists qualified to make such an evaluation—the benefits payable under this program will be reduced by the difference between what you actually earn and what you would be earning if working to the level considered by those specialists to be your optimum ability.

Recurrent Disability Feature: If you return to work after receiving benefits under this program, then again become disabled from the same or a related cause, you will not have to fulfill another elimination period unless you have worked six or more consecutive months during which you earn 80% or more of your indexed covered earnings. The disability would be considered a continuation of your initial claim. If the second disability recurs beyond these limits or results from a cause unrelated to the first, you must file a new claim and fulfill a new elimination period.

Rehabilitation Services: If you're offered a rehabilitative assistance program, we'll work with you during the course of your elimination period or while benefits are payable. You'll be expected to cooperate with the implementation of that assistance program. If you refuse such assistance without good cause (e.g., a medically substantiated reason), disability benefits will not be payable and coverage under this plan will end. Coverage may be reinstated and benefits resumed, if, within 30 days of the termination date of your benefits, you agree to participate in the rehabilitation efforts.

Spouse/Domestic Partner Rehabilitation Services: While you're disabled, your spouse/domestic partner may, at Cigna's option, be eligible to participate in a rehabilitation plan. The spouse's/domestic partner's rehabilitation plan may include payment of your spouse's/domestic partner's education expenses, reasonable job placement expenses and moving expenses. It may also include family care expenses if necessary for your spouse/domestic partner to be retrained under the rehabilitation plan.

To be eligible you must be continuously disabled for 12 months, your spouse's/domestic partner's earnings must be 60% or less than your earnings and Cigna must determine your spouse/domestic partner to be a suitable candidate for rehabilitation. Spouse means your lawful spouse living with you on the date your disability begins. Domestic Partner means any person with whom the Employee has registered as such, under any governmental law or ordinance. "Domestic Partner" shall also include partners to a Civil Union registered under any such law. Such person will continue to be recognized as a Domestic Partner unless and until: (1) the Domestic Partnership is dissolved under applicable law; or (2) either the Employee or the Domestic Partner marries another person.

Your monthly benefits will be reduced by 50% of your spouse's/domestic partner's earnings from rehabilitative work. If your spouse/domestic partner was working before the rehabilitation plan began, monthly benefits will be reduced by 50% of the increase in income that results from a spouse's/domestic partner's participation in the program.

General Definitions

Active Service

An Employee is in Active Service on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. The Employee is performing his or her regular occupation for the employer on a full-time basis at one of the employer's usual places of business or at some location to which the employer's business requires an Employee to travel.
2. The day is a scheduled holiday or vacation day and the Employee was performing his or her regular occupation on the preceding scheduled work day.

An Employee is in Active Service on a day which is not one of the employer's scheduled work days only if he or she was in Active Service on the preceding scheduled work day.

Covered Earnings

For Full-Time Employees Covered Earnings means an Employee's base annual salary or estimated annual earnings based on a standard hourly rate, multiplied by 2080, as reported by the Employer for any work performed for the Employer as in effect just prior to the date of the covered loss. It includes amounts received as commissions, piece work, fee based and for ordained, commissioned or licensed ministers only, any housing allowance paid by the Employer to the Employee, whether or not such allowance is subject to federal or state income tax, but not bonuses, overtime pay, special pay or any other form of extra compensation.

A Leave of Absence Employee's Covered Earnings will be his rate in effect prior to going on a Leave of Absence.

Commissions, piece work, fee based pay and any minister housing allowance will be averaged for the 12 months of Active Service just prior to the date of the covered loss.

For Employees employed less than 12 months, a prorated amount of the year-to-date commissions, piece work, fee-based pay and minister housing allowance earned will be prorated by dividing by the number of days in Active Service immediately prior to the date of the covered loss and the date of hire with the Employer, multiplied by 365.

For eligible Employees of employers that are Applicable Large Employers under the Affordable Care Act only, Covered Earnings means your estimated annual earnings, averaged for the 12 months of Active Service just prior to the date of the covered loss. It includes salary pay, hourly pay, commissions, piece work, fee based pay and for ordained, commissioned or licensed ministers only, any housing allowance paid by the Employer to the Employee, whether or not such allowance is subject to federal or state income tax, but not bonuses, overtime pay, special pay, or any other form of extra compensation. For Employees employed less than 12 months, a prorated amount of the year-to-date salary, hourly pay, commissions, piece work, fee based pay and minister housing allowance earned will be prorated by dividing by the number of days in Active Service immediately prior to the date of the covered loss and the date of hire with the Employer, multiplied by 365.

Domestic Partner

Refer to the Domestic Partner Information page in this brochure.

Eligible Employees

The following individuals are considered eligible Employees:

1. All Full-Time Employees in Active Service who have satisfied any applicable waiting period set forth in the contract between the Employer and the employer.
2. All Employees of employers that are Applicable Large Employers under the Affordable Care Act (as determined by Employer), who are in Active Service and determined to be full-time based on hours worked over the Employer's 12 month measurement period, as set forth below:
 - a. For newly hired Employees, the 12 month period following the Employee's date of hire with the employer
 - b. For ongoing Employees, the 12 month period beginning on Jan. 1 of each year
3. Part-time or seasonal Employees of employers that are Applicable Large Employers under the Affordable Care Act (as determined by Employer), who are in Active Service and in the Employer's 12 month stability period, as set forth below:
 - For newly hired Employees, the 12 month period immediately following the measurement period that begins on the Employee's date of hire with the employer
 - For ongoing Employees, the 12 month period beginning on Jan. 1 that follows the measurement period for ongoing Employees in which the Employee was determined to be working 30 or more hours per week, on average

Full-time means working a minimum of 30 hours per week (20 hours in Hawaii) on average or classified as "full-time" under the Patient Protection and Affordable Care Act based on a schedule set by the employer.

Applicable Large Employer (ALE):

An employer that employed, on average, at least 50 full-time employees (including full-time equivalent employees), as defined by the ACA, on business days during the preceding calendar year. Contact InSperty if you have questions concerning ALE determinations and whether you are an Employee subject to these rules.

Affordable Care Act (ACA):

The federal health care reform legislation that was enacted in 2010, as amended.

Special Terms Applicable to Employees of employers who are Applicable Large Employers:

The following rules will apply to Employees of employers that are determined to be Applicable Large Employers under the Affordable Care Act (as determined by Employer) at the time the employer commences their contract with the Employer:

- Employees in Active Service who are in a stability period with the employer at the time the employer's contract with Employer takes effect will be treated as Full-Time Employees eligible for coverage for the duration of the Employer's ongoing stability period (i.e., Jan. 1 – Dec. 31).
- Employees in Active Service with the employer at the time the employer's contract with Employer takes effect will receive credit for hours worked for the employer to the extent necessary to determine whether such Employee worked 30 or more hours per week, on average, during Employer's initial or ongoing measurement period, as applicable.

The following Employees are excluded from being an Eligible Employee without regard to whether the individual is a common law Employee of the Employer:

1. Employees included in a unit of Employees covered by a collective bargaining agreement between the Employer and employee representative unless the written agreement between the Employer and the employer of such employees expressly provides for the application of the Employer's plan to the employees of such unit.
2. Any Employee who is a non-resident alien within the meaning of Section 7701(b) (1) (B) of the Internal Revenue Code of 1986, as amended (the "Code") and who receives no income within the meaning of Section 911 (d) (2) of the Code from the Employer, which constitutes income from sources in the United States under Section 861 (a) (3) of the Code.
3. A person who is paid through the payroll of a temporary agency or similar organization.
4. A person who has a written contract with the Employer which states either that he or she is not an Employee or is not entitled to participate in the Employee benefits for the Employer.
5. A person who is designated, compensated or otherwise treated as an independent contractor by the Employer.

Spouse

Except for the purpose of eligibility for insurance, the lawful spouse of an Employee, including a spouse who is divorced or widowed.

Domestic Partner Information

“Domestic Partner” means a person (of the same or opposite sex as the Eligible Employee) engaged in a spouse-like relationship with the Eligible Employee characterized by mutual caring and dependency. In addition, the Eligible Employee and Domestic Partner have to (a) be registered as domestic partners under any governmental law or ordinance or civil union law creating legal rights and obligations similar to marriage; or (b) satisfy all of the following requirements:

1. Reside in the same residence, share financial obligations (including basic living expenses) and have been each other’s sole and exclusive partner (and have publicly represented themselves as such) consistently for the prior twelve (12) month period.
2. Not be related by blood or marriage to a degree of closeness that would prohibit marriage under the laws of the state in which they reside.
3. Be at least eighteen (18) years of age and the Domestic Partner is less than 65 years of age for Group Universal Life and less than 70 years of age for Voluntary Personal Accident Insurance.
4. They are each mentally competent to consent to contract.
5. Neither is in the relationship solely for the purpose of obtaining benefits coverage.
6. Be engaged in a committed relationship of mutual caring and support and be jointly responsible for their common welfare and living expenses, as evidenced by documentation from at least two (2) of the following sources:
 - Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in real property.
 - Common ownership of a motor vehicle.
 - Proof of a joint bank account or credit accounts.
 - Proof that the Domestic Partner is the Eligible Employee’s primary beneficiary for life insurance or retirement benefits, or the primary beneficiary under the Eligible Employee’s will, or vice versa.
 - Proof that the Employee or Domestic Partner has executed a durable power of attorney or health care power of attorney, naming the other as attorney-in-fact.
 - Registration of a domestic partnership under a domestic partner or civil union law that does not create rights or obligations similar to marriage.

Important Note re: Proof of Domestic Partnership

In order to file a claim for benefits, proof of the domestic partnership as indicated above must be furnished the same as proof of a marriage. If you are applying for domestic partner coverage, it is recommended that you retain a notarized affidavit along with the documentation set forth above, or proof of your domestic partner registration, in your files in case required for a claim submission. Claim payment may be delayed if this information is not on file with the insurer at the time the claim is made. An **Affidavit of Domestic Partnership** form may be found on-line in Insperty’s Employee Service CenterSM (esc.insperty.com), or by contacting Insperty toll-free at 866.715.3552.

If you have any questions about information
in this brochure, please contact

1.800.231.1193.



¹As paid by Insperty

²You have the ability to withdraw from or borrow against your Cash Accumulation Fund. Withdrawals and loans can decrease the amount of the available death benefit. The minimum withdrawal amount is \$250, and the maximum amount is the total cash value less any outstanding loans and less any future cost of insurance already billed.

³The face amount of coverage that an insured may purchase in certain situations without satisfying the evidence of insurability requirement.

⁴National Safety Council, Injury Facts®, 2014 Edition, page 189

⁵Calculated by dividing the number of accidental deaths that year into the number of minutes in a year:
 $525,600/121,000 = 4.3$

⁶National Safety Council, Injury Facts®, 2014 Edition, page 31

⁷U.S. Census bureau, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Group Universal Life coverage is underwritten by Connecticut General Life Insurance Company. Voluntary Personal Accident and Voluntary Disability coverage are underwritten by Life Insurance Company of North America.

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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 for Group Universal Life in Policy #2433712(L104500) on Form No XX603404, for Personal Accident Insurance in Policy #OK-823223 on Form No. GA-00-1000.00, and for Disability Insurance in Policy #SLK 030024 on Form No. GA-000 1000.00. The group policies are subject to the laws of the state in which they are issued. The coverage outlined in this brochure may vary by state.