Schedule of Benefits

Employer: University of Arizona

Group Policy Number: GP-066050

Issue Date: May 7, 2013
Effective Date: January 1, 2013
Schedule: 1A
Cert Base: 1

For: Life Insurance and Accidental Death & Personal Loss

Schedule of Life Insurance Benefits

Employees

Basic Schedule

Classification (GR-9N S-02-01 01)  Amount
All Active Employees electing Option 1  100% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000.
Maximum: $500,000

All Active Employees electing Option 2  200% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000.
Maximum: $500,000

All Active Employees electing Option 3  300% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000.
Maximum: $500,000

All Active Employees electing Option 4  400% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000.
Maximum: $500,000

All Active Employees electing Option 5  500% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000.
Maximum: $500,000
Evidence Requirements

During your initial 31-day eligibility period you may elect any option available, limited only by your base annual earnings.

Increases in coverage during the annual Open Enrollment period are restricted to a single option level above your existing election.

- If you did not elect a Life Insurance option when first eligible for coverage, you may elect Option 1 only.
- Employees currently enrolled in Option 1 may increase coverage to Option 2.
- Employees currently enrolled in Option 2 may increase coverage to Option 3.
- Employees currently enrolled in Option 3 may increase coverage to Option 4.
- Employees currently enrolled in Option 4 may increase coverage to Option 5.

When you experience a qualified life event change, you may elect any option available, limited only by your base annual earnings. Your coverage and contributions are automatically adjusted in accordance with any change in your base annual earnings.
Note:
The life insurance amount you receive under the permanent and total disability feature of this plan will be reduced at
the specified ages, and according to the Age Reduction Rule.

**Dependents Schedule (GR-9N S-02 02 01)**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Amount*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife or husband or domestic partner</td>
<td>$5,000</td>
</tr>
<tr>
<td>Unmarried child, age</td>
<td></td>
</tr>
<tr>
<td>Birth to 6 months</td>
<td>$2,000</td>
</tr>
<tr>
<td>6 months to 26 years</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

*but not more than 100% of the amount of your Life Insurance under this plan.

**Evidence Requirements for Dependents**

For your dependents to become eligible for life insurance coverage, certain requirements will need to be met. Note
that the dependent eligibility date is the date you can first elect coverage for a dependent under this plan or any prior
group plan.

**Requests Submitted More Than 31 Days after the Dependent Eligibility Date**

If you request life insurance coverage for a dependent spouse or domestic partner more than 31 days after the
dependent eligibility date, the dependent spouse or domestic partner can become insured as long as you submit
 evidence of the dependent's good health, and Aetna approves.

If you must submit evidence of your or your dependent's good health, you must notify Aetna if any information that
has been submitted to Aetna on your or your dependent's behalf has or would change as a result of knowledge gained
prior to Aetna notifying you that you or your dependents have been approved for the life insurance amount which is
subject to evidence of good health.
Accelerated Death Benefit (GR-9N 03-003 01)

Employees

ADB months 24 months
ADB percentage up to 75%
ADB minimum $5,000
ADB maximum up to $500,000 (combined Basic and Supplemental Life)
# Accidental Death and Personal Loss Coverage

*GR-29N 03-01 01*

## Schedule of Accidental Death and Personal Loss Benefits

### Employees Schedule

<table>
<thead>
<tr>
<th>Classification</th>
<th>Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Active Employees electing Option 1</td>
<td>100% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000. Maximum: $500,000</td>
</tr>
<tr>
<td>All Active Employees electing Option 2</td>
<td>200% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000. Maximum: $500,000</td>
</tr>
<tr>
<td>All Active Employees electing Option 3</td>
<td>300% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000. Maximum: $500,000</td>
</tr>
<tr>
<td>All Active Employees electing Option 4</td>
<td>400% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000. Maximum: $500,000</td>
</tr>
<tr>
<td>All Active Employees electing Option 5</td>
<td>500% of your basic annual earnings, as determined by your Employer, rounded to the next higher $1,000, if not an integral multiple of $1,000. Maximum: $500,000</td>
</tr>
</tbody>
</table>

The amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.
# Additional Accidental Death and Personal Loss Benefit Maximums

**Employees**

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Passenger Restraint Benefit Maximum</strong> for you</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Airbag Benefit Maximum</strong></td>
<td>One half of a person's Passenger Restraint Benefit</td>
</tr>
<tr>
<td><strong>Education Benefit Maximum</strong></td>
<td>Your actual expenses not to exceed 5% of your or your spouse's or domestic partner's principal sum or $5,000 per year for up to 4 years, whichever is less</td>
</tr>
<tr>
<td>for each dependent child</td>
<td>Your actual expenses not to exceed 5% of your principal sum or $5,000 per year for up to 4 years, whichever is less</td>
</tr>
<tr>
<td>for your spouse or domestic partner</td>
<td></td>
</tr>
<tr>
<td><strong>Child Care Benefit Maximum</strong></td>
<td>Your actual expenses not to exceed 3% of your principal sum or $2,000 per year per child for up to 4 years, whichever is less</td>
</tr>
<tr>
<td>for each child</td>
<td></td>
</tr>
<tr>
<td><strong>Repatriation of Remains Benefit Maximum</strong></td>
<td>Your actual expenses up to $5,000</td>
</tr>
</tbody>
</table>

## General

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.