

**YOUR
PRUDENTIAL
LIFE
INSURANCE**

UNIVERSITY OF CALIFORNIA

FOREWORD

FOR EMPLOYEES

The University of California Group Term Life Insurance Programs, provided by The Prudential Insurance Company of America, are designed to protect you and your beneficiaries against a hazard affecting earnings power--premature death.

The University offers several group term life insurance plans to its eligible employees. The terms of these plans are described in the pages that follow.

Depending on your appointment and average paid time, you may be eligible to automatically receive one of the University's employer-paid (Non-Contributory) group term life insurance plans--Basic Life or Core Life Insurance.

The University also offers employee-paid Supplemental (Contributory) term life insurance at group rates. Benefits are based on your salary rate and are designed to give you flexibility in selecting plans of insurance which will meet your individual needs. A plan offering a flat amount of insurance is also available. You are urged to take the time to examine your life insurance program carefully in order to see how this plan may help provide additional protection.

FOR DEPENDENTS

The University of California also offers eligible employees additional contributory life insurance for your dependents.

The Dependent Group Life Insurance Plan was specifically designed to provide greater protection for you and your family against the financial burden that follows the loss of a spouse/domestic partner or a child.

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES:

There are state-specific requirements that may change the provisions under the Coverage(s) described in this booklet, Group Insurance Contract and the Group Insurance Certificate. If you live in a state that has such requirements, those requirements will apply to your Coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website (www.prudential.com/etonline) that describes these state-specific requirements. When you access the website, you will be asked to enter your state of residence and your Access Code. **Your Access Code is 97000.**

If you are unable to access this website, want to receive a printed copy of these requirements or have any questions, call Prudential at 1-866-439-9026.

The University's employer-paid and employee-paid group term life insurance plans described here are fully governed by the terms and conditions of contracts between The Regents of The University of California and The Prudential Insurance Company of America and the certificates pursuant so such contracts, and by the University's Group Insurance Regulations. Those terms and conditions apply if information in this publication is not the same.

This booklet describes benefits and eligibility provisions in effect as of January 1, 2011.

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BASIC LIFE INSURANCE

The following information applies to the University of California Health & Welfare plans and supersedes any corresponding information that may be contained elsewhere in the document to which this document is attached. The University establishes its own health and welfare 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.

ELIGIBILITY

The following individuals are eligible to enroll in this Plan.

Employee:

You are eligible if you 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)".

PERS members receive a \$5,000 benefit through PERS. PERS members who were hired prior to July 1, 1976, must be full-time (100%) members.

ENROLLMENT

Enrollment in the Basic Life Insurance Plan is automatic. No enrollment form is required.

EFFECTIVE DATE

Coverage becomes effective on the first day of pay status as an eligible employee. You will be covered if you are an eligible employee on pay status for any period of a given month.

If you are on leave for health reasons on the normal effective date, new or increased coverage becomes effective the day after your first full day actively at work, based on your normally scheduled workday. This rule also applies to newly hired employees who have not yet reported to work for health reasons.

BENEFITS

The Basic Life Insurance Plan provides you with group term life insurance at no cost. The amount of insurance is 1 times your annual **salary rate (rounded to the next higher multiple of \$1,000, if it is not an exact multiple of \$1,000)**, as of January 1 of each year, multiplied by the percent time of your appointment. PERS members are covered for this amount minus the \$5,000 PERS death benefit. The maximum benefit for PERS members is \$45,000. The maximum benefit for all other eligible employees is \$50,000. The minimum benefit for all eligible employees is \$5,000.

This insurance does not entitle you to a waiver of premium during a disability. See the definition of "**salary rate**" on page 29 to determine your annual **salary rate**.

In addition, an Accelerated Benefits Option is available to Terminally Ill Employees who meet certain requirements (see pages 4 and 5). This option provides approximately 75% of the life insurance amount in force on your life up to a maximum of \$250,000.

See page 29 for information regarding Benefit Payment Options available to your beneficiaries/family members.

ACCELERATED BENEFITS OPTION

Under the **Accelerated Benefits Option**, a **Terminally Ill Employee** may elect to have a portion of his or her Basic and Supplemental Life Insurance paid out prior to death. This benefit, the **Terminal Illness Proceeds**, can be used for any purpose. The benefit you receive is 75% of the total coverage amount, up to \$250,000, and is paid directly to you, either in 1 lump sum or in 12 equal monthly installments. The amount that would otherwise be paid to your beneficiaries at death is reduced by this amount.

In order to qualify for this Option, you must have become a **Terminally Ill Employee** while insured under the plan, or while your death benefit protection is being extended under the Waiver of Premium provision.

This option may be elected only once.

The **Terminal Illness Proceeds** may be taxable. You may wish to obtain the advice of a tax and/or legal professional before applying for this option.

BASIC LIFE INSURANCE

- Continued

The **Terminal Illness Proceeds** will be equal to 75% of your Basic and Supplemental Life Insurance amount.

See page 30 for examples of **Accelerated Benefits Option** calculations.

For more information about valuation and payment under the **Accelerated Benefits Option**, call Prudential at 1-800-524-0542.

To Whom Payable: The benefits under this option are payable to you.

Amount Due But Unpaid at Your Death: If you elect monthly installments and you die before all **Terminal Illness Proceeds** payments have been made, Prudential will pay your Beneficiary or Beneficiaries the total of the payments that remain.

BASIC LIFE INSURANCE

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Additional Conditions: Your right to be paid under this option is subject to these terms:

- (1) You must choose this option in writing in a form that satisfies Prudential.
- (2) You must furnish proof that satisfies Prudential that your life expectancy is 12 months or less, including certification by a Doctor.
- (3) Your Basic and Supplemental Life Insurance must not be assigned.
- (4) **Terminal Illness Proceeds** will be made available to you on a voluntary basis only. You are not eligible for this benefit if you elect the benefit involuntarily solely because:
 - (a) You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise.
 - (b) You are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement.

Effect on Insurance: When you elect this option, the total amount otherwise payable on your death, including any amount under an extended death benefit, will be reduced by the **Accelerated Benefits Option Amount**. Also, any amount you could otherwise have converted to an individual contract will be reduced by the **Accelerated Benefits Option Amount**.

See "Definitions" beginning on page 25 and "How To File A Claim" on page 30 for information.

BENEFICIARY DESIGNATION

You should designate a beneficiary for your Basic Life Insurance. You may name a new or different beneficiary at any time by completing a beneficiary designation form (UPAY 718) available from your local Benefits Office and on the UC HR/Benefits website, www.ucop.edu/bencom.

- Your beneficiary may be any person or persons you wish to name. "Person" includes any entity capable of taking and holding property.
- If you are married or have a **domestic partner**, you may need to consider your spouse's or **domestic partner's** community property rights before you designate someone else as your primary beneficiary.

If you reside in a community property state, a designation of beneficiary may be subject to challenge if such designation will result in your spouse or **domestic partner** receiving less than his or her proportionate share of the benefit attributable to community property.

You may want to consult with an attorney regarding non-standard beneficiary designations, such as "Trusts". See the UC beneficiary designation form (UPAY 718) for instructions for naming a trust as beneficiary. Prudential will assist in reviewing non-standard or complex beneficiary designations and in providing procedural information about making these designations. Contact Prudential at 1-800-524-0542.

If the member does not name a Beneficiary or if the designation of a Beneficiary is no longer effective, the person or persons (on a share and share alike basis) in the first of the following categories in which there is a survivor shall be the Beneficiary:

- (a) legal spouse or **domestic partner** of the Member;
- (b) child or children, including adopted child or children, of the Member (child or children of a deceased child shall take the share of such child by representation);
- (c) parent or parents of the Member;
- (d) sibling or siblings of the Member.

If there is no such survivor, any lump sum death payment shall be paid to the Member's estate.

See page 25 for the definition of "domestic partner" for the purpose of this provision only.

PERS MEMBERS

The \$5,000 insurance benefit for employees who are members of PERS shall be paid upon the death of an insured member to the beneficiary entitled to receive the Basic death benefit.

PERS members may designate a new or different beneficiary (other than the beneficiary entitled to receive the Basic death benefit). Contact PERS to obtain the proper form.

WHEN COVERAGE ENDS

Your coverage will end on the earliest of the following dates:

- (a) the last day of the pay period for which premiums are paid, based on your earnings as an eligible employee;
- (b) the last day of the second month following the month in which the employee last meets the minimum required **average regular paid time**; or
- (c) the day the Group Insurance Plan is discontinued.

Termination or Retirement

If you leave University employment or retire, your insurance terminates on the last day of the last pay period for which premiums are paid by the University, based on your earnings as an eligible employee.

BASIC LIFE INSURANCE

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Reduction In Average Regular Paid Time

To remain eligible for Basic Life Insurance coverage, you must maintain an **average regular paid time** of at least 17.5 hours per week. If your **average regular paid time** falls below this level, your Basic Life Insurance may be affected. Contact your local Benefits or Accounting Office for more information.

Leave Of Absence, Furlough, Or Temporary Layoff

If you are placed on furlough, temporary layoff, or take an approved leave of absence without pay, coverage continues for up to 4 calendar months following the month in which the layoff or leave begins. If you take a leave of absence with pay, coverage continues for up to 2 years from the date the leave begins, as long as you have any salary covered by a defined benefit retirement plan to which the University contributes. If you terminate employment or retire while on a leave of absence, furlough or temporary layoff, the rules above ("When Coverage Ends") will apply.

CONVERSION PRIVILEGE

When your Basic Life Insurance coverage ends because of retirement, termination of employment, or other loss of eligibility, the insurance may be converted to an individual whole life insurance policy without a medical examination. To convert your group term coverage to individual coverage, you must submit an application and the required premium to The Prudential Insurance Company according to the following rules:

- (a) If you have been given written notice by the 15th day after your group coverage ends, you must submit an application and the required premium within 31 days after your group coverage ends.
- (b) If you have been given written notice more than 15 days after your group coverage ends, you must submit an application and the required premium within 25 days after you have been given the notice. But, in no event may you convert if you do not apply and pay the required premium prior to 92nd day after your group coverage ends.

Contact your local Benefits or Accounting Office for the appropriate form or for more information.

You may select the individual policy from several forms of life insurance customarily issued by Prudential, other than term insurance or any policy containing disability or other supplementary benefits. Premiums will be at non-group rates corresponding to your age at the time of conversion.

Once you convert your group insurance to an individual contract, benefits and rights under the group contract cease. If you later become eligible again for University's employer-paid group life insurance coverage following conversion, you must surrender the individual policy to be covered under the UC group insurance. Benefits may be paid under either the group policy or the individual policy (but not both).

If you lose coverage under this plan because your appointment or **average regular paid time** falls below the minimum level for eligibility (see the "Eligibility" and "Reduction in Average Regular Paid Time" sections above), but you are still employed by the University, you may convert to an individual policy without a medical exam within the following time periods:

- (a) If you have been given written notice by the 15th day after your group coverage ends, you must submit an application and the required premium within 31 days after your group coverage ends.
- (b) If you have been given written notice more than 15 days after your group coverage ends, you must submit an application and the required premium within 25 days after you have been given the notice. But, in no event may you convert if you do not apply and pay the required premium prior to 92nd day after your group coverage ends.

If you die within the 31 day period following the termination of coverage, an amount equal to the amount which might have been converted will be paid as a claim under the Group Policy, whether or not you applied for an individual policy.

EXTENDED DEATH BENEFIT

The Basic Life Insurance protection may continue for up to 1 year beyond the date coverage terminates if you become totally disabled while covered under the Plan, and are less than age 65 (see definition of Total Disability on page 26). You must remain continuously unable to engage in any occupation until the date of death. Protection continues for 1 year, or until you are age 65, or until disability ends, whichever comes first.

BASIC LIFE INSURANCE

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ASSIGNMENT

Under certain circumstances some employees consider it advantageous to assign their rights to employee group life insurance to another person, a trustee, or a viatical settlement company. Your employee group life insurance may only be assigned as a **gift assignment** (see page 26) or a **value assignment** (see page 26). Collateral assignments are excluded. Note that, once made, assignments are irrevocable. The University and/or Prudential cannot advise you on assignments because they involve complex individual, legal and tax questions. You should consult your attorney before taking such action.

Certain gift assignment forms may be obtained from your local Benefits or Accounting Office. You should consult an attorney before you complete these forms.

CORE LIFE INSURANCE

ELIGIBILITY

You are eligible if you are not eligible for Basic coverage and are appointed to work at least 43.75% time. To remain eligible, you must maintain an **average regular paid time** of at least 17.5 hours per week. PERS members are not eligible to be covered under the Core Life Insurance plan since they receive a \$5,000 benefit through PERS.

ENROLLMENT

Enrollment in the Core Life Insurance Plan is automatic. No enrollment form is required.

EFFECTIVE DATE

Coverage becomes effective on the first day of pay status as an eligible employee. You will be covered if you are an eligible employee on pay status for any period of a given month.

If you are on leave for health reasons on the normal effective date, coverage becomes effective the day after your first full day actively at work, based on your normally scheduled workday. This rule also applies to newly hired employees who have not yet reported to work for health reasons.

BENEFITS

The Core Life Insurance Plan provides you with group term life insurance at no cost. The amount of insurance is \$5,000.

See page 26 for information regarding Benefit Payment Options available to your beneficiaries/family members.

BENEFICIARY DESIGNATION

You should designate a beneficiary for your Core Life Insurance. You may name a new or different beneficiary at any time by completing a beneficiary designation form (UPAY 718) available from your local Benefits Office and on the UC HR/Benefits website, www.ucop.edu/bencom.

- Your beneficiary may be any person or persons you wish to name. "Person" includes any entity capable of taking and holding property.
- If you are married or have a **domestic partner**, you may need to consider your spouse's or **domestic partner's** community property rights before you designate someone else as your primary beneficiary.

If you reside in a community property state, a designation of beneficiary may be subject to challenge if such designation will result in your spouse or **domestic partner** receiving less than his or her proportionate share of the benefit attributable to community property.

You may want to consult with an attorney regarding non-standard beneficiary designations, such as "Trusts". See the UC beneficiary designation form (UPAY 718) for instructions for naming a trust as beneficiary. Prudential will assist in reviewing non-standard or complex beneficiary designations and in providing procedural information about making these designations. Contact Prudential at 1-800-524-0542.

If the member does not name a Beneficiary or if the designation of a Beneficiary is no longer effective, the person or persons (on a share and share alike basis) in the first of the following categories in which there is a survivor shall be the Beneficiary:

- (a) legal spouse or **domestic partner** of the Member;
- (b) child or children, including adopted child or children, of the Member (child or children of a deceased child shall take the share of such child by representation);
- (c) parent or parents of the Member;
- (d) sibling or siblings of the Member.

If there is no such survivor, any lump sum death payment shall be paid to the Member's estate.

See page 25 for the definition of "domestic partner" for the purpose of this provision only.

CORE LIFE INSURANCE

- Continued

WHEN COVERAGE ENDS

Your coverage will end on the earliest of the following dates:

- (a) the last day of the pay period for which premiums are paid, based on your earnings as an eligible employee;
- (b) the last day of the second month following the month in which the employee last meets the minimum required **average regular paid time**; or
- (c) the day the Group Insurance Plan is discontinued.

Termination or Retirement

If you leave University employment or retire, your insurance terminates on the last day of the last pay period for which premiums are paid by the University based on your earnings as an eligible employee.

Reduction in Average Regular Paid Time

To remain eligible for Core Life Insurance coverage, you must maintain an **average regular paid time** of at least 17.5 hours per week. If your **average regular paid time** falls below this level, your Core Life Insurance may be affected. Contact your local Benefits or Accounting Office for more information.

Leave Of Absence, Furlough, Or Temporary Layoff

If you are placed on furlough, temporary layoff, or take an approved leave of absence without pay, coverage continues for up to 4 calendar months following the month in which the layoff or leave begins. If you take a leave of absence with pay, coverage continues for up to 2 years from the date the leave begins, as long as you have any salary covered by a defined benefit retirement plan to which the University contributes. If you terminate employment or retire while on a leave of absence, furlough or temporary layoff, the rules above ("When Coverage Ends") will apply.

CONVERSION PRIVILEGE

When your Core Life Insurance coverage ends because of retirement, termination of employment, or other loss of eligibility, the insurance may be converted to an individual whole life insurance policy without a medical examination. To convert your group term coverage to individual coverage, you must submit an application and the required premium to The Prudential Insurance Company according to the following rules:

- (a) If you have been given written notice by the 15th day after your group coverage ends, you must submit an application and the required premium within 31 days after your group coverage ends.
- (b) If you have been given written notice more than 15 days after your group coverage ends, you must submit an application and the required premium within 25 days after you have been given the notice. But, in no event may you convert if you do not apply and pay the required premium prior to 92nd day after your group coverage ends.

Contact your local Benefits or Accounting Office for the appropriate form or for more information.

You may select the individual policy from several forms of life insurance customarily issued by Prudential, other than term insurance or any policy containing disability or other supplementary benefits. Premiums will be at non-group rates corresponding to your age at the time of conversion.

If you have Core Life Insurance and become covered by a Basic Life Insurance plan, you may not convert the \$5,000 Core Life Insurance to an individual policy.

Once you convert your group insurance to an individual contract, benefits and rights under the group contract cease. If you later become eligible again for the University's employer-paid group life insurance coverage following conversion, you must surrender the individual policy to be covered under the UC group insurance. Benefits may be paid under either the group policy or the individual policy (but not both).

If you lose coverage under this plan because your **average regular paid time** falls below the minimum level for eligibility (see the "Eligibility" and "Reduction in Average Regular Paid Time" sections above), but you are still employed by the University, you may convert to an individual policy without a medical exam within the following time periods:

- (a) If you have been given written notice by the 15th day after your group coverage ends, you must submit an application and the required premium within 31 days after your group coverage ends.
- (b) If you have been given written notice more than 15 days after your group coverage ends, you must submit an application and the required premium within 25 days after you have been given the notice. But, in no event may you convert if you do not apply and pay the required premium prior to 92nd day after your group coverage ends.

If you die within the 31 day period following the termination of coverage, an amount equal to the amount which might have been converted will be paid as a claim under the Group Policy, whether or not you applied for an individual policy.

CORE LIFE INSURANCE

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EXTENDED DEATH BENEFIT

If you become totally disabled and are less than age 65, Core Life Insurance protection may continue for up to 1 year beyond the date coverage terminates. You must remain continuously unable to engage in any occupation until the date of death. Protection continues for 1 year, or until you are age 65, or until disability ends, whichever comes first.

ASSIGNMENT

Under certain circumstances some employees consider it advantageous to assign their rights to employee group life insurance to another person, a trustee, or a viatical settlement company. Your employee group life insurance may only be assigned as a **gift assignment** (see page 26) or a **value assignment** (see page 26). Collateral assignments are excluded. Note that, once made, assignments are irrevocable. The University and/or Prudential cannot advise you on assignments because they involve complex individual, legal and tax questions. You should consult your attorney before taking such action.

Certain gift assignment forms may be obtained from your local Benefits or Accounting Office. You should consult an attorney before you complete these forms.

SUPPLEMENTAL LIFE INSURANCE

ELIGIBILITY

The following individuals are eligible to enroll in this plan.

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 1 year)". To remain eligible, you must be paid a salary or wage from which plan deductions can be taken. If premiums cannot be taken from pay for two consecutive months, coverage lapses retroactively to the first day of the month for which a premium was missed.

No Dual Coverage

Eligible individuals may be covered under only one of the following categories: as an Employee or a Family Member. If an Employee and the Employee's spouse or domestic partner are both eligible for University-sponsored life insurance as employees, 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 life insurance 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 at (800) 888-8267. You may also access eligibility factsheets on UC's *At Your Service* web site: <http://atyourservice.ucop.edu>.

ENROLLMENT

You may enroll in this plan during your "Period of Initial Eligibility," which starts on the day you become eligible and ends 31 days from that date (for enrollments with paper forms, on the following business day for the local Accounting or Benefits Office if the 31st day is on a weekend or a holiday).

A change in your appointment may create a PIE for you to enroll in (or increase) your Supplemental Life Insurance. A PIE will be created if your appointment change serves to make you eligible to enroll in this coverage for the first time. Also, if you change from an appointment eligible for the University's Mid-Level Benefits to an appointment eligible for Full Benefits, you will be allowed a new PIE. Contact your Benefits Representative for more information.

To enroll in (or increase) your Supplemental Life Insurance after your PIE, you must submit a Statement of Health satisfactory to Prudential. Prudential reserves the right to require medical evidence at your expense, if necessary.

You have 31 days from approval of your health statement to submit your enrollment form to your local Benefits or Accounting Office to enroll.

EFFECTIVE DATE

The effective date of insurance is:

- a) the first day of the "Period of Initial Eligibility", provided your enrollment form (or your electronic enrollment) is received by your local Benefits or Accounting Office during the "Period of Initial Eligibility", or the first day of eligibility, whichever is later.
- b) the date of approval of your Statement of Health from Prudential, if you enroll at any other time, or increase your Life plan coverage (provided your enrollment form is submitted to your local Benefits or Accounting Office within 31 days of the approval).
- c) the day following the first full day you are actively at work, based on your normally scheduled workday, if you are on an approved leave-of-absence for health reasons (or you are a newly hired employee who has not yet reported to work for health reasons) on the date the new or increased coverage would normally go into effect. This rule also applies to newly hired employees who have not yet reported to work for health reasons.

**SUPPLEMENTAL
LIFE INSURANCE - Continued**

BENEFITS

The Supplemental Life Insurance plan provides you with group term life insurance at group rates without medical examination. There are 5 life insurance plans:

- (1) 1 times your annual (100%-time) **salary rate** (up to a plan maximum of \$250,000);
- (2) 2 times your annual (100%-time) **salary rate** (up to a plan maximum of \$500,000);
- (3) 3 times your annual (100%-time) **salary rate** (up to a plan maximum of \$750,000);
- (4) 4 times your annual (100%-time) **salary rate** (up to a plan maximum of \$1,000,000); or
- (5) a flat \$20,000.

To determine the amount of insurance for which you are eligible, round your annual salary rate (100%-time) to the next higher multiple of \$1,000 (if it is not an exact multiple of \$1,000) and multiply the result by 1, 2, 3 or 4.

This insurance does entitle you to a waiver of premium in the event of total disability occurring before age 65 (see page 16).

In addition, an Accelerated Benefits Option is available to Terminally Ill Employees who meet certain requirements (see page 15). This option provides approximately 75% of the life insurance amount in force on your life up to a maximum of \$250,000.

See page 26 for information regarding Benefit Payment Options available to your beneficiaries/family members.

**SUPPLEMENTAL
LIFE INSURANCE - Continued**

BENEFICIARY DESIGNATION

You may designate your own beneficiary(ies). You may name a new or different beneficiary at any time by completing a beneficiary designation form (UPAY 718) available from your local Benefits Office and on the UC HR/Benefits website, www.ucop.edu/bencom.

- Your beneficiary may be any person or persons you wish to name. "Person" includes any entity capable of taking and holding property.
- If you are married or have a **domestic partner**, you may need to consider your spouse's or **domestic partner's** community property rights before you designate someone else as your primary beneficiary.

If you reside in a community property state, a designation of beneficiary may be subject to challenge if such designation will result in your spouse or **domestic partner** receiving less than his or her proportionate share of the benefit attributable to community property.

You may want to consult with an attorney regarding non-standard beneficiary designations, such as "Trusts". See the UC beneficiary designation form (UPAY 718) for instructions for naming a trust as beneficiary. Prudential will assist in reviewing non-standard or complex beneficiary designations and in providing procedural information about making these designations. Contact Prudential at 1-800-524-0542.

If the member does not name a Beneficiary or if the designation of a Beneficiary is no longer effective, the person or persons (on a share and share alike basis) in the first of the following categories in which there is a survivor shall be the Beneficiary:

- (a) legal spouse or **domestic partner** of the Member;
- (b) child or children, including adopted child or children, of the Member (child or children of a deceased child shall take the share of such child by representation);
- (c) parent or parents of the Member;
- (d) sibling or siblings of the Member.

If there is no such survivor, any lump sum death payment shall be paid to the Member's estate.

See page 25 for the definition of "domestic partner" for the purpose of this provision only.

NOTE: If you are covered by the Basic Life Insurance Plan and enroll in a Supplemental Plan, you can name the same or different beneficiaries for the 2 plans.

CHANGE IN SALARY RATE:

If you enroll in a Life Insurance Plan based on your annual **salary rate** -- your full-time **salary rate** on January 1 of each year is used to determine the amount of insurance you have during the calendar year. Changes in your **salary rate** after any January 1 are reflected in your life insurance amount the following January 1. Coverage will not be reduced automatically if your full-time **salary rate** is reduced. You may write to your local Accounting Office for a prospective reduction in coverage based on your reduced salary rate. If you are not actively at work on the first working day following a January 1 adjustment of your coverage amount, the change in coverage amount will not be effective until you return to active work.

See the definition of "**salary rate**" on page 26 to determine your annual salary rate.

If you are working at 100% time, your **salary rate** is the salary you are appointed to receive. If you work at less than 100% time, your **salary rate** is 100% times the rate for your title. If you have a split appointment at different rates, your **salary rate** is proportionate to the 100% rates of appointments.

YOUR MONTHLY COST

The monthly cost of the plan is fully paid by you. Your cost depends on your age and the amount of coverage you buy. Individual premiums are based on your salary and age as of each January 1st. For late enrollees, premium is based on age and salary as of January 1st of the current year and adjusted each January 1st thereafter. For new hires, premium is based on age as of January 1st of the current year and your salary as of date of hire, and adjusted each January 1st thereafter. If you enroll in a plan which is based on a multiple of your salary, your monthly cost is adjusted each January 1, based on your current salary (see "Change in Salary Rate" above). Contact your local Benefits Office to obtain current rate information.

**SUPPLEMENTAL
LIFE INSURANCE - Continued**

ACCELERATED BENEFITS OPTION

Under the **Accelerated Benefits Option**, a **Terminally Ill Employee** may elect to have a portion of his or her Basic and Supplemental Life Insurance paid out prior to death. This benefit, the **Terminal Illness Proceeds**, can be used for any purpose. The benefit you receive is 75% of the total coverage amount, up to \$250,000, and is paid directly to you, either in 1 lump sum or in 12 equal monthly installments. The amount that would otherwise be paid to your beneficiaries at death is reduced by this amount.

In order to qualify for this Option, you must have become a **Terminally Ill Employee** while insured under the plan, or while your death benefit protection is being extended under the Waiver of Premium provision.

This option may be elected only once.

The **Terminal Illness Proceeds** may be taxable. You may wish to obtain the advice of a tax and/or legal professional before applying for this option.

The **Terminal Illness Proceeds** will be equal to 75% of your Basic and Supplemental Life Insurance amount.

See page 27 for examples of **Accelerated Benefits Option** calculations.

For more information about valuation and payment under the **Accelerated Benefits Option**, call Prudential at 1-800-524-0542.

To Whom Payable: The benefits under this option are payable to you.

Amount Due But Unpaid at Your Death: If you elect monthly installments and you die before all **Terminal Illness Proceeds** payments have been made, Prudential will pay your Beneficiary or Beneficiaries the total of the payments that remain.

Additional Conditions: Your right to be paid under this option is subject to these terms:

- (1) You must choose this option in writing in a form that satisfies Prudential.
- (2) You must furnish proof that satisfies Prudential that your life expectancy is 12 months or less, including certification by a Doctor.
- (3) Your Basic and Supplemental Life Insurance must not be assigned.
- (4) **Terminal Illness Proceeds** will be made available to you on a voluntary basis only. You are not eligible for this benefit if you elect the benefit involuntarily solely because:
 - (c) You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise.
 - (d) You are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement.

Effect on Insurance: When you elect this option, the total amount otherwise payable on your death, including any amount under an extended death benefit, will be reduced by the **Accelerated Benefits Option Amount**. Also, any amount you could otherwise have converted to an individual contract will be reduced by the **Accelerated Benefits Option Amount**.

See "Definitions" beginning page 25 and "How To File A Claim" on page 30 for information.

ASSIGNMENT

Under certain circumstances some employees consider it advantageous to assign their rights to employee group life insurance to another person, a trustee, or a viatical settlement company. Your employee group life insurance may only be assigned as a **gift assignment** (see page 26) or a **value assignment** (see page 26). Collateral assignments are excluded. Note that, once made, assignments are irrevocable. The University and/or Prudential cannot advise you on assignments because they involve complex individual, legal and tax questions. You should consult your attorney before taking such action.

Certain gift assignment forms may be obtained from your local Benefits or Accounting Office. You should consult an attorney before you complete these forms.

**SUPPLEMENTAL
LIFE INSURANCE - Continued**

WAIVER OF PREMIUM

If you become disabled for any occupation while covered (see definition of "**Total Disability**" on page 26), you may qualify for an "extended" death benefit (continuance of insurance protection without having to pay the premium). If you become totally disabled before age 65 and disability exists continuously for 6 months, this provision allows for continuance of life insurance protection without payment of premiums. You must provide written proof of your disability no later than 1 year after commencement of the total disability and submit proof of your continuous disability each year thereafter to the insurance company. Protection continues until you reach age 70, as long as you remain totally disabled. You may want to continue your premium payments while your application is pending to avoid losing coverage in the event your application is not approved. Arrangements for direct payment of premiums must be made at the beginning of your approved leave of absence through your local Accounting Office.

WHEN COVERAGE ENDS

Your coverage will end on the earliest of the following dates:

- (a) the last day of the pay period for which premiums are paid based on your earnings as an eligible employee; or
- (b) the last day of the pay period in which a form to cancel coverage is received in the local Benefits or Accounting Office; or
- (c) the day the Group Insurance Plan is discontinued.

Cancellation of Coverage

If you cancel your insurance, coverage ends on the last day of the pay period in which your local Accounting or Benefits Office receives the form to cancel coverage.

Termination or Retirement

If you leave University employment or retire, your insurance terminates at the end of the last pay period for which you paid a premium as an eligible employee. You may convert your coverage to an individual policy (see the Conversion Privilege section below).

Leave of Absence, Furlough or Layoff

If you take a leave of absence with pay, coverage continues for up to 2 years from the date the leave begins, provided your paycheck is large enough to cover the premiums.

If you are placed on furlough or layoff, coverage may continue for up to 4 calendar months from the date the layoff or furlough begins, provided prior arrangements are made with and premiums are paid to the local Accounting Office.

If you take an approved leave of absence without pay, you may continue coverage for up to 2 years, provided prior arrangements are made with and premiums are paid to the local Accounting Office. If you terminate employment or retire while on a leave of absence, furlough or layoff, the rules above ("When Coverage Ends") will apply.

PORTABILITY

If your coverage ends, your Supplemental Life Plan contains a feature that enables you to continue similar coverage at group rates under another contract. Evidence is not required to become insured under the Portability Plan. But, if you submit evidence and Prudential decides evidence is satisfactory, you will pay lower premium rates. This is called portability. Basic Life insurance is not eligible for continuation under the portability feature.

Portability is not available if your coverage ends because:

- (a) you fail to pay the required premiums when due;
- (b) you are not actively at work on the day your coverage ends;
- (c) the Plan ends and is replaced by group life insurance from another carrier; or
- (d) you are more than 80 years old.

The minimum amount of insurance that can be ported is \$20,000. The maximum is 5 times your annual Earnings or \$1,000,000.

**SUPPLEMENTAL
LIFE INSURANCE - Continued**

You must apply for portability and pay the required premium during the Portability Application Period. The Portability Application Period is the 31 day period after your Supplemental Life Insurance ends. But, if you have the right to convert your insurance to an individual contract under the Supplemental Life Coverage, it is the longer of:

- (a) the 31 day period after your Supplemental Life Insurance ends; and
- (b) the number of days during which you have the right to convert your insurance under the Supplemental Life Insurance.

You will need to contact the HR Service Center for further information and an application. If you choose to port your coverage, you may not also convert it.

If you choose to port your Supplemental Life Insurance you may also port coverage for your dependents. See Page 23.

CONVERSION PRIVILEGE

When your Supplemental Life Insurance coverage ends because of retirement, termination of employment, or other loss of eligibility, the insurance may be converted to an individual whole life insurance policy without a medical examination. To convert your group term coverage to individual coverage, you must submit an application and the required premium to The Prudential Insurance Company according to the following rules:

- (a) If you have been given written notice by the 15th day after your group coverage ends, you must submit an application and the required premium within 31 days after your group coverage ends.
- (b) If you have been given written notice more than 15 days after your group coverage ends, you must submit an application and the required premium within 25 days after you have been given the notice. But, in no event may you convert if you do not apply and pay the required premium prior to 92nd day after your group coverage ends.

Contact your local Benefits or Accounting Office for the appropriate form or for more information.

You may select the individual policy from several forms of life insurance customarily issued by Prudential, other than term insurance or any policy containing disability or other supplementary benefits. Premiums will be at non-group rates corresponding to your age at the time of conversion.

If your application for the premium waiver benefit is denied while you are making direct premium payments to your local Accounting Office, you must apply for conversion within the following time periods after the date your application is denied:

- (a) If you have been given written notice by the 15th day after your group coverage ends, you must submit an application and the required premium within 31 days after your group coverage ends.
- (b) If you have been given written notice more than 15 days after your group coverage ends, you must submit an application and the required premium within 25 days after you have been given the notice. But, in no event may you convert if you do not apply and pay the required premium prior to 92nd day after your group coverage ends.

Once you convert your group insurance to an individual contract, benefits and rights under the group contract cease. If you later become eligible and enroll again for Supplemental group life insurance coverage following conversion, you must surrender the individual policy to be covered under the UC group insurance. Benefits may be paid under either the group policy or the individual policy (but not both).

NOTE: The amount you are eligible to convert to an individual contract will be reduced by any Accelerated Benefits payment you have received - see the Accelerated Benefits Option section beginning on page 15.

If you die within the 31 day period following the termination of coverage, an amount equal to the amount which might have been converted will be paid as a claim under the Group Policy, whether or not you applied for an individual policy.

DEPENDENT LIFE INSURANCE

The Dependent Life Insurance Plans help provide you with protection against the financial burden that may follow the loss of a spouse/ domestic partner or a child.

ELIGIBILITY

You may enroll in the Basic Dependent Life Insurance Plan if you are enrolled in the Basic Life Insurance Plan (see page 4). If you are enrolled in the Supplemental Life Insurance Plan (see page 12) or the Senior Management Plan, you may enroll in either the Basic Dependent Life Insurance Plan or the Expanded Dependent Life Insurance Plan.

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 dependents(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 or domestic partner is age 62 or older and eligible to receive Social Security benefits and both the employee 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, 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;
- (e) Children for whom you are legally required to provide group health insurance pursuant to an administrative court order. (Child must meet UC eligibility requirements.)

Any child attested above (except a legal ward) who is incapable of self-support due to a physical or mental handicap 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 medical 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;
- 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 or 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.

**DEPENDENT
LIFE INSURANCE - Continued**

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 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. Disabled children approved for continued coverage under a University-sponsored medical plan are eligible for continued coverage under any other University-sponsored plan; if enrollment is transferred from one plan to another, a new application for continued coverage is not required; however, the new Plan may require proof of continued disability, but not more than once a year.

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 medical 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.

Dependents may not be covered:

- a) if they are insured for Supplemental Life Insurance as employees of the University; or
- b) if the employee or former employee is protected under the Waiver of Premium provisions of the Supplemental Life Insurance or the Extended Death Benefit provisions of the Basic or Core Life Insurance following termination of such insurance. See the provisions under Conversion Privilege on page 24.

No Dual Coverage

Eligible individuals may be covered under only one of the following categories: as an Employee or a Family Member. If an Employee and the Employee's spouse or domestic partner are both eligible for University-sponsored life insurance as employees, 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 life insurance plans. You may cover your family members under either the Basic or the Expanded Dependent Life plan. You may not cover them under both plans. Duplicate UC-sponsored coverage is not allowed.

In any event, where duplicate coverage has occurred, benefits will be paid under the plan with the earliest effective date.

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 at (800) 888-8267. You may also access eligibility factsheets on UC's *At Your Service* web site: <http://atyourservice.ucop.edu>.

ENROLLMENT

For information about enrolling yourself or an eligible Family Member, see the person at your location who handles benefits. 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 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.

Basic Dependent Life

If you have dependents eligible for coverage under this program, you may cover them:

- a) during your "Period of Initial Eligibility" (defined below), or
- b) if you do not have eligible dependents when appointed in an eligible position, you have **another** "Period of Initial Eligibility" starting on the date you acquire your **first** eligible dependent.

Once you have enrolled in the plan, it is not necessary to enroll additional dependents, since the family contribution automatically provides coverage for all eligible family members.

**DEPENDENT
LIFE INSURANCE - Continued**

Expanded Dependent Life

To cover eligible dependents under this plan, you must complete an enrollment form during:

- a) your own "Period of Initial Eligibility" (defined below), or
- b) if you do not have eligible dependents, the "Period of Initial Eligibility" that begins on the date you acquire your first eligible dependent.

If your spouse/domestic partner is the first eligible dependent for coverage, you should enroll in the Spouse/Domestic Partner Only coverage. You have a second "Period of Initial Eligibility" when your first child is born, but you may not enroll your spouse/same-sex domestic partner at that time if he/she was eligible earlier. Coverage for additional children is automatic.

Both Plans

During a Period of Initial Eligibility (PIE)

A **PIE begins** the day you become eligible and ends 31 days after it began. Also see "At Other Times for Employees" below. If the last day of a PIE falls on a weekend or holiday, the PIE is extended to the following business day when enrolling with forms. A Statement of Health is not required to cover your eligible dependent children.

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.

You may enroll any newly eligible Family Members during his or her PIE. The Family Member's PIE starts the day your Family Member becomes eligible, as described below. During this PIE you may also enroll yourself and/or any other eligible Family Member if not enrolled during your own or their own PIE. You must enroll yourself in order to enroll any eligible Family Member.

- (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" 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 or
 - ii) The date the Employee or Spouse/Domestic Partner has the legal right to control the child's healthcare.

A child is "placed for adoption" with the Employee as of the date the Employee 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 Employee

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

EFFECTIVE DATE

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

Your dependents' insurance will become effective the first day of the "Period of Initial Eligibility" provided the enrollment form (or electronic enrollment) is received in your local Benefits or Accounting Office within your PIE (Period of Initial Eligibility).

NOTE: The coverage effective date for newborn children will begin at birth. However, other dependents who are confined to a hospital on the date their insurance would become effective will not be covered until the day after their release from the hospital. This delayed effective date due to a dependent's hospital confinement will not apply to your natural child or adopted child added after your initial enrollment.

If you request coverage for your eligible spouse/domestic partner by a Statement of Health, the effective date is the date Prudential approves the application (provided your enrollment form is submitted to your local Benefits or Accounting Office within 31 days of the approval).

Once you have enrolled in the Basic plan or the Expanded plan with coverage for spouse/same-sex domestic partner and child(ren), new eligible family members are covered automatically on the date they become eligible.

**DEPENDENT
LIFE INSURANCE - Continued**

BENEFITS/BENEFICIARY DESIGNATION

Benefits are payable to you in the event of the death of your insured dependent(s) under the Basic Plan. Under the Expanded Plan, benefits will continue to be paid to you in the event of the death of your insured dependent(s), however, you may designate a different beneficiary for "Spouse/Domestic Partner" benefits. A separate beneficiary form will be used. Contact your department or Benefits Representative for details.

If you are not living in the event of the death of your insured dependent(s), benefits will be paid to the surviving spouse's or domestic partner's estate.

For the death of the employee's eligible child, benefits will be paid to the first of the following categories with a survivor:

The employee

The child's parent

The child's brothers and sisters (in equal shares)

The child's estate

See page 26 for information regarding Benefit Payment Options.

CHOICE OF DEPENDENT LIFE INSURANCE PLANS

There are 2 life insurance plans you may choose for your eligible dependents: (1) Basic or (2) Expanded.

BASIC PLAN

Amount of Coverage

Legal Spouse/
Domestic
Partner

\$5,000

Dependents less
than 26 years

\$5,000 each

EXPANDED PLAN

Amount of Coverage

Legal Spouse/
Domestic
Partner

50% of the Employee's amount of insurance under the Supplemental Life Insurance or Senior Management Life Insurance, whichever is greater, rounded to the next higher \$1,000 if the amount is not an exact multiple of \$1,000, up to a maximum of \$200,000*

Dependents age
less
than 26 years

\$10,000 each

* Adjustments in Employee's amount of insurance will result in an adjustment of the Spouse's/Domestic Partner's insurance amount.

In addition, an Accelerated Benefits Option is available to a Terminally Ill spouse or domestic partner who meet certain requirements (below). This option provides approximately 50% of the life insurance amount in force on your spouse's or domestic partner's life up to a maximum of \$50,000.

YOUR MONTHLY COST

Basic Plan

The monthly cost of the plan is fully paid by you and depends on your age. Premiums are adjusted each January 1 based on your current age and any rate changes in effect. Contact your local Benefits Office to obtain current rate information.

Expanded Plan

The monthly cost of the plan is fully paid by you and depends on your age and whether you are covering children or a spouse/domestic partner or both. Premiums are adjusted each January 1 based on your current age and any rate changes in effect. Contact your local Benefits Office to obtain current rate information.

**DEPENDENT
LIFE INSURANCE - Continued**

ACCELERATED BENEFITS OPTION

Under the **Accelerated Benefits Option**, you may elect to have a portion of your **Terminally III Dependent's** Basic or Expanded Dependent Insurance paid out prior to death. This benefit, the **Terminal Illness Proceeds**, can be used for any purpose. The benefit you receive is 50% of the total coverage amount, up to \$50,000, and is paid directly to you, either in 1 lump sum or in 12 equal monthly installments. The amount that would otherwise be paid to you or to any designated beneficiary under the Expanded Plan is reduced by this amount.

In order to qualify for this Option, your spouse or domestic partner must have become a **Terminally III Dependent** while insured under the plan.

This option may be elected only once.

The **Terminal Illness Proceeds** may be taxable. You may wish to obtain the advice of a tax and/or legal professional before applying for this option.

The **Terminal Illness Proceeds** will be equal to 50% of your spouse's or domestic partner's Basic Dependent or Expanded Dependent Insurance amount.

See page 27 for examples of **Accelerated Benefits Option** calculations.

For more information about valuation and payment under the **Accelerated Benefits Option**, call Prudential at 1-800-524-0542.

To Whom Payable: The benefits under this option are payable to you.

Amount Due But Unpaid at your spouse or domestic partner's Death: If you elect monthly installments and your Terminally III Dependent dies before all payments have been made, Prudential will pay in one sum the total of the payments that remain according to the rules of the plan in which you are enrolled.

Amount Due But Unpaid at Your Death: If you elect monthly installments and you die before all **Terminal Illness Proceeds** payments have been made, Prudential will pay your spouse or domestic partner the total of the payments that remain. If your spouse or domestic partner is not living, Prudential will pay in one sum the total remaining payments according to the rules of the plan in which you are enrolled.

Additional Conditions: Your right to be paid under this option is subject to these terms:

- (1) You must choose this option in writing in a form that satisfies Prudential.
- (2) You must furnish proof that satisfies Prudential that your spouse's or domestic partner's life expectancy is 12 months or less, including certification by a Doctor.
- (3) The Basic Dependent Life or Expanded Dependent Life Insurance must not be assigned.
- (4) **Terminal Illness Proceeds** will be made available to you on a voluntary basis only. You are not eligible for this benefit if you elect the benefit involuntarily solely because:
 - (a) You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise.
 - (b) You are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement.

Effect on Insurance: When you elect this option, the total amount otherwise payable on your spouse's or domestic partner's death, will be reduced by the **Accelerated Benefits Option Amount**. Also, any amount your spouse or domestic partner could otherwise have converted to an individual contract will be reduced by the **Accelerated Benefits Option Amount**.

See "Definitions" beginning on page 25 and "How To File A Claim" on page 30 for information.

WHEN COVERAGE ENDS

Your coverage will end on the earliest of the following dates:

- (a) the last day of the last pay period for which premiums are paid based on earnings as an eligible employee;
- (b) the last day of the last pay period the individual is eligible for coverage as a family member;
- (c) (Basic Plan) the day the employee's Basic Life Insurance terminates if the employee is not enrolled in Supplemental Life Insurance;
- (d) (Basic Plan) the day the employee's Supplemental Life Insurance terminates if the employee is not covered by the University's employer-paid Life Insurance (Coverage may be continued if termination is due to employee's death. See "Employee's Death - Continuation of Coverage" below.);
- (e) the last day of the pay period in which a form to cancel coverage is received in the local Benefits or Accounting Office; or
- (f) the day the group contract between the University and the carrier is terminated.

**DEPENDENT
LIFE INSURANCE - Continued**

If one or more of your family members become ineligible for coverage due to marriage, death, divorce, legal separation or annulment or any other reason, it is your responsibility to make any changes necessary in your Dependent Life enrollment. Your dependent's insurance coverage may be converted when coverage ends--see the Conversion Privilege section below.

Termination or Retirement

If you leave University employment or retire, your insurance terminates at the end of the last pay period of which you paid a premium as an eligible employee. You may convert your coverage to an individual policy (see the Conversion Privilege section below).

Employee's Death - Continuance of Coverage

If your Dependent Life Insurance terminates because of your death, the period of continuance for your dependents is 6 months from the date of death. Your dependents must arrange to make direct payment of premiums during the 6 month period.

The amount payable during the period of continuance will be the amount for which each dependent was last insured.

Leave of Absence, Furlough or Layoff

If you take a leave of absence with pay, your Basic Dependent life insurance may continue for up to 2 years from the date the leave begins, provided your Basic Life Insurance or Supplemental Life Insurance continue and your paycheck is large enough to cover any premiums.

If you take a leave of absence with pay, your Expanded Dependent Life Insurance may continue for up to 2 years from the date the leave begins, provided your paycheck is large enough to cover the premiums for both Supplemental and Dependent Life Insurance

If you are placed on furlough or layoff, Basic Dependent Life Insurance may continue for up to 4 calendar months from the date the layoff or furlough begins, provided Supplemental Life Insurance continues or you have Basic Life Insurance, and prior arrangements are made with and premiums paid to the local Accounting Office. Expanded Dependent Life Insurance will continue for up to 4 calendar months if you continue your Supplemental Life Insurance and prior arrangements are made to continue premium payments.

If you take an approved absence without pay, you may continue Basic or Expanded Dependent Life Insurance for up to 2 years, or up to 6 months during an approved military leave of absence, if you also continue your Supplemental Life Insurance. If you do not have/continue Supplemental Life Insurance, but are covered by Basic Life Insurance, Basic Dependent Life Insurance may be continued for the first 4 months of leave. Prior arrangements must be made with, and premiums paid to, the local Accounting Office.

If you terminate employment or retire while on a leave of absence, furlough or temporary layoff, the rules above ("When Coverage Ends") will apply.

PORTABILITY

If your coverage ends, your Basic and Expanded Dependent life plans contain a feature that enables you to continue similar coverage at group rates under another contract. Evidence of Insurability is not required for a dependent to become insured. But, if evidence is submitted for your spouse, or domestic partner, and Prudential decides that evidence is satisfactory, you or, in the case of your death or divorce or your spouse or domestic partner will pay lower premium rates for your spouse's or domestic partner's coverage.

You have the right to apply for dependents term life coverage under the Portability Plan for a dependent if all of these tests are met:

- (1) You apply and become covered for term life coverage under the Portability Plan.
- (2) The Dependent Life Insurance on the dependent ends because your Supplemental Term Life Insurance ends for any reason other than the following:
 - (a) you fail to pay the required premiums when due;
 - (b) your dependent is not confined for medical care or treatment, at home or elsewhere on the day your coverage ends;
 - (c) the Plan ends and the coverage is replaced by group term life insurance from any carrier for which you are or become eligible within the next 31 days;
- (3) With respect to your spouse or domestic partner, that spouse or domestic partner is less than 80 years old.
- (4) With respect to the child, that child is less than age 19 or less than age 23, enrolled as a full time student in a school, and wholly depends on you for support and maintenance.
- (5) The dependent is covered for Basic or Expanded Dependents Life Insurance on the day your term life coverage ends.
- (6) The dependent is not confined for medical care or treatment, at home or elsewhere on the day your term life coverage ends.

The maximum amount of insurance that can be ported is 5 times your annual Earnings or \$1,000,000.

**DEPENDENT
LIFE INSURANCE - Continued**

If you die, your spouse or domestic partner will have the right to apply for term life coverage under the Portability Plan if that spouse or domestic partner meets all the tests in items 3,5 and 6 above. In addition, your spouse or domestic partner will also have the right to apply for dependents term life coverage under the Portability Plan for the dependent child if the spouse or domestic partner becomes covered under the Portability plan and the child meets all the tests in items 4,5 and 6 above.

If you divorce or your domestic partner ceases to be a qualified dependent, your spouse or domestic partner will have the right to apply for dependents term life coverage under the Portability Plan if the dependents term life coverage ends due to divorce or your domestic partner ceases to be a qualified dependent; and the spouse or domestic partner is less than 80 and not confined for medical care or treatment at home or elsewhere on the date your term life coverage ends.

You must apply for portability for your dependents and pay the required premium during the Portability Application Period. In the case of your death or divorce or your domestic partner ceasing to be a dependent, your spouse or domestic partner has the right to apply for coverage during The Portability Application Period and pay the required premiums. The Portability Application Period is the longer of:

- (a) the 31 day period after your Basic and Expanded Dependents Life Insurance ends; and
- (b) either: (i) the number of days during which you have the right to convert your insurance under the Basic and Expanded Dependents Life Coverages as described under those Coverages; or (ii) in the case of your death or divorce or your domestic partner ceasing to be a dependent, the number of days during which your spouse or domestic partner has the right to convert the insurance to an individual life insurance contract under the Basic and Expanded Dependents Life Coverages.

You will need to contact the HR Service Center for further information and an application. If you choose to port your dependents coverage, or in the case of your death or divorce, your spouse or domestic partner chooses to port dependents coverage, you or your spouse or domestic partner may not also convert it.

CONVERSION PRIVILEGE

If your Dependent Life Insurance terminates for one of the reasons below, your dependents may convert the Dependents Life Insurance to individual coverage without a medical examination.

The reasons are:

- You leave University employment, retire, or you or your dependents otherwise lose eligibility;
- The Dependent Life Insurance ends because of your death; or
- The Dependent Life Insurance ends because you have been approved for the waiver of premium benefit under the Supplemental Life Insurance plan (see pages 16 and 24).

To convert to individual coverage, you must submit an application and the required premium according to the following rules:

- (a) If you have been given written notice by the 15th day after the Dependents Life Insurance ends, you must submit an application and the required premium within 31 days after your group coverage ends.
- (b) If you have been given written notice more than 15 days after the Dependents Life Insurance ends, you must submit an application and the required premium within 25 days after you have been given the notice. But, in no event may you convert if you do not apply and pay the required premium prior to the 92nd day after the Dependents Life Insurance ends.

Contact your department or Benefits Representative for the appropriate form or for more details.

Your covered dependents may select the individual policies from several forms of life insurance customarily issued by Prudential, other than term insurance or any policy containing disability or other supplementary benefits. Premiums will be at non-group rates in effect at the time of conversion.

If your dependent dies within the 31 day period following the termination of coverage, an amount equal to the amount which might have been converted will be paid as a claim under the Group Policy, whether or not the dependent applied for an individual policy.

GENERAL INFORMATION

DEFINITIONS

Some of the terms used in this booklet have specific, technical meanings as noted below:

ACCELERATED BENEFITS OPTION:

For You, this refers to a benefit under the Basic and Supplemental Life Insurance plan which allows a Terminally Ill Employee, who meets specified conditions, to elect to receive part of their Basic and Supplemental Life Insurance coverage amount while they are living. See "Terminal Illness Proceeds", "Accelerated Benefits Option Amount" and "Terminally Ill Employee" for other terms related to the Accelerated Benefits Option.

For your spouse or domestic partner, this refers to a benefit under the Basic or Expanded Dependent Life Insurance plan which allows you to elect to receive a part of a Terminally Ill Dependent's Basic or Expanded Dependent Life Insurance coverage amount while they are living, if they meet specified conditions. See "Terminal Illness Proceeds", "Accelerated Benefits Option Amount" and "Terminally Ill Dependent" for other terms related to the Accelerated Benefits Option.

ACCELERATED BENEFITS OPTION AMOUNT

For You, this refers to the amount of Basic and Supplemental Life Insurance that you may elect to place under the Accelerated Benefits Option. The Accelerated Benefits Option Amount is equal to 75% of the Basic and Supplemental Life Insurance in force on your life on the date Prudential receives the proof that you are a Terminally Ill Employee, but not more than \$250,000. See "Terminal Illness Proceeds" for a description of the actual amount you would receive.

For your spouse or domestic partner, this refers to the amount of Basic or Expanded Dependent Life Insurance that you may elect to place under the Accelerated Benefits Option. The Accelerated Benefits Option Amount is equal to 50% of the Basic or Expanded Dependent Life Insurance in force on your spouse's or domestic partner's life on the date Prudential receives the proof that your spouse or domestic partner is a Terminally Ill Dependent, but not more than \$50,000. See "Terminal Illness Proceeds" for a description of the actual amount you would receive.

AVERAGE REGULAR PAID TIME: For any month, an employee's **average regular paid time** is the average number of regular paid hours per week (excluding overtime, stipend or bonus time worked by the employee) in the preceding 12 month period. A month with zero regular paid hours--

- (1) which occurred during the employee's furlough or approved leave without pay will not be included in the calculation of the average. If such absence exceeds 11 months, the averaging will be restarted.
- (2) which occurred during a period when the employee was not on furlough or approved leave without pay will be included in the calculation of the average. After 2 consecutive such months, the averaging will be restarted.

For a partial month of zero regular paid hours due to furlough, leave without pay or initial employment--

- (1) if the employee worked at least 43.75% of the regular paid hours available in the month, the month will be included in the calculation of the average.
- (2) if the employee did not work at least 43.75% of the regular paid hours available in the month, the month will not be included in the calculation of the average.

DOMESTIC PARTNER, for the purpose of the beneficiary provision only, means an individual with respect to whom the following requirements are met:

- (1) Such individual is designated by a Member as a domestic partner by one of the following methods:
 - (a) The domestic partnership of such individual and Member is validly registered by the California Secretary of State, and a copy of the applicable State registration form(s) is filed with the University; or
 - (b) The domestic partnership of such individual and Member is in an established union other than marriage and is recognized under California law as the equivalent of a validly registered domestic partnership; or
 - (c) A valid Declaration of Domestic Partnership, or such other form as required by the University, is filed by such Member with the University, and supporting documentation that demonstrates the existence of the domestic partnership at the time of filing is provided to the University by the Member in accordance with the Plan Regulations.
- (2) The Member and the individual designated as his or her Domestic Partner satisfy the following requirements:
 - Each is the other's sole Domestic Partner in a long-term, committed relationship and intend to remain so indefinitely.
 - Neither is legally married, and they are not related by blood to a degree of closeness that would prohibit legal marriage in the State of California.
 - Each is age 18 or older and has the ability to consent to the relationship.
 - They reside together and intend to reside together indefinitely.
 - They are financially interdependent.

GENERAL INFORMATION - Continued

- (3) The filing of any form or documentation with the University shall be subject to the requirements set forth in the Plan Regulations. The University may add additional requirements or procedures for establishing the eligibility of a Domestic Partner in the Plan Regulations. An individual shall not be a Domestic Partner unless such requirements are satisfied with respect to such person.

EMPLOYEE means an employee appointed and paid by the University, actively working under the direction and control of the University.

GIFT ASSIGNMENT: A transfer, by absolute and irrevocable assignment, of all incidents of ownership and all other rights, title, interest, both present and future, in and to the insurance under the group policy. This includes, but is not limited to, the right to designate and change a beneficiary, the right to make requisite contributions to maintain the insurance in force under the group policy, and the right to exercise any conversion privilege provided under the group policy.

SALARY RATE means the monthly salary you are appointed to receive under your academic, nonacademic, and/or administrative title(s) payable through the University. This includes such things as stipends for department chairs, or shift differentials. It does not include:

- (1) overtime payments,
- (2) consulting fees or payments in lieu of private practice,
- (3) general assistance "by-agreement" payments,
- (4) compensation for extension teaching,
- (5) compensation received for summer session or other vacation period employment in excess of regular salary,
- (6) any remuneration received which is in excess of 100% of full-time equivalent of your regular and normal position, and
- (7) perquisites and any bonuses or other special compensation.

TERMINALLY ILL EMPLOYEE means an employee whose life expectancy is 12 months or less.

TERMINALLY ILL DEPENDENT means a spouse or domestic partner whose life expectancy is 12 months or less.

TERMINAL ILLNESS PROCEEDS

For you, this refers to the amount you may receive under the Accelerated Benefits Option. The Terminal Illness Proceeds are equal to 75% of the Basic and Supplemental Life Insurance (Accelerated Benefits Option Amount) in force on your life on the date Prudential receives the proof that you are a Terminally Ill Employee. In no event will the amount of Terminal Illness Proceeds exceed \$250,000.

For your spouse or domestic partner, this refers to the amount you may receive under the Accelerated Benefits Option for your spouse or domestic partner. The Terminal Illness Proceeds are equal to 50% of the Basic or Expanded Dependent Life Insurance (Accelerated Benefits Option Amount) in force on your spouse's or domestic partner's life on the date Prudential receives the proof that your spouse or domestic partner is a Terminally Ill Dependent. In no event will the amount of Terminal Illness Proceeds exceed \$50,000.

TOTAL DISABILITY exists when Prudential determines that these conditions are met:

- (1) You are not engaged in any gainful occupation; and
- (2) You are completely unable, due to sickness or injury or both, to engage in any and every gainful occupation for which you are reasonably fitted by education, training, or experience.

VALUE ASSIGNMENT: A transfer of all rights and benefits of ownership of your life insurance to a viatical settlement company, made in consideration of terminal illness, in exchange for an agreed upon amount.

SERVICES FOR BENEFICIARIES/FAMILY MEMBERS

Benefit Payment Options*

Beneficiaries and other recipients of group life insurance proceeds of \$5,000 or more may choose to receive payment (a) as a lump sum, or (b) through a personalized, interest-bearing draft account (called the Alliance Account). Group Life Insurance proceeds will be paid into the Alliance Account unless another payment option is selected.

Beneficiaries also have a number of payment options available to them. In addition to a lump sum check payment, beneficiaries may elect to receive all or part of their life insurance proceeds through other payment options. These other payment options include a Certificate of Deposit and 4 types of Guaranteed Income Payments (Annuities).

A toll-free Customer Service number has been established so that beneficiaries can obtain answers to questions they have about life claim payments. For additional information, you may contact Prudential at 1-800-524-0542.

* Some methods of claim settlement are subject to specific conditions. If a beneficiary or recipient of group life insurance proceeds selects a method of payment that is not available because the payment does not meet the specific conditions of the option, the payment will be made in one lump sum check. Additional details can be obtained from Prudential by calling 1-800-524-0542.

GENERAL INFORMATION - Continued

Sample Accelerated Benefits Option Calculations

Note: The following are examples of calculating an Accelerated Benefit Option Amount. Actual benefits for your situation will differ based on your actual Basic and Supplemental Life Insurance coverage amount or your spouse's or domestic partner's actual Basic or Expanded Dependent Life Insurance coverage amount and the benefit factor in effect at the time you elect the **Accelerated Benefits Option**.

Sample 1

An employee has \$200,000 of coverage under their Basic and Supplemental Life Insurance.

Lump Sum Payment

\$200,000 Your Basic and Supplemental Life Insurance Coverage Amount

x 75%

\$150,000 Your Accelerated Benefits Option Amount

\$150,000 Your Terminal Illness Proceeds -- One Time Payment

Monthly Installments

\$200,000 Your Basic and Supplemental Life Insurance Coverage Amount

x 75%

\$150,000 Your Accelerated Benefits Option Amount

$\$150,000 \div 12 = \$12,500$

\$12,500 Your Terminal Illness Proceeds per Month for 12 Months

Sample 2

A spouse has \$100,000 of coverage under their Expanded Dependent Life Insurance.

Lump Sum Payment

\$100,000 Your spouse's Expanded Dependent Life Insurance Coverage Amount

x 50%

\$50,000 Your Accelerated Benefits Option Amount

\$50,000 Your Terminal Illness Proceeds -- One Time Payment

Monthly Installments

\$100,000 Your spouse's Expanded Dependent Life Insurance Coverage Amount

x 50%

\$50,000 Your Accelerated Benefits Option Amount

$\$50,000 \div 12 = \$4,166$

\$4,166 Your Terminal Illness Proceeds per Month for 12 Months

For more information about valuation and payment under the **Accelerated Benefits Option**, call Prudential at 1-800-524-0542.

INFORMATION REGARDING YOUR CERTIFICATE

A certificate provides a formal definition of plan provisions. It is not evidence of individual coverage.

Individual certificates for you and your dependents may be obtained by calling The Prudential Insurance Company of America at (818) 263-9037.

TERMINATION OF COVERAGE

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 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.

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.

PLAN ADMINISTRATION - Continued

By authority of The Regents, University of California Human Resources and Benefits, 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 booklet 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 booklet and/or the group insurance contracts (regarding eligibility and administration issues, however, the Group Insurance Regulations do not supersede state insurance laws) and service agreements. What is written in this booklet does not constitute a guarantee of plan coverage or benefits--particular rules and eligibility requirements must be met before benefits can be received. Health and welfare benefits are subject to legislative appropriation and are not accrued or vested benefit entitlements.

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 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

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

The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, Pennsylvania 19101
1-(800) 524-0542

Group Contract Number

The Group Contract Number for these Plans is G-97000-CA.

Type of Plan

This Plan is a welfare plan that provides group life insurance benefits. This Plan is one of the benefits offered under the University of California Benefit Programs.

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 and plan beneficiaries. The amendment or termination shall be carried out by the President or his or her delegates. The portion of the premiums the 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 The Prudential Insurance Company of America under Group Service Agreement. The cost of the premiums for the University's employer-paid Life Insurance Plans, Basic and Core, is currently paid entirely by the University of California. The cost of the premiums for the Supplemental Life Insurance and Dependent Life Insurance Plans is paid entirely by the participating employees.

PLAN ADMINISTRATION - Continued

Agent for Service of Legal Process

Legal process may be served on The Prudential Insurance Company of America at the address listed above.

Your Rights under the Plan

As a participant in the University of California Employee and Dependent Term Life Insurance Plans, you are entitled to certain rights and protection. 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.

Claims under the Plan

To file a claim or 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.

How to File a Claim

You or your dependents may obtain claim forms from your local Benefits Office. You should protect your rights by filing your claim promptly with The Prudential Insurance Company of America at the address listed above.

A claim is payable promptly upon receipt of certification of death. A certified death certificate with a raised seal should be sent to Prudential with the claim form.

Your beneficiary should receive timely notification from Prudential about whether benefits will be received under the plan. If Prudential needs more time to make a determination, your beneficiary will be notified within 90 days and told why. No more than an additional 90 days may be used to process the claim.

If a claim is denied, your beneficiary will receive a notice from Prudential that states the reasons for the denial and describes any additional information needed. Your beneficiary may, within 180 days after receiving notice of the denial, formally appeal the denial in writing. The appeal should state the specific reasons, with reference to the plan provisions, why the claim should not be denied.

The Prudential has 45 days from the date the formal appeal is received to reply in writing to your beneficiary regarding its decision. If circumstances require Prudential to use additional time to evaluate your beneficiary's appeal, no more than an additional 45 days may be used, and your beneficiary will be notified if the extension of time is needed and why. Prudential's decision is final.

If your beneficiary feels the claim has been wrongfully denied, he or she may have the matter reviewed by the California Department of Insurance by writing: State of California, Department of Insurance, 300 South Spring Street, Los Angeles, CA 90013. The telephone numbers are (800) 927-4357 and (213) 897-8921.

Deenrollment Due to Fraud or Intentional Misrepresentation

When filing a claim, it is fraudulent to knowingly provide false information or omit relevant facts. Criminal and/or civil penalties can result from such acts.

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.

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.

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