

### **GROUP POLICY AMENDMENT NO. 3**

Attached to and made a part of Group Policy 642971-C issued to  
Yale University as Policyholder.

Effective January 1, 2019, and subject to the **Active Work Provisions**, the Group Policy is amended as follows:

1. Evidence Of Insurability in the Becoming Insured portion of the **Coverage Features** is amended by the addition of the following:

**Certain Evidence Of Insurability Requirements Will Be Waived.** Your insurance is subject to all other terms of the Group Policy.

**The Employer's Enrollment Period Of November 30, 2018 Through December 14, 2018**

Certain Evidence Of Insurability requirements will be waived for Class 1, 5 and 10 with respect to Contributory Life Insurance and Dependents Life Insurance applied for during the Employer's enrollment period of November 30, 2018 through December 14, 2018. However, we will not waive the Evidence Of Insurability requirements if you or your Spouse previously submitted Evidence Of Insurability that was not approved by us under any group insurance policy issued by us to the Policyholder or covering your Employer.

1. If you are a Class 1 or Class 10 Member insured for an amount of Plan 2 Life Insurance less than the maximum amount available, requirements e. and f. above will be waived if you apply to increase the amount of your Plan 2 Life Insurance by 1 times your Annual Earnings during the Employer's enrollment period of November 30, 2018 through December 14, 2018.
2. If you are a Class 5 Member insured for an amount of Plan 1 Life Insurance less than the maximum amount available, requirements d. and f. above will be waived if you apply to increase the amount of your Plan 1 Life Insurance by 1 times your Annual Earnings during the Employer's enrollment period of November 30, 2018 through December 14, 2018.
3. If your Spouse was eligible but not insured for Dependents Life Insurance, requirements a. and c. above will be waived if you apply for Dependents Life Insurance for your Spouse during the Employer's enrollment period of November 30, 2018 through December 14, 2018.
4. If your Spouse is insured for an amount of Dependents Life Insurance less than the maximum amount available, requirement f. above will be waived if you apply to increase the amount of Dependents Life Insurance for your Spouse up to the maximum amount available during the Employer's enrollment period of November 30, 2018 through December 14, 2018.

Contributory Life Insurance and Dependents Life Insurance applied for during the Employer's enrollment period of November 30, 2018 through December 14, 2018, and for which Evidence Of Insurability is waived, will become effective January 1, 2019.

2. The Schedule Of Insurance portion of the **Coverage Features** is amended to provide the following:

## SCHEDULE OF INSURANCE

### SCHEDULE OF LIFE INSURANCE

For you:

Life Insurance Benefit:

A Member may not be insured as both an active Member and a retired Member.

For all Classes other than Class 5:

You will become insured under Plan 1 if you meet the requirements to become insured under Plan 1 Life Insurance under the Group Policy.

You may also become insured under any one option of Plan 2 if you meet the requirements to become insured under Plan 2 Life Insurance under the Group Policy. Plan 2 is a Contributory plan requiring premium contributions from Members.

You may be insured under Plan 1 and any one option of Plan 2 at any one time.

For Class 5:

You may become insured under any option of Plan 1 if you meet the requirements to become insured under the Group Policy.

Plan 1 (basic):

Class 1, 2 and 10: \$50,000

Class 11: \$7,500

Class 12: \$10,000

Class 3, 4, 8 and 9: \$5,000

Class 5: Your choice of one of the following options:

Option 1: 1 times your Annual Earnings

Option 2: 2 times your Annual Earnings

Option 3: 3 times your Annual Earnings

Option 4: 4 times your Annual Earnings

Option 5: 5 times your Annual Earnings

Option 6: 6 times your Annual Earnings

Option 7: \$25,000

Option 8: \$50,000

The amount of your Plan 1 Life Insurance will be rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$2,000,000.

Class 6 and 7: \$1,000

Plan 2 (additional):

Class 1 and 10:

Your choice of one of the following options:

Option 1: 1 times your Annual Earnings

Option 2: 2 times your Annual Earnings

Option 3: 3 times your Annual Earnings

Option 4: 4 times your Annual Earnings

Option 5: 5 times your Annual Earnings

Option 6: 6 times your Annual Earnings

Option 7: \$25,000

The amount of your Plan 2 Life Insurance will be rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount of your Plan 2 Life Insurance, when combined with your Plan 1 Life Insurance amount, is \$2,000,000.

Class 2:

Your choice of one of the following options:

Option 1: 1 times your Annual Earnings

Option 2: 2 times your Annual Earnings

Option 3: 3 times your Annual Earnings

Option 4: 4 times your Annual Earnings

Option 5: 5 times your Annual Earnings

Option 6: \$25,000

The amount of your Plan 2 Life Insurance will be rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount of your Plan 2 Life Insurance, when combined with your Plan 1 Life Insurance amount, is \$1,500,000.

Class 3, 4, and 12:

Your choice of one of the following options:

Option 1: 1 times your Annual Earnings

Option 2: 2 times your Annual Earnings

Option 3: 3 times your Annual Earnings

Option 4: 4 times your Annual Earnings

Option 5: 5 times your Annual Earnings

Option 6: \$50,000 minus the Plan 1 (basic) Life Insurance Benefit amount.

Option 7: \$25,000

The amount of your Plan 2 Life Insurance will be rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount of your Plan 2 Life Insurance, when combined with your Plan 1 Life Insurance amount, is \$1,500,000.

Class 5, 6, 7, 8, 9, 11: None

The Repatriation Benefit:

The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5,000 or 10% of the Life Insurance Benefit, whichever is less.

For your Spouse:

If you are insured for Life Insurance, you may also elect Dependents Life Insurance for your Spouse.

Dependents Life Insurance Benefit: Class 1, 5 and 10: Your choice of one of the following options:

Option 1: \$25,000

Option 2: \$50,000

Class 2, 3, 4, 6, 7, 8, 9, 11 and 12: None

The amount of Dependents Life Insurance for your Spouse may not exceed 100% of the amount of your Life Insurance.

For your Child:

If you are insured for Life Insurance, you may also elect Dependents Life Insurance for your Child(ren).

Dependents Life Insurance Benefit: Class 1, 5 and 10: You may apply for Dependents Life Insurance in multiples of \$5,000 from \$5,000 to \$10,000.

Class 2, 3, 4, 6, 7, 8, 9, 11 and 12: None

The amount of Dependents Life Insurance for your Child may not exceed 100% of the amount of your Life Insurance.

#### SCHEDULE OF AD&D INSURANCE

For you:

AD&D Insurance Benefit:

Plan 1 (basic):

Class 1, 2, 3, 4, 5, 9, 10 and 12:

The amount of your Plan 1 AD&D Insurance Benefit is equal to the amount of your Plan 1 Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

Class 6, 7, 8 and 11: None

Plan 2 (additional):

Class 1, 2, 3, 4, 10 and 12:

The amount of your Plan 2 AD&D Insurance Benefit is equal to the amount of your Plan 2 Life Insurance Benefit. The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

Class 5, 6, 7, 8, 9 and 11: None

Seat Belt Benefit:

The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) the amount of AD&D Insurance Benefit payable for loss of life.

Air Bag Benefit: The amount of the Air Bag Benefit is the lesser of (1) \$5,000; or (2) the amount of AD&D Insurance Benefit payable for Loss of your life.

Line of Duty Benefit: Class 2:  
The Lesser of (1) \$10,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.

Class 1, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12: None

#### AD&D TABLE OF LOSSES

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand, one foot or sight of one eye	50%
c. Two or more of the Losses listed in b. above	100%

**No more than 100% of your AD&D Insurance will be paid for all Losses resulting from one accident.**

3. Part F. Additional AD&D Benefits of the **Accidental Death And Dismemberment Insurance** section is amended by the addition of the following:

#### Line Of Duty Benefit

The amount of the Line Of Duty Benefit is shown in the **Coverage Features**.

We will pay a Line Of Duty Benefit if all of the following requirements are met:

1. You are a Public Safety Officer.
2. You suffer a Loss for which an AD&D Insurance Benefit is payable.
3. The Loss is the result of a Line Of Duty Accident.

Public Safety Officer means a Member whose primary job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression. Public Safety Officer includes police officers, firefighters, corrections officers, judicial officers, and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety Officer.

Line of Duty Accident means an accident, including accidental exposure to adverse weather conditions, that occurs while you are taking any action which by rule, regulation, law, or condition of employment you are obligated or authorized to perform as a Public Safety Officer in the course of controlling or reducing crime or criminal law enforcement, including such action taken in response to an emergency while off duty.

If you are a Public Safety Officer, whose primary job duties are controlling or reducing crime, criminal law enforcement, or fire suppression, Line of Duty Accident includes a Line Of Duty Accident that occurs while you are on duty at social, ceremonial, or athletic functions to which you are assigned or for which you are paid as a Public Safety Officer by your Employer.

STANDARD INSURANCE COMPANY

By



Chairman, President and CEO



Corporate Secretary