
Summary of Coverage

Employer: State of Rhode Island
Group Policy: GP-657293
SOC: 1A
Issue Date: October 23, 2006
Effective Date: September 1, 2006

The benefits shown in this Summary of Coverage are available for you.

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

Eligibility

Employees

You are in an Eligible Class if you are an active, retired and regular full-time or part-time employee working 20 or more hours per week of an Employer participating in this Plan.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the first day of the next full pay period, as determined by your Employer or, if later, the date you enter the Eligible Class.

You can remain in an Eligible Class as a retired employee if you retire under your Employer's IRS Qualified Retirement Plan and will receive a pension, except a deferred vested pension. You may continue your Life Insurance. Your Life Insurance will be subject to any reduction set forth below.

If you retired before the Effective Date of this Plan, you are also in an Eligible Class. You must follow the Enrollment Procedure. You may have Life Insurance. Your Life Insurance will be subject to any reduction set forth below.

Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer. This will allow your Employer to deduct your contributions from your pay. Be sure to enroll within 31 days of your Eligibility Date.

The Group Term Life insurance is fully contributory. You must pay the required contributions in full. Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change.

Life and Accidental Death and Personal Loss Coverage

If you are eligible for any coverage as a retired employee, the Group Term Life insurance is fully contributory. You must pay the required contributions in full. Your Employer will advise you concerning the method and amount of the required contributions.

Effective Date of Coverage

Employees

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

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

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

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

Life Insurance

Employees

Basic Life Insurance

Classification	Amount
All Employees	100% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$ 1,000, if not an integral multiple of \$ 1,000. Minimum: \$ 1 Maximum: \$ 150,000

Supplemental Life Insurance

Classification	Amount
All other employees	100% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$ 1,000, if not an integral multiple of \$ 1,000. Maximum: \$ 1 Minimum: \$ 150,000

*Your combined amount of Basic and Supplemental Life Insurance cannot exceed \$ 300,000.

Age Reduction Rule

Active Employees

Your Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced:

- by 1% each calendar month until each amount is equal to 40% of your current basic annual earnings, as determined by your Employer, at age 65;
- to 30% of your current basic annual earnings, as determined by your employer, at age 75; and
- to 25% of your current basic annual earnings, as determined by your employer, at age 80.

The reduction will take effect on the first day of the calendar month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Life Insurance will be the applicable percentage of the amount shown for your classification.

With respect to employees who cease active work due to disability prior to July 1, 1996, at any time that your Basic Life Insurance is being continued because you are permanently and totally disabled, the retirement rule below will not apply to you while you are under age 65. At age 65, the retirement rule will apply and your Basic Life Insurance will be reduced by 2% each calendar month until the amount is equal to 25% of the amount in force at age 65 in accordance with the preceding paragraph, if you qualify as a retired employee in an Eligible Class. If you do not qualify as a retired employee, your Basic Life Insurance will cease on the date you terminate.

With respect to employees who cease active work due to disability on or after July 1, 1996, the amount of any Basic Life Insurance being extended for you under the Permanent and Total Disability feature of this Plan will be reduced at the ages specified and in accordance with the age Reduction Rule.

Retirement Reduction Rule

If you retire and you remain in an Eligible Class, your Basic Life Insurance will remain in force during your retirement, subject to change or termination in accordance with the terms of the group contract. Your Basic Life Insurance will be reduced at age 65, or beginning with age at retirement if over 65, by 76%, age 66 reduces to 52%, age 67 to 28%, age 68 and older reduces to 25% of the amount of insurance in force immediately prior to your 65th birthday .

Note:

The amount of any Life Insurance being extended for you under the Permanent and Total Disability feature of this Plan will be reduced at the ages specified and in accordance with the Age Reduction Rule above.

Accelerated Death Benefit

Employees

ADB Months:	6
ADB Percentage:	50%
ADB Maximum:	\$ 150,000

Accidental Death and Personal Loss Coverage

Schedule of Accidental Death and Personal Loss Coverage

Employees

Schedule

Classification

All Employees

Principal Sum

100% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$ 1,000, if not an integral multiple of \$ 1,000.

Maximum: \$ 150,000

Minimum: \$ 1

Age Reduction Rule

Your Accidental Death and Personal Loss Coverage amount in force on the day before the first day of the month in which you reach age 65 will be reduced:

- by 1% each calendar month until each amount is equal to 40% of your current basic annual earnings, as determined by your Employer, at age 65;
- to 30% of your current basic annual earnings, as determined by your employer, at age 75; and
- to 25% of your current basic annual earnings, as determined by your employer, at age 80.

The reduction will take effect on the first day of the calendar month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Accidental Death and Personal Loss Principal Sum will be the applicable percentage of the amount shown for your classification.

Additional Accidental Death Benefit Maximums

Employees

Coma Benefit Percentage	5% of your full Principal Sum
Passenger Restraint Benefit Maximum	\$ 10,000*
Airbag Benefit Maximum	One half of your Passenger Restraint Benefit
Education Benefit Maximum for each dependent child	5% of your Principal Sum not to exceed \$ 5,000 per year per child for up to 4 years
for your spouse	5% of your Principal Sum not to exceed \$ 5,000 per year for up to 4 years
Child Care Benefit Maximum for each child	3% of your Principal Sum not to exceed \$ 2,000 per year per child for up to 4 years
Repatriation of Remains Benefit Maximum	\$ 5,000
Double Indemnity on a Common Carrier Benefit Maximum	An amount equal to your Principal Sum not to exceed \$ 250,000

Adjustment Rule

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

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

General

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

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

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

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment *(GR-9N-CR1)*

Policyholder: STATE OF RHODE ISLAND
Group Policy No.: GP-657293
Effective Date: This Amendment is effective on the later of:
JANUARY 1, 2010; or
The date you become covered under the Policy.

The group policy specified above has been amended. The following summarizes the changes in the group policy, and the Certificate of Insurance describing the policy terms is amended accordingly. This amendment is effective on the date shown above. It applies to group policies providing Group Insurance coverage issued by Aetna Life Insurance Company in the State of Rhode Island.

The following benefits have been added or revised in your Certificate of Insurance. They apply unless their effect is to provide a lesser benefit or coverage than that already provided in the Certificate of Insurance.

1. If Totally Disabled When Life Insurance Discontinues

When Life Insurance ceases because Life Insurance discontinues as to your employee class, and you are then totally disabled, a benefit may be payable if all the following tests are met:

- Life Insurance is being continued in force for you, as provided elsewhere in the group contract while you are not at work due to disease or injury, or you are eligible due to permanent and total disability.
- You die within 6 months after such discontinuance.
- You would (in the absence of such discontinuance) have remained eligible to have your Life Insurance continued as provided elsewhere in the group contract while you are not at work due to disease or injury. This test must be met at all times from the date Life Insurance discontinues to the date of your death.
- Aetna has received at its Home Office, not later than 3 months after your death, proof that all the above apply.

The amount of death benefit payable to your beneficiary will be the amount of Life Insurance in force for you on the date you ceased active work. However:

- If, on the date of your death, you are covered under an individual policy issued under the Conversion Privilege, the amount of death benefit will be reduced by the amount of the individual policy.
- If the individual policy is given up without claim, the amount of the individual policy, and the amount of all premiums paid on it, will be paid to the person or persons entitled to payment under the individual policy.

A claim approved under this disability provision will be in full settlement of Aetna's obligations.

The Conversion Privilege applicable to discontinuance of Life Insurance as to your employee class is only available to you during the 31 day period after such discontinuance.

2. When Coverage Ends For Employees

Your coverage under the plan will end if:

- Your employment stops for any reason, including job elimination or being placed on severance. This will be either the date you stop active work, or the day before the first premium due date that occurs after you stop active work. But, if premiums are paid on your behalf, Aetna may deem you employed, so you remain eligible for coverage under this Plan, as follows:
 - For Life Insurance, if you are not **actively at work** due to **illness** or **injury** your coverage will be continued for 6 months from the start of the absence. It may be further continued until stopped by your Employer but not beyond 12 months from the start of the absence.

3. Electing Conversion

You or your dependents (if dependents life insurance provided) will be notified of the right to convert within 15 days before or after the date life insurance ends or is reduced. Written notice of the Life Conversion Privilege and Request form will be given to you by your employer or mailed to you by your employer to your last known address. The notice will include detailed instructions.

Submit to **Aetna** your completed application, along with the first premium payment, within 31 days after you insurance ends for any of the reasons under "Eligibility" above.

Should you be notified of your right to convert more than 15, but less than 60 days after the date insurance would otherwise end or be reduced, the period to make written request to convert and pay the first premium will be extended for 15 days after you are given such notice. But, if notice is not given within 60 days after your insurance ended or was reduced, the time allowed to convert will expire at the end of those 60 days.

Keep this Certificate Amendment with your Certificate at all times.



Mark T. Bertolini
Chairman, Chief Executive Officer and President

Aetna Life Insurance Company
(A Stock Company)

Rider: 1481N
Rhode Island HB 5826/SB 463 Group Insurance
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