

Mailing address: 1601 Chestnut Street  
Philadelphia, PA 19192  
Home Office: Philadelphia, PA

## LIFE INSURANCE COMPANY OF NORTH AMERICA

POLICYHOLDER-- COUNTY OF LOS ANGELES

ADDRESS: Los Angeles, California

POLICY NUMBER – FLI-052070

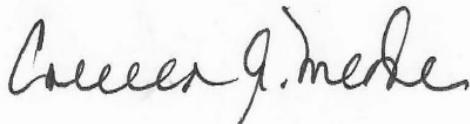
| <u>Group Insurance<br/>Policy and Policy Number</u> | <u>Effective<br/>Date</u> | <u>Reissue<br/>Date</u> | <u>Anniversary<br/>Date</u> |
|---|---------------------------|-------------------------|-----------------------------|
|---|---------------------------|-------------------------|-----------------------------|

|                           |            |          |     |
|---------------------------|------------|----------|-----|
| Life Insurance            | 01/01/2002 | 1/1/2026 | 1/1 |
| Optional Life Insurance   |            |          |     |
| Dependents Life Insurance |            |          |     |

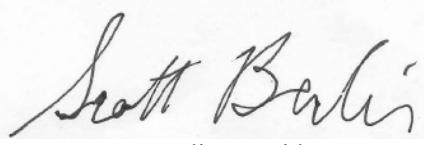
This policy is issued in California and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain Employees and pay benefits.

The Insurance Company and the Policyholder have agreed to all of the terms of this policy.



Colleen Meade, Corporate Secretary



Scott Berlin, President

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Registrar

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Date Registered

**Life Insurance Company of North America**

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**THE INSURANCE SCHEDULE**

Effective Date: January 1, 2002  
Reissue Date: January 1, 2026  
Certificate Number: CN006  
Policies: Life Insurance, Optional Life Insurance and Dependents Life Insurance

**Re-Issue Date:**

January 1, 2026. The Policy reflects the terms and conditions of coverage applicable on this date. If an Insured is not in Active Service on the Reissue Date, coverage will be determined on the basis of the prior policy and any subsequent amendments until the Insured returns to Active Service. References throughout the Policy to the Policy Effective Date mean the effective date of the prior Policy.

The terms set forth herein and in the Certificate(s) listed below describe the insurance underwritten by the Insurance Company. These Certificates are included in and made a part of the policy(ies). Each certificate is identified by a Certificate Number (CN).

Any reference in the certificate to "you" or "yours" refers to the Employee.

An Employee in any of the classes shown below may be insured but only for the policy(ies) listed for his Employee Class. The Effective Date shown below is the date on which a policy becomes effective for an Employee Class.

An Employee will become eligible and insured in accordance with the terms of the "Eligibility" and "Effective Date" sections of the Certificate.

Class 1: Each Employee as designated by the Employer, excluding any person who is a general member of the Los Angeles County Employees Retirement Association who was employed by the County on December 31, 1982, who remains in continuous service after that date and who dies or becomes disabled, and who is not eligible to receive Social Security disability benefits or whose spouse and/or minor children are not eligible to receive Social Security benefits, solely because the County of Los Angeles withdrew from the Social Security System on December 31, 1982.

Class 2: Any person who is a general member of the Los Angeles County Employees Retirement Association who was employed by the County on December 31, 1982, who remains in continuous service after that date and who dies or becomes disabled, and who is not eligible to receive Social Security disability benefits or whose spouse and/or minor children are not eligible to receive Social Security benefits, solely because the County of Los Angeles withdrew from the Social Security System on December 31, 1982.

**CONTINUATION OF INSURANCE DURING STRIKE**

If the Insurance Company agrees, premiums for a class or classes of Employees not covered by the collective bargaining agreement may be collected by the Policyholder.

There will be no continuation of insurance during a strike if any premium due and payable under the policy by the Policyholder for coverage prior to the strike has not been paid in full. In any event, there will be no continuation if the policy is not in full force and effect on the day before the strike started.

There will be no Grace Period for any premium for insurance continued during a strike. If the first premium payable for continuation of insurance is not paid when due, all insurance then being continued will immediately cease. After that, there will be no further continuation of insurance during the strike.

There will be no continuation of insurance during a strike for an Employee who uses his Conversion Privilege, unless the Employee gives up the Converted Policy without claim except for the return of premium paid.

The insurance will not continue during a strike for any Employee after the earlier of the following dates.

- 1) the last day for which the Employee has made the required contribution for the insurance
- 2) the date the Employee accepts employment of any kind with anyone other than the Employer, unless the Insurance Company and either the collective bargaining representative or the Policyholder, whichever pays the premium for the Employee's insurance, agree that his employment is strictly casual or temporary.

If an Employee, whose insurance is continued during a strike, returns to Active Service in one of the Classes of Eligible Employees, the terms and conditions of the policy will apply to him as though his Active Service had been continuous during the strike.

**Life Insurance Company of North America**

**CONTINUATION OF INSURANCE DURING STRIKE (Continued)**

Immediately after a strike starts, the Policyholder will notify the Insurance Company of termination of Active Service by all striking Employees. As the strike proceeds, both the Policyholder and the collective bargaining representative will give the Insurance Company:

- 1) the names of all Employees whose insurance is to be continued or to cease as outlined in this section; and
- 2) the data necessary for the calculation of the premium.

If either party fails to report that an Employee's insurance has ceased, this oversight will not cause continuation of his insurance beyond the termination date as described above.

Under the policy, the following will apply:

- 1) The payment or non-payment of premium for any insurance during a strike will not affect and will not be affected by the payment or non-payment of premium for any insurance to which these provisions do not apply;
- 2) Continuation of any insurance during a strike will not imply continuation of any other insurance;
- 3) Claim accruing during the continuation of insurance under these provisions will be included with all other claims which are accruing during this time.

For the purposes of this section, the term Monthly Statement Date will have the same meaning as that set forth in the "Premiums" section.

**Life Insurance Company of North America**

MONTHLY PREMIUM RATE FOR LIFE INSURANCE

For Employees  
TABLE I  
MONTHLY PREMIUM RATES

**BASIC Life Insurance**

\$0.221 per \$1,000

**OPTIONAL Life Insurance**

| Age         | Rate                  |
|-------------|-----------------------|
| Under 20    | \$0.0347 per \$ 1,000 |
| 20 – 24     | \$0.0347 per \$ 1,000 |
| 25 – 29     | \$0.0347 per \$ 1,000 |
| 30 - 34     | \$0.0588 per \$ 1,000 |
| 35 - 39     | \$0.0662 per \$ 1,000 |
| 40 - 44     | \$0.0746 per \$ 1,000 |
| 45 - 49     | \$0.1103 per \$ 1,000 |
| 50 – 54     | \$0.1701 per \$ 1,000 |
| 55 – 59     | \$0.3192 per \$ 1,000 |
| 60 – 64     | \$0.4893 per \$ 1,000 |
| 65 – 69     | \$0.6972 per \$ 1,000 |
| 70 and over | \$1.3419 per \$ 1,000 |

**DEPENDENT LIFE INSURANCE**

\$0.8736 per \$5,000

No changes in rates will be made until 60 months after the Policy Reissue Date.

**Life Insurance Company of North America**

**PREMIUMS**

**PREMIUM PAYMENT.** The first premium will be due on the first day of the month following the Effective Date. After that, premium will be due monthly on the first day of the month following the month premium is due. Premiums are payable at the Home Office of the Insurance Company or to an authorized agent of the Insurance Company.

For Employees who are transitions from Non-represented to represented, coverage will continue provided premiums are paid when due.

**PREMIUMS FOR OPTIONAL LIFE INSURANCE.** The premiums for the Optional Life Insurance in the policy will be determined on the same basis as the premiums for other insurance in the policy. The premiums will be in addition to and payable at the same time and in the same manner as the premiums for other insurance in the policy.

**PREMIUM DUE DATE.** After the Effective Date, the Premium Due Date will be the first of the month. The Anniversary Date will be the first of the month when the policy becomes effective. If the Policyholder and the Insurance Company agree that premiums will be paid on a quarterly, semiannual or annual basis, the Premium Due Date will be at the appropriate regular interval, quarterly, semiannually or annually. Premiums must be received at the Home Office or by an authorized agent of the Insurance Company on the Premium Due Date or the policy will be cancelled except as set forth in the Grace Period.

**MONTHLY STATEMENT DATE.** If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Premium Due Date. If premiums are to be paid on a quarterly, semiannual or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date.

**MONTHLY PREMIUM STATEMENT.** If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This Monthly Premium Statement will show the premium due. If premiums are due quarterly, semiannually or annually, a Monthly Premium Statement will be prepared as of the Monthly Statement Date for the time from the Monthly Statement Date to the next Premium Due Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in insurance amounts that took place in the preceding month.

**SIMPLIFIED ACCOUNTING.** To simplify the accounting process, premium adjustments will be made on the Monthly Statement Date that is the same as or next follows the date (1), (2) or (3) below takes place.

- (1) A person becomes insured.
- (2) The amount of insurance on a person changes, but not due to a revision of the Schedule.
- (3) A person ceases to be insured.

**PREMIUMS (Continued)**

**CHANGE IN METHOD OF PREMIUM PAYMENT.** If premiums are to be paid other than monthly, the method of calculation is the same. However, the rate for each class is first changed to quarterly, semiannual or annual rates by multiplying them by 2.9852, 5.9557 or 11.8227, respectively. All results are taken to the nearer cent. If the Policyholder and the Insurance Company agree to a change in the method of premium payment or to a change in the Anniversary Date, a pro rata adjustment will be made in the premium due.

**EMPLOYEE CONTRIBUTIONS.** If at any time the total of all Employee Contributions paid under the policy exceeds the total premium paid under the policy, (after giving effect to any experience credits), the excess: (1) will be applied to the Policyholder, and (2) will benefit only the Employees. Any rate reduction or experience credit that the Insurance Company grants the Policyholder will release the Company of all liability for that reduction or credit.

**CHANGES IN PREMIUM RATES.** Any premium rate may be changed by the Insurance Company from time to time with at least 180 days advance written notice.

As of any Anniversary Date after the policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience. The experience under this policy may be combined with the experience under group insurance policies issued by the Insurance Company to the policyholder.

**THE INSURANCE PREMIUM.** The monthly premium for Life Insurance will be calculated as follows:

- (1) Multiply the total number of \$1,000 units of Basic Life Insurance in force for Employees on the Premium Due Date by the Monthly Premium Rate for Basic Life Insurance in effect on that date.
- (2) Multiply the number of Employees insured on the Premium Due Date for Dependent Life Insurance by the rate in effect on that date for Dependent Life Insurance.
- (3) Multiply the number of \$1,000 units of Optional Life in force for Employees insured on the Premium date for Optional Life Insurance in each rate class shown in the "Monthly Premium Rate for Optional Life Insurance" section by the rate in effect on the date for that class and add the results.
- (4) Add (1), (2) and (3) above.

**CANCELLATION OF POLICY**

The Policyholder may cancel the policy as of any Premium Due Date by giving written notice to the Insurance Company before that date.

The Insurance Company may cancel the policy due to the following reasons only:

with at least 90 days prior written notice, if the Insurance Company ceases to offer coverage of this type, in accordance with applicable State or Federal law;

as of any Premium due date, if the premium is not received at the Home Office or by an authorized agent of the Insurance Company when due;

immediately, if the Employer has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact;

as of any Premium due date, if the number of insured Employees or if the number of insured Dependents fails to meet the minimum required per group participation rules; or for failure to comply with any other material plan provision relating to Employer contributions or group participation rules;

if the Insurance Company withdraws from the life insurance market with prior written notice and in accordance with applicable state or federal law;

in accordance with any applicable state law, if it is determined that the size of the Employer group has changed, making such group eligible for a guaranteed issued small group product;

in accordance with any applicable state or federal law, if prior notice is given to the Employer, as to an Employer member of an association to which this policy is issued, when the Employer's membership in the association ceases.

Coverage will cease at midnight on the date on which termination occurs, unless otherwise stated above.

**GRACE PERIOD.** If, before a Premium Due Date, the Policyholder has not given written notice to the Insurance Company that the policy is to be cancelled, a Grace Period of 60 days will be granted for the payment of each premium after the initial premium. The policy will stay in effect during that time. If any premium is not received at the Home Office or by an authorized agent of the Insurance Company by the end of the Grace Period, the policy will automatically be cancelled at the end of the Grace Period, except that, if the Policyholder has given written notice in advance of an earlier date of cancellation, the policy will be cancelled as of the earlier date. The Policyholder will be liable to the Insurance Company for any unpaid premium for the time the policy was in force.

**Uniform Modification of Coverage.** At renewal the provisions of this policy may be modified to reflect product revisions which have been uniformly made to this product.

**MISCELLANEOUS PROVISIONS**

**EXECUTION OF POLICY.** The policy is executed at the Home Office of the Insurance Company. The Post Office address of the Insurance Company is Philadelphia, Pennsylvania.

**CONSIDERATION.** The policy is issued to the Policyholder in consideration of the application and payment of premiums.

**INSURANCE DATA.** The Policyholder will give the Insurance Company all of the data that it needs to calculate the premium and all other data that it may reasonably require. Failure of the Policyholder to give this data will not void or continue an Employee's insurance. The Insurance Company has the right to examine the Policyholder's records relative to these benefits at any reasonable time while the policy is in effect. It also has this right until all rights and obligations under the policy are finally determined.

**ASSIGNMENT.** An Employee may assign all of his rights in and to this Life Insurance.

Assignments effected under group policy 2014796 issued to the County of Los Angeles by Connecticut General Life Insurance Company will remain in effect and apply in the same way under this group policy. Assignees deemed owners under group policy 2014796 will remain owners under this group policy.

**MALE PRONOUN.** The male pronoun as used herein will be deemed to include the female.

**MISSTATEMENT OF AGE.** The misstatement of an Employee's age will not affect his amount of insurance. Premiums for Optional Life Insurance will be adjusted so that the Policyholder will pay the insurance Company the premiums at the true age of the Employee.

**INCONTESTABILITY.** The Insurance Company will not contest the validity of the policy after two years from the date of issue except for non-payment of premiums. No statement made by an Employee as to his insurability will be used to contest the validity of the insurance after it has been in force for a period of two years during the Employee's life. No statement made by an Employee will be used unless it is made in writing and signed by him.

**ENTIRE CONTRACT.** The entire contract will be made up of the policy and the application, if any, of the Employees.

**POLICY CHANGES.** Changes may be made in the policy only by amendment signed by the Policyholder and by the Insurance Company acting through its President, Vice President, Secretary or Assistant Secretary. No agent may change or waive any terms of the policy.

**STATEMENTS NOT WARRANTIES.** All statements made by the Policyholder or by an insured Employee will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Policyholder or by the Employee to obtain insurance will be used to avoid or reduce the insurance unless it is made in writing, and is signed by the Policyholder or the Employee and a copy is sent to the Policyholder, the Employee or his Beneficiary.

**CERTIFICATES.** The Insurance Company will issue to the Policyholder for delivery to each insured Employee an individual certificate. The Policyholder will be responsible for distributing the certificates to its Employees. The certificate will show the benefits provided under the policy. It will set forth any changes in benefits due to age, to whom benefits will be paid and the terms of the Conversion Privilege. Nothing in the certificate will change or void the terms of the policy.



## **CERTIFICATE**

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Mailing Address: 1601 Chestnut Street  
Philadelphia, PA 19192  
Home Office: Philadelphia, PA

LIFE INSURANCE COMPANY OF NORTH AMERICA  
a NEW YORK LIFE company (called LINA) certifies that it insures certain Employees  
for the benefits provided by the following policy:

POLICYHOLDER: COUNTY OF LOS ANGELES

GROUP POLICY - COVERAGE

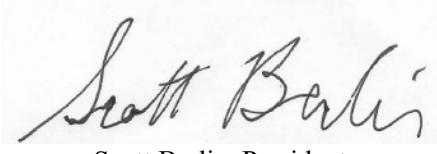
FLI-052070      LIFE INSURANCE  
                  OPTIONAL LIFE INSURANCE  
                  DEPENDENTS LIFE INSURANCE

CERTIFICATE HOLDER: \_\_\_\_\_

CERTIFICATE DATE: January 1, 2026

This certificate describes the main features of the insurance. It does not waive or alter any of the terms of the policy(ies). If questions arise, the policy(ies) will govern.

This certificate takes the place of any other issued to you on a prior date which described the insurance.



Scott Berlin, President

## **Explanation of Terms**

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

## **----- THE SCHEDULE -----**

**The Schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.**

----- THE SCHEDULE FOR CLASS 1 -----

**BASIC LIFE INSURANCE  
For You**

**Amount of Basic Life  
Insurance**

**OPTION I – FLEX PLAN,  
CHOICES & OPTIONS**

\$13,000 - For Retirement  
Plan E Participants

\$5,000 - For all others

Continuation Options

For Disability

Maximum Benefit Period:  
Applicable Coverages:

to the earlier of the date of death or policy termination  
Life Insurance Benefits for the Employee

Extension During Total Disability

Not applicable

Accelerated Benefits

Terminal Illness Benefit

Not applicable

**OPTIONAL LIFE INSURANCE  
For You**

**Amount of Optional Life  
Insurance**

**CHOICES &  
OPTIONS**

Your annual Basic  
Earnings rounded to the next  
higher \$1,000 times 1, 2, 3, 4, 5, 6, 7 or 8

Employees in CHOICES or OPTIONS  
who currently have insurance  
amounts equal to 1/2 times  
annual Basic Earnings  
may continue this coverage.

Guaranteed Issue Amount: One benefit level

## Continuation Options

|   |  |
|---|--|
| For transition between Non-represented to Represented | up to 90 days  |
| For Disability  |  |
| Maximum Benefit Period                                | 12 months  |
| Applicable Coverages:                                 | Life Insurance Benefits for the Employee   |
| For Layoff  |  |
| Maximum Benefit Period:                               | 3 years  |
| For Leave of Absence                                  |  |
| Maximum Benefit Period:                               | 3 years  |
| Extension During Total Disability                     |  |
| Benefit Waiting Period                                | 9 months from the date the Employee's Active Service ends  |
| Maximum Benefit Period                                | to age 65  |
| Applicable Coverages                                  | Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any   |
| Terminal Illness Benefit                              | 25% to 75% of Life Insurance Benefits inforce on the date the Insured is determined by the Insurance Company to be Terminally Ill. |

During a Re-enrollment period, or within 90 days of a Life Status Change, or within 90 days of activation for military service, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit by one Benefit Level, as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. Military activation is limited to once per calendar year only and will have no impact upon annual enrollment or re-enrollment. Benefit Levels and Guaranteed Issue Amounts are shown above. An Employee who is eligible for Voluntary Life Insurance portion of this Policy but who has not previously enrolled may become insured under the Policy for an amount equal to one Benefit Level without satisfying the Insurability Requirement. Such increase will be effective on the Policy Anniversary following the Re-enrollment period.

An insured Employee may increase coverage, and an Employee who is eligible but has not enrolled, may become insured for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the Policy Anniversary following the Re-enrollment Period and the Insurance Company agrees in writing to insure the Employee.

An Employee may reduce Insurance Benefits at any time. A request for a Benefit reduction received during a Re-enrollment Period will become effective on the Policy Anniversary following the Re-enrollment Period. Any other Benefit reductions will be effective on the date the Insurance Company receives the completed change form.

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**THE SCHEDULE**

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**OPTIONAL LIFE INSURANCE (Cont.)**  
**For You**

**Changes in Amount of Life Insurance**

Any change in your amount of Life Insurance due to a change in Basic Earnings will take place on the first day of the month following the date on which your Basic Earnings change as long as your premium payments are current.

**For Choices and Options Participants:**

If a major life event occurs (such as marriage, divorce, birth, adoption or death) that qualifies you for a change in your amount of Optional Life Insurance, you may increase the amount of insurance elected by one Benefit Level without evidence of good health within 90 days of the event. The change will take place on the first day of the month in which premiums are paid for insurance.

After initial enrollment, you will have an opportunity during each annual enrollment period to increase coverage to the next higher option, without evidence of insurability.

If a major life event (marriage, divorce, birth, death) occurs which qualifies for a change in the amount of your Optional Group Term Life Insurance, you may change the amount elected or add Dependent Coverage within 90 days of the event.

----- THE SCHEDULE -----

**LIFE INSURANCE  
For Your Dependents**

|   | Option 1 | Option 2 | Option 3 | Option 4 |
|---|----------|----------|----------|----------|
| Spouse or Domestic Partner  | \$5,000  | \$10,000 | \$15,000 | \$20,000 |
| Each Child  |          |          |          |          |
| From live birth, but less than 6 months old   | \$500    | \$500    | \$500    | \$500    |
| 6 months, but less than 26 years old if a<br>full-time student and primarily supported<br>by the Employee | \$5,000  | \$10,000 | \$15,000 | \$20,000 |
| Guaranteed Issue Amount:  |          | \$20,000 |          |          |

The amount elected can not exceed 100% of the Employee's Amount of Life Insurance.

**Terminal Illness Benefit**      At least 25% but not greater than 75% of the Amount of Life Insurance for you. The Amount of Life Insurance for you will be reduced by any amount received under this benefit.

----- THE SCHEDULE FOR CLASS 2 -----

**BASIC LIFE INSURANCE  
For You**

|                                       |   |
|---------------------------------------|---|
| <b>Amount of Basic Life Insurance</b> | \$15,000  |
| Continuation Options                  |   |
| For Disability                        |   |
| Maximum Benefit Period:               | to the earlier of the date of death or policy termination |
| Applicable Coverages:                 | Life Insurance Benefits for Employee                      |
| Extension During Total Disability     | Not applicable  |
| Accelerated Benefits                  |   |
| Terminal Illness Benefit              | Not applicable  |

**OPTIONAL LIFE INSURANCE  
For You**

| <b>Amount of Optional Life Insurance</b>              | <b><u>CHOICES &amp; OPTIONS</u></b>   |
|---|---|
|   | Your annual Basic Earnings rounded to the next higher \$1,000 times 1, 2, 3, 4, 5, 6, 7 or 8  |
|   | Employees in CHOICES or OPTIONS who currently have insurance amounts equal to 1/2 times annual Basic Earnings may continue this coverage. |
|   | Guaranteed Issue Amount: One benefit level  |
| Continuation Options                                  |   |
| For transition between Non-represented to Represented | up to 90 days   |
| For Disability  |   |
| Maximum Benefit Period                                | 12 months   |
| Applicable Coverages:                                 | Life Insurance Benefits for the Employee  |
| For Layoff  |   |
| Maximum Benefit Period:                               | 3 years   |
| For Leave of Absence                                  |   |
| Maximum Benefit Period:                               | 3 years   |

|                                   |  |
|-----------------------------------|--|
| Extension During Total Disability |  |
| Benefit Waiting Period            | 9 months from the date the Employee's Active Service ends  |
| Maximum Benefit Period            | to age 65  |
| Applicable Coverages              | Life Insurance Benefits for the Employee, his or her Spouse and Dependent Children, if any   |
| Terminal Illness Benefit          | 25% to 75% of Life Insurance Benefits enforce on the date the Insured is determined by the Insurance Company to be Terminally Ill. |

During a Re-enrollment period, or within 90 days of a Life Status Change, or within 90 days of activation for military service, an Employee currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit by one Benefit Level, as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. Military activation is limited to once per calendar year only and will have no impact upon annual enrollment or re-enrollment. Benefit Levels and Guaranteed Issue Amounts are shown above. An Employee who is eligible for Voluntary Life Insurance portion of this Policy but who has not previously enrolled may become insured under the Policy for an amount equal to one Benefit Level without satisfying the Insurability Requirement. Such increase will be effective on the Policy Anniversary following the Re-enrollment period.

An insured Employee may increase coverage, and an Employee who is eligible but has not enrolled, may become insured for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the Policy Anniversary following the Re-enrollment Period and the Insurance Company agrees in writing to insure the Employee.

An Employee may reduce Insurance Benefits at any time. A request for a Benefit reduction received during a Re-enrollment Period will become effective on the Policy Anniversary following the Re-enrollment Period. Any other Benefit reductions will be effective on the date the Insurance Company receives the completed change form.

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**THE SCHEDULE**

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**OPTIONAL LIFE INSURANCE (Cont.)**  
**For You**

**Changes in Amount of Life Insurance**

Any change in your amount of Life Insurance due to a change in Basic Earnings will take place on the first day of the month following the date on which your Basic Earnings change as long as your premium payments are current.

**For Choices and Options Participants:**

If a major life event occurs (such as marriage, divorce, birth, adoption or death) that qualifies you for a change in your amount of Optional Life Insurance, you may increase the amount of insurance elected by one Benefit Level without evidence of good health within 90 days of the event. The change will take place on the first day of the month in which premiums are paid for insurance.

After initial enrollment, you will have an opportunity during each annual enrollment period to increase coverage to the next higher option, without evidence of insurability.

If a major life event (marriage, divorce, birth, death) occurs which qualifies for a change in the amount of your Optional Group Term Life Insurance, you may change the amount elected or add Dependent Coverage within 90 days of the event.

----- THE SCHEDULE -----

**LIFE INSURANCE  
For Your Dependents**

|   | Option 1 | Option 2 | Option 3 | Option 4 |
|---|----------|----------|----------|----------|
| Spouse or Domestic Partner  | \$5,000  | \$10,000 | \$15,000 | \$20,000 |
| Each Child  |          |          |          |          |
| From live birth, but less than 6 months old   | \$500    | \$500    | \$500    | \$500    |
| 6 months, but less than 26 years old if a<br>full-time student and primarily supported<br>by the Employee | \$5,000  | \$10,000 | \$15,000 | \$20,000 |
| Guaranteed Issue Amount:  |          | \$20,000 |          |          |

The amount elected can not exceed 100% of the Employee's Amount of Life Insurance.

|                                 |  |
|---------------------------------|--|
| <b>Terminal Illness Benefit</b> | At least 25% but not greater than 75% of the Amount of Life Insurance for you. The Amount of Life Insurance for you will be reduced by any amount received under this benefit. |
|---------------------------------|--|

## **ELIGIBILITY - EFFECTIVE DATE**

### **Eligibility For Employee Insurance**

You will become eligible for insurance on the day you become a member of a Class of Eligible Employees as established by the Employer.

If your insurance ceases because you were no longer employed in a Class of Eligible Employees, you are not required to satisfy any Waiting Period if you again become a member of a Class of Eligible Employees.

### **Eligibility For Dependent Insurance**

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

### **Waiting Period**

None

### **Classes of Eligible Employees**

Class 1: Each Employee as designated by the Employer, excluding any person who is a general member of the Los Angeles County Employees Retirement Association who was employed by the County on December 31, 1982, who remains in continuous service after that date and who dies or becomes disabled, and who is not eligible to receive Social Security disability benefits or whose spouse and/or minor children are not eligible to receive Social Security benefits, solely because the County of Los Angeles withdrew from the Social Security System on December 31, 1982.

Class 2: Any person who is a general member of the Los Angeles County Employees Retirement Association who was employed by the County on December 31, 1982, who remains in continuous service after that date and who dies or becomes disabled, and who is not eligible to receive Social Security disability benefits or whose spouse and/or minor children are not eligible to receive Social Security benefits, solely because the County of Los Angeles withdrew from the Social Security System on December 31, 1982.

## **ELIGIBILITY - EFFECTIVE DATE**

### **Effective Date of Your insurance**

You will become insured for Basic Life Insurance on the date you become eligible; and for Optional Insurance on the first day of the month in which premium is paid for you and your dependent(s) if any. If you are a Late Entrant, your insurance will not become effective until LINA agrees in writing to insure you.

### **Late Entrant - Employee**

You are a Late Entrant if:

- you elect the insurance later than the period stipulated by the Employer; or
- you again elect it after you cancel your payroll deduction.
- you elect to buy additional coverage later than 60 days from the date you are eligible for additional insurance because of an employment status change.

LINA may require evidence of good health at your expense if you are a Late Entrant.

## **ELIGIBILITY - EFFECTIVE DATE**

### **Effective Date of Dependent Insurance**

Insurance for your Dependents will become effective on the first of the month in which premium is paid, but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included.

If you are a Late Entrant for Dependent Insurance, the insurance for each of your Dependents will not become effective until LINA agrees in writing to insure that Dependent. Dependent coverage may be elected each year during annual enrollment without satisfying the Insurability Requirement. If an Employee fails to enroll a dependent(s) then they will have to wait until the next annual enrollment period to do so. Dependents may be enrolled when a major life event occurs (such as marriage, divorce, birth, adoption or death.)

Your Dependents will be insured only if you are insured.

### **Late Entrant - Dependent**

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 60 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction.

LINA may require evidence of your Dependent's good health at your expense if you are a Late Entrant.

## **LIFE INSURANCE**

### **Death Benefit**

LINA will pay the amount of Life Insurance:

- on you, when it receives due proof that you died while insured for this benefit;
- on your Dependent, when it receives due proof that the Dependent died while insured for this benefit.

The amount payable is determined from The Schedule and the other terms of the policy.

### **Extension During Total Disability - Applicable only to Optional Life Insurance**

If, while insured and under the age of 65, you become Totally Disabled and if no premium is paid, your Life Insurance will be extended while you remain continuously Totally Disabled, until the date the Maximum Benefit Period, if any, ends.

If you submit due proof to LINA that you became Totally Disabled prior to your 65th birthday and have remained continuously Totally Disabled for 9 months or more, your Optional Life Insurance will be extended, without further payment of premiums by you, for a period of one year from the date that proof is received by LINA.

The required proof must be submitted to LINA no later than one year from the date you ceased working because of Total Disability. After that, your insurance will be extended, without payment of premiums for you, for further periods of one year if:

- you remain continuously Totally Disabled; and
- you submit to LINA, during the three months before the end of each such one-year period, proof of the continuation of Total Disability.

In no event will the extension continue beyond your 65th birthday, even if you remain Totally Disabled.

Your extension, when approved, will commence with the date premium payments discontinue. Premiums are not refunded.

If you die while your insurance is being extended, no death claim will be paid unless LINA receives, within one year after your death, proof that your Total Disability was continuous from the date you ceased working until you died.

## LIFE INSURANCE

### **Extension During Total Disability Death While Totally Disabled**

If you die while your insurance is being extended, the amount payable will be determined from The Schedule which was in effect on your last day of work, prior to your Total Disability. No death claim will be paid unless written notice of your death is received by LINA within one year from the date of death.

### **Extension During Total Disability**

If a converted life policy has been issued to you, your insurance will not be extended unless the converted policy is returned to LINA without claim (except for the return of any premium paid for that converted policy).

If your insurance under this section ceases, you will be Entitled to Convert under the terms of the "Conversion Privilege for Life Insurance" section.

At any time while the insurance is extended, LINA will have the right to:

- require proof of the continuing Total Disability; and
- have a physician of its choice examine you.

### **When Extension Ceases**

The insurance which is being extended will automatically cease:

- when you are no longer Totally Disabled (except that if you return to work as an eligible Employee, your insurance will be continued if premium is paid for you).
- if you do not submit to any physical examination required by LINA.
- if you fail to give proof of continuous Total Disability.

### **Continuation of Dependent Life Insurance**

If you have elected Dependent Coverage, premiums will be waived for your Dependent Coverage while your insurance is being extended under this section.

### **Continuation for Disability**

If an Employee is under age 60 and his or her Active Service ends due to Disability, Life Insurance Benefits as shown in the Schedule of Benefits will continue until the earliest of the following dates.

1. The date the Employee is no longer Disabled.
2. The date the end of the Maximum Benefit Period for this benefit ends.
3. The day after the period for which premiums are paid.

If the Employee dies during this period, the Insurance Company will pay the Life Insurance Benefit in effect on the day before he or she became Disabled. However, the Life Insurance Benefit payable will be subject to the provisions of the Policy that may reduce or terminate coverage on account of age, retirement, acceleration or a change in eligible class.

### **Continuation for Layoff and Leave of Absence**

If an Employee's Active Service ends due to temporary, part-time status, strike or approved leave of absence (including a leave of absence for military reservists called to active duty in connection with the worldwide terrorists crisis commencing on October 09, 2001); insurance will continue for up to the Maximum Benefit Period shown in the Schedule of Benefits, if the required premium is paid.

## **LIFE INSURANCE**

### **Continuation While Transitioning from a Non-Represented Employee to a Represented Employee**

If you are transitioning from a non-represented Employee to a represented Employee, your coverage will continue for up to the Maximum Benefit Period shown in the Schedule of Benefit, if the required premium is paid.

### **Terminal Illness Benefit**

If you become Terminally Ill while insured under this Policy, you may elect to receive a Terminal Illness Benefit subject to the following conditions.

#### **Terminally Ill/Terminal Illness**

You will be considered to be Terminally Ill if you have a life expectancy of 12 months or less.

#### **Amount Payable**

You may elect to receive the Terminal Illness Benefit amount shown in The Schedule based on the Amount of Optional Life Insurance in effect on the date LINA receives satisfactory proof that you are Terminally Ill.

#### **To Whom Payable**

The Terminal Illness Benefit is payable only to you in a lump sum. It is payable only once in your lifetime. If LINA receives satisfactory proof of your death after you elect the Terminal Illness Benefit, it will not be paid. Once payment of the Terminal Illness Benefit has been approved by LINA, no further changes in the remaining Amount of Life Insurance will be made due to a change in your class, or a change in coverage under the Policy.

#### **Effect on Amount of Life Insurance**

The Amount of Life Insurance shown in The Schedule will be reduced by any Terminal Illness Benefit paid to you.

## **LIFE INSURANCE**

### **Terminal Illness Benefit (Continued)**

#### **Conditions of Payment**

To receive the Terminal Illness Benefit you must:

- make a written claim in a form satisfactory to LINA; and
- submit a written Physician's certification that you have a life expectancy of 12 months or less and you are totally and permanently unable to engage in all the essential duties of your occupation because of the Terminal Illness.

To receive the Terminal Illness benefit your Life Insurance under this Policy must not be assigned.

Your election to receive the Terminal Illness Benefit must be voluntary. You may not elect this benefit if: (a) you are required by law to use the benefit to pay creditors; or (b) you are required by a governmental agency to use this benefit in order to qualify for or keep a governmental benefit or entitlement.

#### **Waiver of Premium for Terminal Illness**

Once LINA has approved your Terminal Illness Benefit amount, no further payment of premium is required to keep the remaining Amount of Life Insurance in force as long as you are permanently and totally unable to engage in all the essential duties of your occupation because of the Terminal Illness.

If you survive the twelve month period following payment of the Terminal Illness Benefit, LINA will keep in force your remaining Amount of Life Insurance for an additional twelve month period, without payment of premium, as long as you are permanently and totally unable to engage in all the essential duties of your occupation because of the Terminal Illness. Additional proof must be submitted to LINA every twelve months for an additional twelve-month period, until death or recovery.

## **LIFE INSURANCE**

### **Conversion Privilege**

When your Life Insurance ceases, you may apply to LINA for an individual converted life policy. It will be issued to you if you are Entitled to Convert and if you apply in writing and pay the first premium to LINA within 31 days after the date your Life Insurance ceases. Evidence of good health is not needed.

### **Entitled To Convert**

You are Entitled to Convert your Life Insurance only if:

- your insurance ceases because you are no longer eligible for Life Insurance.
- the policy is cancelled for your class of Employees and you have been insured under the policy for at least five years before it is cancelled. However, the five-year requirement will be waived if you are Totally Disabled on the date of cancellation.

You will be considered Totally Disabled if because of Injury or Sickness you are unable to perform the essential duties of any occupation for which you are or may reasonably become qualified based on your education, training or experience.

The amount of Life Insurance that you are Entitled to Convert will not be more than the amount of group Life Insurance that you lose. If all insurance under the policy is cancelled on the class of Employees to which you belong, the amount of insurance under the converted life policy will be the smaller of: (a) the amount of your insurance which ceases less any amount of group life insurance for which you become eligible within 31 days after the insurance ceases; or (b) \$2,000. However, item (b) will not apply if you are Totally Disabled on the date of cancellation.

### **Notice Requirement:**

Notice will be given to you at least 15 days prior to the end of the 31-day period. If notice is not given within this period, you will have an additional 25 days after the date of the notice to exercise the conversion rights. The additional 25 days may not extend beyond the 60th day after the end of the conversion privilege period.

## **LIFE INSURANCE**

### **Conversion Privilege**

The converted policy will be one of LINA's current offerings based on its rules for converted life policies. It will be issued at your attained age for the premium that applies to the class of risk to which you then belong. It will take effect on the 32nd day after your Life Insurance ceases. Neither term insurance nor disability benefits are offered under the converted life policy.

### **Payment During Conversion Period**

If you die during the 31 days in which you may convert to an individual life policy, LINA will pay to the Beneficiary designated under your group policy, the amount of insurance you could have converted. In this case, no payment will be made under the converted policy.

## **LIFE INSURANCE**

### **Conversion Privilege for Dependent Spouse or Domestic Partner**

When the Life Insurance on your Dependent spouse or Domestic Partner ceases, you, or your Dependent spouse or Domestic Partner if you die, may apply to LINA for an individual converted life policy. It will be issued to a Dependent spouse or Domestic Partner who is Eligible for Conversion if written application is made and the first premium paid to LINA within 31 days after the date the Dependent's Life Insurance ceases. Evidence of good health is not needed.

### **Dependents Eligible for Conversion**

A Dependent spouse or Domestic Partner is Eligible for Conversion only if:

- his insurance ceases because you are no longer eligible for Dependent Life Insurance.
- his insurance ceases because you die.
- Dependent Life Insurance is canceled for your class of Employees and your Dependent spouse or Domestic Partner has been insured under the policy for at least five years before the insurance is canceled.

The amount of Life Insurance to be converted will not be more than the amount of group Life Insurance that your Dependent spouse or Domestic Partner loses. If all Dependent Life Insurance is canceled for the class of Employees to which you belong, the amount of insurance under the converted life policy will be the smaller of: (a) the amount of your Dependent spouse's or Domestic Partner's insurance which ceases less any amount of group life insurance for which he becomes eligible within 31 days after the insurance ceases; or (b) \$2,000.

The converted policy will be one of LINA's current offerings based on its rules for converted life policies. It will be issued at your Dependent spouse's or Domestic Partner's attained age (the age as of date insurance is acquired) for the premium that applies to the class of risk to which he then belongs. It will take effect on the 32nd day after the Dependent Life Insurance ceases. Neither term insurance nor disability benefits are offered under the converted life policy.

### **Payment During Conversion Period**

If your Dependent spouse or Domestic Partner dies during the 31 days in which application may be made for an individual converted policy, LINA will pay you the amount of insurance which could have been converted for that Dependent spouse or Domestic Partner. In this case, no payment will be made under the converted policy.

## **PAYMENT OF BENEFITS**

### **To Whom Payable**

Any benefits for loss of your life will be paid to your named Beneficiary.

If no beneficiary is named, any amount of your loss of life benefits will automatically be paid to your surviving spouse; or if no surviving spouse, your surviving children; or if no surviving children, your parents; or if no surviving parents, your brothers or sisters; or if no surviving brothers or sisters; your estate. If more than one person becomes entitled to benefits they will share equally. This is an automatic beneficiary designation. If you elect a different beneficiary, you must complete a special designation form available for this purpose.

Any benefits for loss of your Dependent's life that are payable will be paid to you, unless you specify otherwise.

If any person to whom benefits are payable is a minor, or in LINA's opinion, is not able to give valid receipt for any payment due him, such payment will be made to his legal guardian. However, if no request for payment has been made by his legal guardian, LINA may, at its option, make payment to the person or institution appearing to have assumed his custody and support. Payment in this event will be made in monthly installments of not more than \$500.

If you do not survive your Dependent, any benefits for loss of your Dependent's life will be paid to your surviving spouse; or if no surviving spouse, your surviving children; or if no surviving children, your parents; or if no surviving parents, your brothers or sisters; or if no brothers or sisters; your estate. If more than one person becomes entitled to benefits they will share equally. This is an automatic beneficiary designation. If you elect a different beneficiary, you must complete a special designation form available for this purpose.

Payment in the manner described above will release LINA from all liability to the extent of any payment made.

## **PAYMENT OF BENEFITS**

### **Time of Payment**

All benefits will be paid by LINA when it receives due proof of loss.

### **Life Payment**

If your amount of Life Insurance equals or exceeds \$5,000, after your death your amount of Life Insurance will be deposited into an interest-bearing checking account in your Beneficiary's name. If your amount of Life Insurance is less than \$5,000, payment will be made to your Beneficiary in one sum.

If your Beneficiary dies prior to withdrawing the balance of your Life Insurance benefit from the account, the remaining proceeds will be paid in one sum pursuant to the terms of the order of the appropriate Probate Court.

### **Beneficiary Designation**

#### **Change of Beneficiary**

Only you may change your Beneficiary, and you may do so at any time by completing a form satisfactory to LINA and signed by you. No change will take effect until this form is received by LINA. When the form is received, the change will take effect as of the date on the form. If you die before the form is received, LINA will not be liable for any payment it has already made.

#### **Consent of Beneficiary**

Your Beneficiary's consent will not be required to change the Beneficiary or to effect any other changes.

#### **Assignment**

You may assign all of your rights in and to this Life Insurance.

#### **Absolute Assignment**

You may absolutely assign your coverage in accordance with the terms and conditions set forth in our currently available Absolute Assignment of Group Insurance form.

## **TERMINATION OF INSURANCE - EMPLOYEES**

Your insurance will cease on the earliest date below:

- the end of the month following the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is cancelled.
- the date your work ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

### **Temporary Layoff or Leave of Absence**

If your work ends due to temporary layoff, part-time status, strike or approved leave of absence (including a leave of absence for military reservists called to active duty in connection with the worldwide terrorist crisis commencing on October 9, 2001); your insurance will be continued until the date (a) premium payments for you are stopped; or (b) your insurance is otherwise cancelled. However, your insurance will not be continued for more than 3 years past the date your work ends.

### **Injury or Sickness (for Life Insurance only)**

If your work ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, except as otherwise provided in the "Extension During Total Disability" section, your insurance will not continue past the earlier of: (a) one year from the date your work ends unless your Employer obtains LINA's consent in writing to a longer period; or (b) the date you and/or your Employer stops paying premium for you or otherwise cancels the insurance.

## **TERMINATION OF INSURANCE - DEPENDENTS**

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the end of the month following the date Dependent Insurance is cancelled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

## **REQUIREMENTS OF FAMILY AND MEDICAL LEAVE ACT OF 1993**

Any provisions of the policy that provide for: (a) continuation of insurance during a leave of absence; and (b) reinstatement of insurance following a return to work; are modified by the following provisions of the federal Family and Medical Leave Act of 1993, where applicable:

### **Reinstatement of Cancelled Insurance Following Leave**

Upon your return to work following a leave of absence that qualifies under the Family and Medical Leave Act of 1993, any cancelled insurance will be reinstated as of the date of your return.

You will not be required to satisfy any eligibility or benefit Waiting Period or the requirements of any Pre-existing Condition Limitation to the extent that they had been satisfied prior to the start of such leave of absence.

Your Employer will give you detailed information about the Family and Medical Leave Act of 1993.

## **DEFINITIONS**

### **Active Service**

You will be considered in Active Service as defined by your Employer for your class of Employees.

### **Basic Earnings**

The term Basic Earnings means the Employee's rate of pay determined by the Employer.

### **Dependents**

- your lawful spouse or domestic partner, and
- your and your lawful spouse or domestic partner's unmarried children from live birth to age 21 (until age 26 if a full-time student (and primarily supported by you or your lawful spouse or domestic partner.
- your and your lawful spouse or domestic partner's unmarried children 21 or more years old and primarily supported by you or your lawful spouse or domestic partner and incapable of self-sustaining employment by reason of mental or physical handicap. The Insurance Company reserves the right to request proof of the child's condition and dependence at the time of the claim.

Children may include stepchildren, legally adopted children, and children of adoptive parents pending adoption procedures, natural child and child of who you are the legal guardian.

Dependent children must chiefly rely on you and your lawful spouse or domestic partner for support and maintenance. Any spouse, domestic partner, or child who is in full-time military service will not be considered as a Dependent.

A child of the insured or his domestic partner born while this policy is in force is covered. The child is covered from birth until the 90th day of age. After this time, the child will remain covered only if LINA has received written notice of birth and payment of the correct premium. Notice is not required if you are already paying family plan premiums.

## **DEFINITIONS (Cont.)**

### **Domestic Partner**

Domestic Partner means a person who is registered as the Employee's domestic partner with the California Secretary of State. If there is no domestic partner registered with the California Secretary of State, Domestic Partner means a person who meets the following criteria:

Has submitted proof of a similar legal union validly formed in another state, or submitted a signed County of Los Angeles Domestic Partner Declaration form to the County Benefits Administrator in accordance with the rules of the County's Domestic Partner Program.

### **Employee**

The term Employee means an employee eligible for Life Insurance described herein as defined by the Employer.

### **Employer**

The term Employer means the Policyholder and all Affiliated Employers.

### **Total Disability or Totally Disabled**

You will be considered Totally Disabled, if because of an Injury or Sickness, you are unable to engage in any occupation for wage or profit.