

# Summary of Coverage

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**Employer:** Arizona State University

**Group Policy:** GP-058331

**SOC:** 1C

**Issue Date:** April 2, 2007

**Effective Date:** October 1, 2006

The benefits shown in this Summary of Coverage are available for you and your eligible dependents.

**This Summary of Coverage may be an electronic version of the Summary of Coverage on file with your Employer and Aetna Life Insurance Company. In case of any discrepancy between an electronic version and the printed copy which is part of the group insurance contract issued by Aetna Life Insurance Company, or in case of any legal action, the terms set forth in such group insurance contract will prevail. To obtain a printed copy of this Summary of Coverage, please contact your Employer.**

## Eligibility

### Employees

You are in an Eligible Class if you are a retired employee with 10 years of service with your Employer.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the date you commence active work for your Employer or, if later, the date you enter the Eligible Class.

### Dependents

You may cover your:

- wife or husband; and
- unmarried children who are over 14 days but under 19 years of age.

Any other unmarried child under age 23 who goes to school on a regular basis and depends solely on you for support will be covered as a dependent.

Your children include:

- Your biological children.
- Your adopted children.
- Your stepchildren.
- Any other child you support who lives with you in a parent-child relationship.

**Life, Dependents Life, and ADPL - Retirees**

## Enrollment Procedure

You will get a form to fill out. This form will allow your Employer to deduct your contributions from your pay. Be sure to sign and return it within 31 days of your eligibility.

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your Employer. See your Employer for details. If you are eligible for any coverage as a retired employee, your Employer will advise you concerning the method and amount of any required contributions. When any of your Life Insurance or Accidental Death and Personal Loss coverage is reduced because of age, the rate of contribution per \$ 1,000 of these coverages will not be increased thereafter. The same rule applies to your Life Insurance if you have retired.

## Effective Date of Coverage

### Employees

Your coverage will take effect on the later to occur of:

- your Eligibility Date; and
- the date you return your signed form.

If you don't sign and return your form within 31 days of your Eligibility Date, coverage will not take effect until you submit evidence of good health that is acceptable to Aetna.

*Active Work Rule:* If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage.

### Dependents

Coverage for your dependents will take effect on the date yours takes effect if, by then, you have enrolled for dependent coverage. You should report any new dependents. This may affect your contributions. If you don't do so within 31 days of any dependent's eligibility date, evidence of his or her good health that is acceptable to Aetna will be required.

# Life Insurance

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## Schedule of Life Insurance

### Employees

#### Schedule

<b>Classification</b>	<b>Amount</b>
All Employees	\$ 5,000

Optional Payee Amount \$ 500

#### Note:

The amount of any Life Insurance being extended for you under the Permanent and Total Disability feature of this Plan will be reduced to \$ 5,000 when you reach age 65 rather than by the Age and Retirement Reduction Rules above.

### Dependents

#### Schedule

<b>Classification</b>	<b>Amount</b>
Wife or husband	\$ 2,000

Unmarried child, age	
14 days but less than 6 months	\$ 100
6 months but less than 19 years	\$ 1,000
(23 years if attending school)	\$ 1,000

## Accelerated Death Benefit

### Employees and Dependent Spouses

ADB Months:	12
ADB Minimum:	\$ 5,000
ADB Percentage:	up to 50%
ADB Maximum:	up to \$ 50,000

## **Adjustment Rule**

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

## **General**

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE  
WITH YOUR BOOKLET-CERTIFICATE**