



**University of California
2011**

ARAG

The ARAG Legal Plan

The ARAG Legal Plan

This booklet describes the Benefits included in **The ARAG Legal Plan** including the available service and insurance Benefits. Final interpretation of any described Benefit is governed by the group insurance contract.

The benefits described in this booklet are available under the group insurance contract when you are an eligible Employee/Retiree and have elected to participate, and have retained your participation in accordance with the terms and conditions of the group insurance contract.

This booklet replaces any older booklets issued to you.

Except when otherwise indicated by the context of this booklet, any masculine terminology herein will also include the feminine, and the definitions of any terms in the singular also include the plural.

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Section 1

University of California

Eligibility, Enrollment, Termination and Plan

Administration Provisions

Effective Date: January 1, 2011

The following information applies to the University of California plan and supersedes any corresponding information that may be contained elsewhere in the document to which this insert is attached. The University establishes its own legal plan eligibility, enrollment and termination criteria based on the University of California Group Insurance Regulations ("Regulations") and any corresponding Administrative Supplements. Portions of these Regulations are summarized below.

A. Eligibility

The following individuals are eligible to enroll in this Plan.

Subscriber

Employee:

You are eligible if you are appointed to work at least 50% time for twelve months or more or are appointed at 100% time for three months or more or have accumulated 1,000* hours while on pay status in a twelve-month period. To remain eligible, you must maintain an average regular paid time** of at least 17.5 hours per week and continue in an eligible appointment. If your appointment is at least 50% time, your appointment form may refer to the time period as follows: "Ending date for funding purposes only; intent of appointment is indefinite (for more than one year)."

* Lecturers - see your benefits office for eligibility.

** Average Regular Paid Time - For any month, the average number of regular paid hours per week (excluding overtime, stipend or bonus time) worked in the preceding twelve (12) month period. Average regular paid time does not include full or partial months of zero paid hours when an employee works less than

43.75% of the regular paid hours available in the month due to furlough, leave without pay or initial employment.

Retiree:

A former University Employee receiving monthly benefits from a University-sponsored defined benefit plan.

You may continue University legal plan coverage as a Retiree when you start collecting retirement or disability benefits from a University-sponsored defined benefit Plan provided that you also meet the following requirements:

- (a) you meet the University's service credit requirements for Retiree medical eligibility;
- (b) the effective date of your Retiree status is within 120 calendar days of the date employment ends; and
- (c) you elect to continue legal coverage at the time of retirement.

A **Survivor**—a deceased Employee's or Retiree's Family Member receiving monthly benefits from a University-sponsored defined benefit plan—may be eligible to continue coverage as set forth in the University's Group Insurance Regulations. For more information, see the *UC Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members* or the *Survivor and Beneficiary Handbook*.

Eligible Dependents (Family Members)

When you enroll any Family Member, your signature on the enrollment form or the confirmation number on your electronic enrollment attests that your Family Member meets the eligibility requirements outlined below. The University and/or the Plan reserves the right to periodically request documentation to verify eligibility of Family Members, including any who are required to be your tax dependent(s). Documentation could include a marriage certificate, birth certificate(s), domestic

partner verification, adoption records, Federal Income Tax Return, or other official documentation.

Eligible Adult:

Spouse: Your legal spouse.

Same Sex-Domestic Partner: You may enroll a same-sex domestic partner (and the same-sex domestic partner's children/grandchildren) as set forth in the University of California Group Insurance Regulations.

Opposite-Sex Domestic Partner: The University recognizes an opposite-sex domestic partner as a family member that is eligible for coverage in UC-sponsored benefits if the employee/retiree or domestic partner is age 62 or older and eligible to receive Social Security benefits and both the employee/retiree and domestic partner are at least 18 years of age.

Note: An adult dependent relative is no longer eligible for coverage. Only an adult dependent relative who was enrolled as an eligible dependent as of December 31, 2003 and continues to be ineligible for Medicare Part A may continue coverage in UC-sponsored plans.

Child:

All eligible children must be under the limiting age of 26 (18 for legal wards), except for a child who is incapable of self-support due to a physical or mentally disabling injury, illness or condition. The following categories are eligible:

- (a) your natural or legally adopted children;
- (b) your spouse's natural or legally adopted children (your stepchildren);
- (c) your eligible domestic partner's natural or legally adopted children;
- (d) grandchildren of you, your spouse or your eligible domestic partner if living with you,

- dependent on you, your spouse or your eligible domestic partner for at least 50% of their support and are yours or your spouse's, or your eligible domestic partner's dependents for income tax purposes;
- (e) children for whom you are the legal guardian if living with you, dependent on you for at least 50% of their support and are your dependents for income tax purposes.
- (f) children for whom you are legally required to provide group health insurance pursuant to an administrative or court order. (Child must also meet UC eligibility requirements.)

Any child described above (except a legal ward) who is incapable of self-support due to a physical or mental disability may continue to be covered past age 26 provided:

- the plan-certified disability began before age 26, the child was enrolled in a UC group legal plan before age 26 and coverage is continuous;
- the child is chiefly dependent upon you, your spouse, or your eligible domestic partner for support and maintenance; and
- the child is claimed as yours, your spouse's or your eligible domestic partner's dependent for income tax purposes, or if not claimed as such dependent for income tax purposes, is eligible for Social Security Income or Supplemental Security Income as a disabled person, or working in supported employment which may offset the Social Security or Supplemental Security Income.

Application for coverage beyond age 26 due to disability must be made to the Plan sixty days prior to the date coverage is to end due to reaching limiting age. If application is received timely but Plan does not complete determination of the child's continuing eligibility by the date the child reaches the

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Plan's upper age limit, the child will remain covered pending Plan's determination. The Plan may periodically request proof of continued disability, but not more than once a year after the initial certification.

If you are a newly hired Employee with a disabled child over age 26 or if you newly acquire a disabled child over age 26 (through marriage or adoption), you may also apply for coverage for that child. The child's disability must have begun prior to the child turning age 26. Additionally, the child must have had continuous group legal coverage since age 26, and you must apply for University coverage during your Period of Initial Eligibility. The Plan will ask for proof of continued disability, but not more than once a year after the initial certification.

Important Note: Health and welfare benefits and eligibility requirements, including dependent eligibility requirements are subject to change (e.g., for compliance with applicable laws and regulations). UC dependent eligibility requirements may change following final health care reform legislation, regulatory guidance, or other applicable laws.

No Dual Coverage

Eligible individuals may be covered under only one of the following categories: as an Employee, a Retiree, a Survivor or a Family Member. If an Employee and the Employee's spouse or domestic partner are both eligible Subscribers, each may enroll separately or one may enroll and cover the other as a Family Member. If they enroll separately, neither may enroll the other as a Family Member. Eligible children may be enrolled under either parent's or eligible domestic partner's coverage but not under both. Additionally, a child who is also eligible as an Employee may not have dual coverage through two University-sponsored legal plans.

More Information

For information on who qualifies and how to enroll, contact your local Benefits Office or the University of California's (UC) Customer Service Center (800) 888-8267. You may also access eligibility factsheets on UC's *At Your Service* web site:

<http://atyourservice.ucop.edu>.

B. Enrollment

For information about enrolling yourself or an eligible Family Member, see the person at your location who handles benefits. If you are a Retiree, contact the UC Customer Service Center. Enrollment transactions may be completed by paper form or electronically, according to current University practice. To complete the enrollment transaction, paper forms must be received by the local Accounting or Benefits office or by the UC Customer Service Center by the last business day within the applicable enrollment period; electronic transactions must be completed by the deadline on the last day of the enrollment period.

During A Period of Initial Eligibility (PIE)

A PIE begins the day you become eligible and ends 31 days after it began (but see exception under "Special Circumstances" paragraph 1.d below). Also see "At Other Times for Employees and Retirees" below. If the last day of PIE falls on a weekend or holiday, the PIE is extended to the following business day when enrolling with forms.

If you are an Employee, you may enroll yourself and any eligible Family Members during your PIE. Your PIE starts the day you become an eligible Employee.

If you are enrolled in the legal plan, you may enroll any newly eligible Family Member during his or her PIE. The Family Member's PIE starts the day your

Family Member becomes eligible, as described below.

- (a) For a spouse, on the date of marriage.
- (b) For a Domestic Partner, on the date the domestic partnership is legally established. Also see “At Other Times for Employees and Retirees” below.
- (c) For a natural child, on the child’s date of birth.
- (d) For an adopted child, the earlier of:
 - (i) the date the child is placed for adoption with the Employee/Retiree, or
 - (ii) the date the Employee/Retiree or Spouse/Domestic Partner has the legal right to control the child’s health care.

A child is “placed for adoption” with the Employee/Retiree as of the date the Employee/Retiree assumes and retains a legal obligation for the child’s total or partial support in anticipation of the child’s adoption.

If the child is not enrolled during the PIE beginning on that date, there is an additional PIE beginning on the date the adoption becomes final.

- (e) Where there is more than one eligibility requirement, the date all requirements are satisfied.

At Other Times for Employees and Retirees Group Open Enrollment Period. You and your eligible Family Members may also enroll during a group open enrollment period established by the University.

Newly Eligible Child. If you have one or more children enrolled in the Plan, you may add a newly eligible Child at any time. See “Effective Date”.

If you are a Retiree, you may continue coverage for yourself and your enrolled Family Members in the same plan you were enrolled in immediately before retiring. You must elect to continue enrollment for yourself and enrolled Family Members before the effective date of retirement (or the date disability or survivor benefits begin).

If you are a Survivor, you may not enroll your legal spouse or domestic partner.

Effective Date

The following effective dates apply provided the appropriate enrollment transaction (paper form or electronic) has been completed within the applicable enrollment period.

If you enroll during a PIE, coverage for you and your Family Members is effective the date the PIE starts.

If you are a Retiree continuing enrollment in conjunction with retirement, coverage for you and your Family Members is effective on the first of the month following the first full calendar month of retirement income.

The effective date of coverage for enrollment during an open enrollment period is the date announced by the University.

For enrollees who complete a 90-day waiting period, coverage is effective on the 91st consecutive calendar day after the date the enrollment transaction is completed.

An Employee or Retiree already enrolled in adult-plus child(ren) or family coverage may add additional children, if eligible, at any time after their PIE. Retroactive coverage is limited to the later of:

- (a) the date the Child becomes eligible, or

(b) a maximum of 60 days prior to the date your Child's enrollment form is received.

Change in Coverage

In order to make any of the changes described above, contact the person who handles benefits at your location (or the UC Customer Service Center if you are a Retiree).

C. Termination of Coverage

The termination of coverage provisions that are established by the University of California in accordance with its Regulations are described below. Additional Plan provisions apply and are described elsewhere in the document.

Deenrollment Due to Loss of Eligible Status

If you are an Employee and lose eligibility, your coverage and that of any enrolled Family Member stops at the end of the last month for which premiums are taken from earnings based on an eligible appointment.

If you are a Retiree or Survivor and your annuity terminates, your coverage and that of any enrolled Family Member stops at the end of the last month in which you are eligible for an annuity.

If your Family Member loses eligibility, you must complete the appropriate transaction to delete him or her within 60 days of the date the Family Member is no longer eligible. Coverage stops at the end of the month in which he or she no longer meets all the eligibility requirements. For information on deenrollment procedures, contact the person who handles benefits at your location (or the UC Customer Service Center if you are a Retiree).

Deenrollment Due to Fraud or Intentional Misrepresentation

Coverage for you and/or your Family Members may

be suspended for up to 12 months if you or a Family Member commit fraud or make an intentional misrepresentation of material fact relating to Plan coverage. Individuals who are enrolled, but who are not eligible Family Members will be permanently deenrolled.

Leave of Absence, Layoff, Change in Employment Status or Retirement

Contact your local Benefits Office for information about continuing your coverage in the event of an authorized leave of absence, layoff, change of employment status, or retirement.

D. Plan Administration

By authority of the Regents, University of California Human Resources, located in Oakland, California, administers this plan in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts/service agreements, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. The terms of those documents apply if information in this document is not the same. The University of California Group Insurance Regulations will take precedence if there is a difference between its provisions and those of this document and/or the Group Insurance Contracts. What is written in this document does not constitute a guarantee of plan coverage or benefits--particular rules and eligibility requirements must be met before benefits can be received.

This section describes how the Plan is administered and what your rights are.

Sponsorship and Administration of the Plan

The University of California is the Plan sponsor and

plan administrator for the Plan provisions described in this insert to the Plan Evidence of Coverage booklet. If you have a question about eligibility or enrollment, you may direct it to:

University of California
Human Resources
300 Lakeside Drive
Oakland, CA 94612
(800) 888-8267

Retirees and Survivors may also direct questions to the UC Customer Service Center at the above phone number.

Claims and appeals for benefits under the Plan are processed by ARAG. If you have a question about benefits under the Plan or about a specific claim, please contact ARAG at the following address and phone number:

ARAG
P.O. Box 93180
Des Moines, IA 50393-3180
800-828-1395

Underwritten by ARAG Insurance Company, Des Moines, Iowa.

Group Contract Number

The Group Contract Number for this Plan is: 11700

Type of Plan

This Plan is a health and welfare plan that provides group legal benefits. This Plan is one of the benefits offered under the University of California's employee health and welfare benefits program.

Plan Year

The plan year is January 1 through December 31.

Continuation of the Plan

The University of California intends to continue the Plan of benefits described in this booklet but reserves the right to terminate or amend it at any time. Plan benefits are not accrued or vested benefit entitlements. The right to terminate or amend applies to all Employees, Retirees and plan beneficiaries. The amendment or termination shall be carried out by the President or his or her delegates. The portion of the premiums that University pays is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation.

Financial Arrangements

The benefits under the Plan are provided by ARAG under a Group Service Agreement.

The cost of the premiums is currently paid entirely by plan participants.

Agent for Serving of Legal Process

Legal process may be served on ARAG at the address listed below:

CSC-Lawyers Incorporating Service
2730 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Your Rights under the Plan

As a participant in a University of California legal plan, you are entitled to certain rights and protections. All Plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and other specified sites, all Plan documents, including the Group Service Agreement, at a time and location mutually convenient to the participant and the Plan Administrator.
- Obtain copies of all Plan documents and other information for a reasonable charge upon written request to the Plan Administrator.

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Claims under the Plan

To file a claim or to file an appeal regarding denied claims of benefits or services, refer to the appeal section found later in this document. Any appeals regarding coverage denials that relate to eligibility requirements are subject to the UC Group Insurance Regulations. To obtain a copy of the Eligibility Claims Appeal Process, please contact the person who handles benefits at your location (or the UC Customer Service Center if you are a retiree).

Nondiscrimination Statement

In conformance with applicable law and University policy, the University of California is an affirmative action/equal opportunity employer.

Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Director of Diversity and Employee Programs, University of California Office of the President, 300 Lakeside Drive, Oakland, CA 94612 and for faculty to Director of Academic Affirmative Action, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Section II

The ARAG Legal Plan

A. Benefits Under the ARAG Legal Plan Consist of Three Parts

The person must be an Insured when each service is furnished.

Part I – Telephone Legal Advice and Consultation

This part of the plan provides services to Insureds through a Telephone Network Attorney. There is no Attorney Fee for these services.

The preventive legal services provided by the

Telephone Network Attorney are those contained in the List of Benefits that involve the Insured's legal affairs, and are not services that involve a visit to an Attorney's office or are otherwise not covered. The services described will be provided to an Insured at the discretion of the Telephone Network Attorney. The Telephone Network Attorney will not charge an Insured for these services. Telephone Legal Advice and Consultation are not available for matters outside the jurisdiction of the United States, Canada, and Puerto Rico.

Part II – Legal Representation

Attorney's Fees for most covered services are 100% paid-in-full when using a Network Attorney. Or use a Non-Network Attorney and be reimbursed up to the Non-Network Attorney benefit. For a detailed description of services and what the Benefits are see Section III.

There is a maximum reimbursement amount (see "List of Benefits"). Not all charges are eligible and some charges are eligible only to a limited extent.

There is also a Conversion Plan that may apply after a person ceases to be covered under The ARAG Legal Plan (see conversion).

Part III – Additional Benefits

Online Legal Tools and Resources

This part of the plan provides Insureds the opportunity to receive services over the Internet. There is no additional fee for these services.

Identity Theft Services

This part of the plan provides Insureds toll-free access to Certified Identity Theft Case Managers who will provide information on how to prevent or resolve identity theft issues. These are services that do not involve an office visit. There is no additional fee for these services.

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Reduced Fee Benefit for Non-Covered Matters

This part of the plan provides reduced fees of at least 25% off the Network Attorney's standard hourly fees, for services not covered. Not all Network Attorneys participate on the reduced fee panel and those matters that are specifically excluded in the plan are not eligible for the reduced fees.

Reduced Contingency Fee

This part of the plan provides caps on the percentage of any settlement arrangements on contingency fee cases. Fees, for those Network Attorneys participating on this panel, are capped at 25% for initial trial/settlement and 30% for subsequent appeal proceedings.

B. Pre-existing Conditions

Any legal matter that occurs or is initiated prior to the effective date of an Insured will be considered excluded and no benefits will apply. ARAG defines initiated as the date the infraction occurs or document is filed, when the attorney is employed, or when the first court or administrative action occurs.

C. Freedom of Choice of an Attorney

An Insured may choose any Attorney to provide Legal Representation. Except for the provisions of the Benefits and the requirement of information for claim processing, neither ARAG nor the University of California will interfere with the Insured's Attorney. The Attorney's obligation will be only with and to the Insured. If an Insured chooses to use a Non-Network Attorney the Non-Network Attorney benefit schedule will apply.

D. Confidentiality

An Insured is assured full confidentiality with respect to calls and problems discussed with any Service Provider or Attorney with respect to claims submitted

for Legal Representation under The ARAG Legal Plan.

E. Reimbursement of Legal Fees

The Benefit amount payable for legal services furnished to an Insured is the amount of the eligible charges for those legal services, but not more than these limits.

- For Legal Representation by a Network Attorney, see the limits determined from the Schedule of Benefits list of legal services in Section III.
- For Legal Representation by a Non-Network Attorney, see the reimbursement amounts shown in the Schedule of Benefits in Section III.
- Only one Benefit shall be payable for all legal services arising out of a single cause of action or event resulting in the need for the legal services. ARAG will decide which Benefit shall be payable. The limitation of this paragraph does not apply to matrimonial matters.

If a court awards Attorney fees to an Insured in connection with covered Benefits, ARAG may require the Insured to assign all rights of recovery of the legal fees to the extent of the payment that was made by them. If an assignment is sought, an Insured must cooperate with ARAG.

F. Eligible Charges

A charge is an eligible charge if all these conditions are met:

- It is for a covered legal service furnished to an Insured while the plan is in effect;
- The service involves an Insured's personal legal matters and is contained in the List of Benefits; and
- The person is an Insured when the service is furnished.

G. Extension of Benefits

If coverage for you or one of your covered dependents is terminated, your legal services coverage (except Telephone Legal Advice and Consultation) will be extended to cover legal services in progress prior to the date the coverage terminated until the services are completed.

H. Conversion

To receive UltimateAdvisor Conversion Plan information and to enroll online, visit the ARAG Legal Center at www.ARAGLegalCenter.com and enter Access Code 10014ULT.

Or

Call an ARAG Customer Care Specialist toll-free at 800-828-1395 (TTD 800 383-4184) to request plan information and enrollment materials.

Complete and sign the Enrollment Form, (and a blank *voided* check or required savings account information if choosing the bank draft option), and mail to: ARAG, ATTN: Eligibility, P.O. Box 93180, Des Moines, IA 50393 or fax to 515-246-8710.

ARAG must receive these materials – which include arrangements for premium payment within 60 days of the disqualifying event.

Section III Schedule of Benefits

Note: You must have family participation in order for your eligible dependents to utilize the List of Benefits.

The List of Benefits applies to an Insured when the Schedule of Benefits specifically states that Benefit. It includes only Benefits included in the list. However, if the law of jurisdiction where the Benefit is furnished uses legal terms that differ from those in the list below, ARAG will determine the equivalent Benefit from the list below.

The benefit year is a 12-month period based on a calendar year. A Benefit may be furnished for more than one insured in a Family Unit with respect to the same event or cause of action resulting in the need for that Benefit. In that case, only one Benefit will be considered to have been furnished.

(NOTE: The limits in this list are the maximum amount ARAG will pay for covered services. A Network Attorney will charge no more than the limit shown for covered services. If a Non-Network Attorney is used, the amounts payable under that Benefit may be up to these limits.)

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Telephone Legal Advice and Consultation

	Telephone Network Attorney
<p>Telephone Legal Services – Toll-free telephone advice on how the law relates to an Insured’s personal legal matters and which actions may be taken.</p> <p>Twenty-four (24) hour Emergency Assistance.</p>	Paid-in-Full
<p>Follow-up Calls/Correspondence</p> <p>Follow-up telephone calls and correspondence to third parties related to an Insured’s personal legal matters.</p>	Paid-in-Full
<p>Document Preparation</p> <p>Receive assistance with the preparation of documents.</p> <ol style="list-style-type: none">1. Special powers of attorney and revocations2. Childcare authorizations3. Challenge to denial of credit4. Bad check notice5. Credit card inquiry6. Promissory notes and affidavits related to their Personal Property7. Bills of sale related to their Personal Property	Paid-in-Full
<p>Document Review</p> <p>Receive legal services to review legal documents, up to four pages, related to an Insured’s personal legal matter, except those related to trusts or real estate property transfers.</p>	Paid-in-Full
<p>Standard Will and Telephone Legal Assistance</p> <p>Preparation of a Standard Will package.</p> <ol style="list-style-type: none">1. Standard Will documents including testamentary support trusts for minor children2. Durable powers of attorney3. Health care powers of attorney and revocation4. Living wills, advanced health care directives5. Codicils	Paid-in-Full

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Legal Representation

	Network Attorney	Non-Network Attorney (\$70 per hour up to maximum scheduled benefit) ¹
<p>Attorney Office Work – (Limited to eight (8) hours per benefit year per family unit)²</p> <p>The legal services rendered as a result of an Insured’s personal visit for consultations; to review or prepare documents or any other legal services required for legal matters not listed as a covered benefit or exclusion under the plan.</p> <p>This attorney office work benefit may be used to supplement post dissolution matters as a result of a bifurcated dissolution and the “Estate Planning, Wills & Trusts” benefit for more complicated trusts, but may not be applied to supplement benefits available under any other legal services covered by the plan.</p>	Paid-in-Full	\$560
<p>Habeas Corpus – (Limited to one claim per item per benefit year per family unit.)</p> <p>The legal services required to produce a writ to bring a detained Insured before a judge and justify his/her detention</p>	Paid-in-Full	\$420
<p>Name Change – (Limited to one claim per item per benefit year per family unit.)</p>	Paid-in-Full	\$280
<p>Personal Bankruptcy – (Limited to one claim per item per benefit year per family unit.)</p>	Paid-in-Full	\$560

1. Named Insured and/or spouse personal bankruptcy
2. Wage Earner Plans – (Named Insured and/or spouse)

Legal Representation

	Network Attorney	Non-Network Attorney (\$70 per hour up to maximum scheduled benefit) ¹
<p>Consumer Protection Actions – (Limited to one claim per item per benefit year per family unit.)</p> <p>The legal services required for the enforcement of written or implied warranties or promises relative to the lease or purchase of goods or services except disputes over real estate construction matters, (e.g., a new home, remodeling of an existing home or an addition to an existing home). Any action brought in Small Claims Court is not covered.</p> <ol style="list-style-type: none"> Up to and including pleading, preparation filing, and appearances on motions, preparation of answer, response and counterclaim Preparation (includes pleading above) filing, serving and answering interrogatories, depositions, pre-Trial or settlement conferences and preparation for Trial Trial up to and including four days (includes pleading and preparation above) 	Paid-in-Full	\$350
<p>Child Custody/Child Support – (Limited to one claim per item per benefit year per family unit.)</p> <p>The legal services required by an Insured for child custody, or child support, or visitation matters which are not in conjunction with a divorce, annulment, or separation proceeding.</p> <ol style="list-style-type: none"> Legal services required by an Insured for the creation of a child custody or child support, or visitation agreement Modification/enforcement of an Uncontested child custody or child support, or visitation agreement Modification/enforcement of a Contested child custody or child support, or visitation agreement 	Paid-in-Full	\$245
	Paid-in-Full	\$294
	Paid-in-Full	\$490

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Legal Representation

	Network Attorney	Non-Network Attorney (\$70 per hour up to maximum scheduled benefit) ¹
<p>Court Adoption Proceedings – (Limited to one claim per item per benefit year per family unit.</p> <p>1. Agency Adoption 2. Step-parent adoption 3. Independent adoption 4. Obtain consent – additional 5. Contested</p> <p>a. Up to and including pleading, preparation filing, and appearances on motions, preparation of answer, response and counterclaim</p> <p>b. Preparation (includes pleading above) filing, serving and answering interrogatories, depositions, pre-Trial or settlement conferences, and preparation for Trial</p> <p>c. Trial up to and including four days (includes pleading and preparation above)</p>	Paid-in-Full	\$420
<p>Court Proceedings Involving Juvenile Insured Dependent Children – (Limited to one claim per item per benefit year per family unit.)³</p> <p>1. Administrative hearing by petition and court approval</p> <p>2. Petition, Trial and judgement</p>	Paid-in-Full	\$490

Legal Representation

	Network Attorney	Non-Network Attorney (\$70 per hour up to maximum scheduled benefit) ¹
<p>Debt Collection Defense – (Limited to one claim per item per benefit year per family unit.)</p> <p>Representation in a legal action required for the defense of a lawsuit for the collection of a debt based on a contract or other written instrument except any actions brought in Small Claims Court.</p> <ol style="list-style-type: none"> 1. Pleading, preparation filing, and appearances on motions, preparation of answer, response and counterclaim 2. Preparation (includes pleading filing, serving and answering interrogatories, depositions, pre-Trial or settlement conferences and preparation for Trial 3. Trial up to and including four days (includes pleading and preparation above) 	Paid-in-Full	\$630
<p>Defense in Traffic Matters that will Directly Result in License Suspension – (Limited to one claim per item per benefit year per family unit.)</p> <ol style="list-style-type: none"> 1. Misdemeanor arraignment 2. Misdemeanor disposition – Plea negotiations and disposition 3. Trial preparation and Trial up to and including four days 	Paid-in-Full	\$350
<p>Defense of Civil Damage Claims – (Limited to one claim per item per benefit year per family unit.)</p> <p>Legal defense against civil damage(s) claims, except claims involving the ownership or use of a motorized vehicle or claims which are covered by other insurance.</p> <ol style="list-style-type: none"> 1. Legal services, including advice, negotiation and office work prior to or without court representation. 2. Court representation as a defendant, including all preparations. 	Paid-in-Full	\$700
	Paid-in-Full	\$3,100 ⁴

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Legal Representation

	Network Attorney	Non-Network Attorney (\$70 per hour up to maximum scheduled benefit) ¹
<hr/>		
Defense of Misdemeanor Charges Except Traffic Violations – (Limited to one claim per item per benefit year per family unit.)	Paid-in-Full	\$700
1. Misdemeanor arraignment		
2. Misdemeanor disposition – Plea negotiations and disposition		
3. Trial preparation and Trial up to and including four days		
<hr/>		
Estate Planning, Wills, and Trusts – (Limited to four claims per item per benefit year per family unit.)		
1. Simple Will	Paid-in-Full	\$175
2. Named Insured and Spouse Simple Wills (including Power of Attorney) ³	Paid-in-Full	\$175
3. Living Will	Paid-in-Full	\$70
4. Codicil to Will	Paid-in-Full	\$70
5. Simple Trust ²	Paid-in-Full	\$175
6. Durable Power of Attorney	Paid-in-Full	\$70
<hr/>		
Matrimonial Proceedings – (Limited to one claim per item per benefit year per family unit.)		
1. Uncontested dissolution, annulment or legal separation (Named Insured)	Paid-in-Full	\$525
2. Contested dissolution, annulment or separate maintenance, including a bifurcated dissolution in the states where applicable ² (Named Insured)	Paid-in-Full	\$700
3. The legal services rendered in conjunction with a modification of a final judgment of divorce or a separation or annulment agreement with respect to child support, visitation rights, and/or alimony (Named Insured)	Paid-in-Full	\$280

Legal Representation

	Network Attorney	Non-Network Attorney (\$70 per hour up to maximum scheduled benefit) ¹
Establishment of Guardianship or Conservatorship – (Limited to one claim per item per benefit year per family unit.)	Paid-in-Full	\$420
IRS Collection Defense		
Legal defense against collection actions by the Internal Revenue Service (IRS)		
1. Legal services and court representation prior to Trial	\$1,800 ¹	\$1,800
2. Court representation at Trial as a defendant	\$1,200 ¹	\$1,200
IRS Audit Protection		
Legal services involving Internal Revenue Service (IRS) Audits for which you receive written notice while your Certificate of Insurance is in effect and which relate to your personal tax return		
1. Advice, consultation and negotiation	\$420 ¹	\$420
2. Representation at IRS Audit	\$900 ¹	\$900
Neighbor Disputes – (Limited to one claim per item per benefit year per family unit.)		
Legal Disputes with neighbors about property rights and property titles related to the named Insured's primary residence.		
1. Legal services and court representation prior to and without Trial	Paid-in-Full	\$700
2. Legal services and court representation prior to and including Trial.	Paid-in-Full	\$3,100 ⁴

Tenant Matters – (Limited to one claim per item per benefit year per family unit.)

Legal Disputes with your landlord about your rights as tenant of your primary residence, including eviction defense.

1. Legal services and court representation prior to and without Trial	Paid-in-Full	\$700
2. Legal services and court representation prior to and including Trial.	Paid-in-Full	\$3,100 ⁴

Major Trial Representation at trial beginning on the 4th day of Trial (\$400 per 1/2 day of TRIAL time) in covered court proceedings for which INDEMNITY BENEFITS are being provided	Included within covered benefits	\$100,000 ⁵
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- 1 This is the annual maximum regardless of whether you are enrolled in self, self plus children, self plus adult, or self plus adult plus children coverage.
- 2 The 8 hours under Attorney Office Work may be used for more involved trusts matters and post dissolution matters as a result of a bifurcated dissolution.
- 3 Indicates those legal services which apply ONLY if self plus children, self plus adult, or self plus adult plus children coverage has been elected.
- 4 Trial Indemnity Benefits of \$2,400 for up to three days of Trial time are included in this amount (\$400 per 1/2 day of Trial time).
- 5 This coverage is paid at a rate of \$400 per 1/2 day of Trial time.

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Additional Benefits

Network Attorney

Online Legal Tools and Resources

Not Applicable

Insureds have access to the following services through the ARAG Legal Center.

1. Law Guide helps you learn about your situations and become a better-informed legal consumer
2. Do-It-Yourself Legal Documents™ allow you to create documents such as powers of attorney
3. Attorney Finder assists you in finding counsel when you need to see an Attorney for covered and non-covered matters

From the ARAG Legal Center, you'll be able to:

1. Get information about your plan
 2. Find answers to frequently asked questions
 3. Get a claim form
 4. Obtain a list of Network Attorneys
 5. E-mail questions to Service@ARAGgroup.com
-

Identity Theft Services – Toll-free access to Certified Identity

Not Applicable

Theft Case Managers who will:

1. Explain what identity theft is and how to prevent it
 2. Provide resources to minimize and recover from identity theft
 3. Explain relevant plan Benefits
 4. Provide an Identity Theft Prevention Kit
 5. Provide an Identity Theft Victim Action Kit
 6. Monitor and follow up on the situation
-

Reduced Fee Benefit for Non-Covered Matters – An Insured can receive at least 25% off of Attorney's normal hourly fee for legal needs such as representation for non-covered, non-excluded matters when using an ARAG Network Attorney. This panel consists of those Network Attorneys who agree to provide reduced fees.

At least 25% off normal hourly fees

Reduced Contingency Fee – Capped at 25% for initial trial/settlement and 30% for subsequent appeal proceedings.

25% capped for initial trial settlement

30% capped for subsequent appeal proceedings

The ARAG Legal Plan

B. Exclusions & Limitations

Not Covered: Any services or charges in connection with any of the following:

1. The participation in any business venture including but not limited to: proprietorships, partnerships, corporations, commercial endeavors, rental property, patents, copyrights or trademarks. A business venture is defined as any activity which produces or is contemplated to produce revenue.
2. Preparing or filing income tax returns, or probate.
3. Workers' Compensation Law, Unemployment matters, Admiralty; Federal Employers Liability Act.
4. Judicial appeal proceedings, group or class actions, intervention, and amicus curiae filings.
5. A civil action pursued in court where, (i) the Insured is a plaintiff and, (ii) the monetary amount of the suit would fall within the jurisdiction of a small claims court or its equivalent. The telephone legal services will give advice to an Insured on how to pursue a claim in such a court.
6. Consultations, civil or criminal legal actions, any part of which: (a) involve the University of California, or any included employer, or the labor organization or union, if any, which collectively bargained for this coverage, or the University of California insurance carriers; or (b) relate to your employment or the employment of your spouse or any other dependent(s) would exclude the entire action.
7. Legal actions involving ARAG Insurance Company and/or ARAG or any of its parents or affiliated companies, agents, administrators, subcontractors or which involve disputes about this insurance.
8. Legal proceedings for which the Insured had consulted or retained an attorney prior to becoming covered under this insurance. Matters where services are already being provided by another attorney.
9. Services to a spouse or dependent against the employee or retiree.
10. Defense of criminal charges against an Insured if any of the following has contributed to the cost of this insurance on behalf of that Insured: (i) the victim of the crime; (ii) someone who is in the same Family Unit as the victim.
11. Fines, title insurance costs, court costs, court appointed attorneys, filing fees, subpoenas, assessments, penalties, expert witness fees, and other related expenses (e.g., facsimile, copy expense, postage, long distance phone charges, mileage, etc.).
12. Services where the attorney's fee is provided by statute from a fund or subjudice or paid by contingent fee, (e.g., personal injury).
13. Services performed by an attorney who is related to the Insured by blood or marriage.
14. Services not performed by an attorney. Services performed by a paralegal under the direct supervision of an attorney will be treated as performed by the attorney.
15. Any legal proceeding in which you are entitled to legal representation or reimbursement for the costs thereof, from any source other than this policy (subject to Coordination of Benefits provisions).
16. Refinancing of property.

The ARAG Legal Plan

Section IV

Glossary

Amicus Curiae Filing – A filing by a bystander that suggests or states some matter of law for the assistance of a court.

ARAG Legal Plan – The name of your legal insurance plan which is underwritten by ARAG Insurance Company.

Arraignment – In a criminal case; the proceeding in which an accused person is brought before a judge to hear the charges filed against him or her and to enter a plea of guilty or not guilty. Sometimes called a preliminary hearing or initial appearance.

Attorney Fee – The amount charged by an attorney for his or her time spent providing covered legal services.

Class Action Suit – An action in which one or more members of a numerous class, having a common interest in the subject of litigation, sue or defend on behalf of themselves and all members.

Codicil – A supplement or amendment to a will.

Consumer Protection Action – An action for the enforcement of written or implied warranties or promises relative to the lease or purchase of goods or services.

Contested – Contested means you are not able to reach a settlement before the complaint/petition is filed in court and a contradicting answer is filed by the defendant.

Disposition – The giving up of, or the relinquishment of, anything, often used in the reference to a testamentary proceeding, e.g., “the disposition of the estate.” In criminal law, the sentence the defendant receives is the disposition.

Effective Date – The date on which the Employer enrolls the Named Insured and from which date premium has been paid.

Employer – The University of California.

Habeas Corpus – A writ of habeas corpus is a legal document that forces law enforcement authorities to produce a prisoner they are holding and to legally justify his or her detention.

Indemnity Benefits – The covered legal services for which Attorney Fees are paid directly to the Insured up to a stated amount. The Insured is responsible for all Attorney Fees which may exceed the amount paid by ARAG.

Insured – The “Insured” is the Employee/Retiree and his/her eligible dependents for whom the Employee/Retiree elected Benefits.

Interrogatories – In civil actions; written questions are asked by one party of an opposing party for which written answers must be provided.

Intervention – A legal procedure whereby a third person is permitted (on his own motion) to become a party to an action or proceeding between other persons.

Judicial Appeal – A legal proceeding to take a case to a higher court for rehearing.

Legal Defense – Legal defense means the defense of your legal rights in cases in which only defense actions are covered.

Legal Dispute – A disagreement between you and any other party regarding your legal rights.

Living Trust – A trust established and in effect during the lifetime of the grantor. Also called Inter Vivos Trust.

Living Will – A legal declaration, prepared in advance, which directs the course of health care decisions and treatment; may ensure your medical care decisions are respected and carried out when you are unable to express them.

Network Attorney – An Attorney with whom ARAG has contracted to perform covered legal services in the United States for an Insured.

Named Insured – Is the Employee/Retiree registered by the Employer with ARAG as entitled to services under the terms of the group insurance contract.

Non-Network Attorney – An Attorney who is not a Network Attorney and has not contracted with ARAG to perform legal services, and is chosen by an Insured to perform any covered legal service that provides Indemnity Benefits.

Paid-in-full Benefits – A “paid-in-full” benefit is a legal service covered by the ARAG Legal Plan for which the fee for that legal service is fully paid if a Network Attorney is used.

Petition – A formal written document addressed to a court or judge which states facts and circumstances, and contains a formal request for relief.

Personal Property – Property, which is not real estate property and which does not produce income.

Pleading(s) – Statement(s) in logical and legal form, of the facts that constitute plaintiff’s cause of action and defendant’s ground of defense.

Related by Blood or Marriage – You may choose any Attorney who is not your parent, brother or sister, your spouse, your spouses parent, your spouses brother or sister, or your child or step-child.

Service Provider – An individual or company with whom ARAG has contracted to perform covered services in the United States for an insured. For example, Identity Theft Case Managers are considered service providers.

Simple Trust – Simple testamentary trust to take care of your family (especially minor dependent children) after your death or during an incapacitating illness or accident.

Standard Will – A will document without trust provisions other than a support trust for dependent children limited to appointing a guardian and placing assets for dependent children until they reach their age of majority.

Telephone Network Attorney – A telephone attorney with whom ARAG has contracted to perform covered legal services in the United States, Canada and Puerto Rico for you.

Trial – The proceeding in court when the parties try their case beginning with the impaneling of a jury in a jury trial and with the opening statements of the parties in a non-jury trial; trial does not include appearances on motions, pre-trial conferences, or appearances and continuance by the court.

Trust – A document established to commit or place property; (real or personal) in another’s care or name guardianship for minor children.

Uncontested – Action wherein all matters are settled without court intervention, mediation, arbitration or negotiation of material issues.

Your and Your – An insured.

The ARAG Legal Plan

Section V

Grievance Procedures

Service Provider

If you have a problem with a Service Provider in the handling of a service issued under the ARAG Legal Plan and you and the Service Provider cannot resolve it, a written grievance is required. ARAG will provide you with a form and information about filing the grievance.

Network Attorney

If you have a problem with a Telephone Network Attorney or Network Attorney in the handling of a legal matter covered under the ARAG Legal Plan, and you and the attorney cannot resolve it, a written grievance is required. ARAG will provide you with the form and information about filing the grievance with us.

ARAG will provide alternative benefits if you are unable to find a Network Attorney willing to perform the covered legal services or if the attorney selected by you is disqualified or otherwise unable to perform the covered legal services. Any disputes you have concerning your grounds for requesting an alternative benefit will be submitted to an impartial arbitrator whose decision will be binding on both parties.

You have the right to file a complaint with the State Bar Association about your Attorney at any time.

Appeal Procedure

If you believe you may be entitled to benefits, or you are in disagreement with any determination, that has been made, you may present a claim to ARAG.

You must follow the claim and review procedure carefully and completely and you must file your claim before the deadlines explained below. If you do not

do so, you will give up important legal rights.

You must file your claim for benefits with ARAG within one year after you knew or reasonably should have known of the principal facts on which your claim is based. After you file your claim, you must complete the entire claim and review procedure before you can sue over your claim. It is important that you include all the facts and arguments that you want considered during the claim and review procedure.

Your claim for Plan benefits will be subject to a full and fair review. If your claim is wholly or partially denied, ARAG will furnish you with a written notice of this denial. This written notice must be provided to you within a reasonable period of time (generally 90 days) after the receipt of your claim by ARAG.

The written notice will contain the following information:

- The specific reason or reasons for the denial;
- The specific reference on the Plan provisions on which the denial is based;
- A description of any additional information or material necessary to correct your claim and an explanation of why such material or information is necessary; and
- Appropriate information as to the steps to be taken if you or your beneficiary wishes to submit your claim for review.

If your claim has been denied and you wish to submit your claim for review, you must follow the Claims Review Procedure described below:

- Upon the denial of your claim for benefits, you may file your claim for review, in writing, with ARAG.
- YOU MUST FILE THE CLAIM FOR REVIEW NO LATER THAN 60 DAYS

AFTER YOU HAVE RECEIVED WRITTEN NOTIFICATION OF THE DENIAL OF YOUR CLAIM FOR BENEFITS.

- You may review all pertinent documents relating to the denial of your claim and submit any issues and comments, in writing, to ARAG.

Your claim for review will be given a full and fair review. If your claim is denied, ARAG will provide you with written notice of this denial within 60 days after ARAG's receipt of your written claim for review. There may be times when this 60-day period may be extended. For example, this extension may be made where there are special circumstances that are communicated to you in writing within the 60-day period. If there is an extension, a decision shall be made as soon as possible, but not later than 120 days after the receipt by ARAG of your claim for review.

ARAG's decision on your claim for review will be communicated to you in writing and will include specific references to the pertinent Plan provisions on which the decision was based.

You may, at your own expense, have an attorney or other representative act on your behalf, but ARAG reserves the right to require your written authorization before providing information to a third party. ARAG also reserves the right to delegate its authority to make decisions.

If you file your claim within the required time and complete the entire claim and review procedure and your claim is still denied, you may sue over your claim unless you have executed a release of claims that includes a release of your claim for benefits. However, you must commence that suit within 30 months after you knew or reasonably should have known of the principal facts on which your claim is

based or, if earlier, six months after the claim and review procedure is completed.

Section VI

How To Use The ARAG Legal Plan

A. Customer Care

Online Customer Care

To reach the ARAG Legal Center, go to www.ARAGLegalCenter.com and log in as a member, 24 hours a day, seven days a week.

- Enter your Member ID and your password.
- Once you've logged in, you have access to all online Benefits including Online Legal Tools and Resources as well as access to a Customer Care Specialist, Monday-Friday, 5 a.m.-5 p.m. Pacific time.

E-mail Customer Care

You can e-mail us at Service@ARAGgroup.com 24-hours a day and our associates are available to help you Monday-Friday, 6 a.m.-3 p.m. Pacific time. E-mail received after regular business hours will be returned within a two-hour time period on the following business day.

Telephone Customer Care

Call toll-free 800-828-1395 (TTD, please call 800-383-4184) for the automated telephone system, 24 hours a day, seven days a week. When prompted, enter your Member ID to access membership services. From there, you will speak to a Customer Care Specialist, Monday-Friday, 5 a.m.-5 p.m. Pacific time, who will enable you to:

- Receive legal advice over the phone, Monday-Friday, 9 a.m.-5 p.m. Pacific time.
- Learn how to use your plan or request materials.
- Obtain Benefit information or verification.
- Get a list of claims that have been paid on your behalf.

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- Hear about exciting new enhancements to your plan.
- Get a claim form.
- Obtain a list of Network Attorneys.

If you require assistance from a translator during your call to the Customer Care Center, please let your representative know. We will connect your call with the Language Line Services through Transperfect. To obtain TTD assistance, please call 800-383-4184.

B. Telephone Legal Advice and Consultation Telephone Identity Theft Services

Call toll-free 800-828-1395 (TTD 800-383-4184) to connect to the Customer Care Center.

- The automated telephone system will ask you to enter your Member ID.
- Request to speak with a Certified Identity Theft Case Manager.
- You will be transferred to a Case Manager, Monday-Friday, 5 a.m.-5 p.m. Pacific time.

Telephone Legal Advice and Consultation

Call toll-free 800-828-1395 (TTD 800-383-4184) to connect to the Customer Care Center.

- The automated telephone system will ask you to enter your Member ID.
- You will speak with a Customer Care Specialist.
- You will be transferred to a Telephone Network Attorney, Monday-Friday, 9 a.m.-5 p.m. Pacific time.

C. Legal Representation

How to find a Network Attorney

- Log in to the ARAG Legal Center at www.ARAGLegalCenter.com and use the Attorney Finder.

Or

- Call toll-free 800-828-1395 (TTD 800-383-4184) and a Customer Care Specialist will provide you a confirmation package, including a list of Network Attorneys in your area, Monday-Friday, 5:00 a.m.-5:00 p.m. Pacific time.

Or

- Call toll-free 800-828-1395 (TTD 800-383-4184) and the automated telephone system will fax you a list of Attorneys in your area, 24 hours a day, seven days a week.

If there are no Network Attorneys located within 30 minutes of your home. We guarantee you'll receive in-network benefits for covered legal matters. Simply contact the Customer Care Center and they will arrange for you to receive covered legal services through an attorney in your area. This guarantee does not apply for network attorneys on matters that are used under the reduced fee arrangements.

If you need an Attorney's assistance on a matter that is not a covered service, you can use the Attorney Office Work benefit for advice or services related to any legal matter that is not excluded under the ARAG Legal Plan (see Exclusions and Limitations).

Some examples of permitted use of the Attorney Office Work benefits are:

- Preparation of Living Trust
- Immigration Matters
- Personal Income Tax Advice
- Sale or Purchase of Your Principal Residence
- Defense of Felony
- Non-employment related administrative hearings

How to Use a Network Attorney

- Contact the Network Attorney of your choosing, and tell them you are an ARAG plan member.
- Give them your Member ID.
- The Network Attorney will bill ARAG for Attorney Fees for covered matters. Most covered services are paid-in-full when you see a Network Attorney. You pay nothing but out-of-pocket costs such as photocopying and miscellaneous court costs for most covered Benefits.

How to Use a Non-Network Attorney

- Call toll-free 800-828-1395 (TTD 800-383-4184) to verify Benefits with a Customer Care Specialist, Monday-Friday, 5 a.m.-5 p.m. Pacific time.
- Contact a Non-Network Attorney.
- The Non-Network Attorney will provide services for covered matters.
- The Non-Network Attorney will bill you and you pay the Attorney directly.
- To receive reimbursement, file a claim form along with an itemized statement from your Non-Network Attorney with ARAG for all covered matters.
- Send your completed claim form along with your Non-Network Attorney's billing statement to:

ARAG
P.O. Box 93180
Des Moines, IA 50393-3180

- ARAG will reimburse you for covered matters as specified under Section II, Legal Representation.

For additional claim forms you may:

- Login as a member to the ARAG Legal Center at www.ARAGLegalCenter.com and download a claim form.

Or

- Call a Customer Care Specialist, Monday-Friday, 5 a.m.-5 p.m. Pacific time, to receive a copy of the claim form.

How to Use the Reduced Fee Network

For non-excluded items, you can receive reduced fees of at least 25% off a Network Attorney's normal hourly rate for in-office legal advice and representation.

How to Use:

- Contact any Network Attorney and tell them you are an ARAG member. Verify with the Network Attorney that he/she participates on the reduced fee panel.
- Give them your Member ID and proceed with your matter.
- The Network Attorney will bill you directly at reduced rates of at least 25% off his or her normal rates. You pay the attorney directly.

How to use benefits outside the United States

- Call toll-free 800-828-1395 (TTD 800-383-4184), to verify Benefits with a Customer Care Specialist, Monday-Friday, 5:00 a.m.-5:00 p.m. Pacific time. If you can not access the 800 number you may follow the steps below:
- Contact a Non-Network Attorney.
- The Non-Network Attorney will provide services for covered matters.
- The Non-Network Attorney will bill you and you pay the Attorney directly.
- To receive reimbursement, file a claim form along with an itemized statement from your Non-Network Attorney with ARAG for all covered matters.

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- Send your completed claim form along with your Non-Network Attorney's billing statement to:

ARAG
P.O. Box 93180
Des Moines, IA 50393-3180

- ARAG will reimburse you for covered matters as specified under Section II, Legal Representation.

For additional claim forms you may:

- Login as a member to the ARAG Legal Center at www.ARAGLegalCenter.com and download a claim form.

Or

- Call a Customer Care Specialist, Monday-Friday, 5 a.m.-5 p.m. Pacific time, to receive a copy of the claim form.

D. Filing Your Claim

Network Attorney Services

If you receive services from a Network Attorney, you will not need to file a claim form. The Network Attorney will call ARAG to verify Benefits. Attorney Fees for covered services will be provided by the plan.

For the few matters that are covered on an indemnity basis and that exceed the indemnity benefit amount, the Network Attorney will bill you directly at reduced rates of at least 25% off his or her normal rates for the remaining hours provided the Network Attorney has agreed to the reduced rates arrangement. You pay the attorney directly.

Non-Network Attorney Services

If you choose a Non-Network Attorney, you generally must pay the Attorney in advance. When

services have been completed, file a claim form, including the Attorney's billing statement, with ARAG. You will receive reimbursement from ARAG as specified under Section II for the covered services rendered. To obtain a claim form, call ARAG's toll-free customer care number or log in as a member to the ARAG Legal Center at www.ARAGLegalCenter.com.

E. Additional Services

The following services are also available to you and include everything from self-help tools such as educational resources and actual legal documents, to assistance from experienced professionals to help with your legal needs.

The Law Guide

The Law Guide is designed as a resource to inform you about the law, identify options and prepare you for handling your legal situation. The Law Guide provides you access to articles on various legal matters. Examples of articles include:

- Promissory Notes
- Enforcing a Patent
- Dealing with Zoning Problems

How to Use:

- Log in as a member to the ARAG Legal Center at www.ARAGLegalCenter.com and search for your topic using the Law Guide.

Do-It-Yourself Legal Documents™

Create your own simple legal documents with the help of easy-to-use interactive software. Choose from a legal library of more than 100 documents.

Legal documents include:

- Bill of Sale Forms
- Complaint Letters
- Dispute Credit Card Charge Letter
- Lease Termination Agreement

How to Use:

- Log in as a member to the ARAG Legal Center at www.ARAGLegalCenter.com.
- Select “Do-It-Yourself Legal Documents” under “Online Resources.”
- Search for the legal document relevant to your situation.

Identity Theft Services

Receive toll-free access to Certified Identity Theft Case Managers who will assess the fraud, determine appropriate steps to begin recovery and monitor progress. In addition, you will have toll-free advice over the phone with a Telephone Network Attorney to assist with any legal-related problems that have resulted from your identity theft.

This benefit also includes:

- An Identity Theft Workbook – lists preventative identity theft steps and step by step instructions if you become a victim.
- A Tracking Document – centralized contact document for phone calls, e-mails and letters that assists with keeping track of documentation for attorneys.

How to Use:

- Call the ARAG Customer Care Center.
- The automated telephone system will ask you to enter your Member ID.
- Request to speak with an Identity Theft Case Manager.
- You will be transferred to a Case Manager, Monday-Friday, 5 a.m.-5 p.m. Pacific time.

Reduced Contingency Fees

Network Attorneys will represent you under a contingent fee arrangement. The fee paid to the attorney is based on the success of your case and is a percentage of the amount of money awarded. The contingent fee cannot exceed 25% of the amount

awarded before or after Trial, or cannot exceed 30% of the amount awarded if successfully resolved only after an appeal.

How to Use:

- Contact any Network Attorney and tell him or her you are an ARAG plan member. Verify with the Network Attorney that he/she participates on the reduced contingency fee panel.
- Give him or her your Member ID and proceed with your matter.
- The Network Attorney will bill you directly at reduced rates. You pay the attorney directly.

Section VII

Coordination of Benefits

The ARAG Legal Plan contains a no profit provision coordinating it with other legal plans under which you or your covered dependents may be covered so that the total benefits will not exceed 100% of the allowable expense.

An “allowable expense” is any expense covered, at least in part, by one of the plans. “Plans” means these types of legal services benefits: (a) coverage under a governmental program or provide or required by statute, or (b) group insurance or other coverage for a group of individuals, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage.

When a claim is made the primary plan pays its benefits with out regard to any other plans. The secondary plans adjust their benefits so that the total benefits available will not exceed the allowable expense. No plan pays more that it would without the coordination provision.

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A plan without a coordinating provision is always the primary plan. If all plans have such a provision:

- (1) the plan covering the individual directly rather than as the dependent, is primary and the others secondary;
- (2) if a child is covered under both parents' plans, the plan of the parent have the same birthday, the plan that covered the individual longer is primary; but when the parents are separated or divorced, their plans pay in this order:
 - (a) if a court decree has established financial responsibility for the child's legal expenses, the plan of the parent with this responsibility;
 - (b) the plan of the parent with the custody of the child;
 - (c) the plan of the spouse married to the parent with custody of the child;
- (3) if neither (1) nor (2) apply, the plan covering the individual the longest is primary.

When your plan is secondary plan and its payment is reduced to consider the primary plan's benefits, a record is kept of the reduction. This amount will be used to increase your legal plan's payment on any later claims in the same calendar year – to the extent there are allowable expenses that would not otherwise be fully paid by your ARAG Legal Plan and others.

Underwritten by ARAG Insurance Company, Des Moines, Iowa.

ARAG
P.O. Box 93180
Des Moines, IA 50393-3180
800-828-1395
Service@ARAGgroup.com

www.ARAGLegalCenter.com
Access Code: 11700uc