

# **Group Insurance Plan**

County of Los Angeles



**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
1601 CHESTNUT STREET  
PHILADELPHIA, PA 19192-2235  
(800) 732-1603 TDD (800) 552-5744  
**A STOCK INSURANCE COMPANY**

**GROUP INSURANCE  
CERTIFICATE**

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, certify that we have issued a Group Policy, FLI-052070, to County of Los Angeles.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Scott Berlin, President



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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

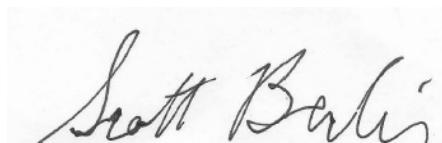
FLI-052070      LIFE INSURANCE  
                  OPTIONAL LIFE INSURANCE  
                  DEPENDENTS LIFE INSURANCE

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

EFFECTIVE 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(s). If questions arise, the policy(s) will govern.

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



Scott Berlin

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 - FLEXPLAN,  
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 Employee

Extension During Total Disability

Not applicable

Accelerated Benefits

Terminal Illness

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 from a Non-represented Employee  
to a Represented Employee

up to 90 days

For Disability

Maximum Benefit Period  
Applicable Coverages:

12 months  
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.

#### Re-enrollment Period

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 change 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**

		<b>Amount of Life Insurance</b>		
	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 full-time student and primarily supported 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.
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----- 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
Continuation Options	Employees in CHOICES or OPTIONS who currently have insurance amounts equal to 1/2 times Annual Basic Earnings may continue this coverage.
For transition from a Non-represented Employee to a Represented Employee	Guaranteed Issue Amount: One benefit level 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.

#### Re-enrollment Period

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 change 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**

		<b>Amount of Life Insurance</b>		
	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 full-time student and primarily supported 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.
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## **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, but for no more than one year from the date of Total Disability.

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.

### **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.

## LIFE INSURANCE

### 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.

## **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.

#### **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 canceled for your class of Employees and you have been insured under the policy for at least five years before it is canceled. 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 canceled 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.

### 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.

## **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 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 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. 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 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.

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

### **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.

### **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.

### **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.

## **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 canceled 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**

Dependents are:

- your lawful spouse or domestic partner, and
- your and your lawful spouse or domestic partner's unmarried children from live birth until 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 age 21 or older 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 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.

### **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.

## **DEFINITIONS (Cont.)**

### **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 completely unable to engage in any occupation for wage or profit.



**UNDERWRITTEN BY:**  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**a New York Life Insurance company**

**Classes 1 & 2**  
**10/2025**

