

University of Chicago

Group Life Insurance

Summary Plan Description

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Your Group Life Insurance Benefits

The University of Chicago Group Life Insurance provides your family (or Beneficiary) with a lump sum payment in the event of your death. All Benefits-Eligible Employees have a limited life insurance benefit under Basic Life Insurance and may elect to purchase Supplemental Life Insurance coverage in addition to Basic Life Insurance coverage.

- **Basic Life Insurance.** If you are a Benefits-Eligible Employee, you are automatically covered under Basic Life Insurance. Full-time employees receive \$12,000 of coverage. Part-time employees receive \$6,000 of coverage. The University pays the full cost.
- **Supplemental Life Insurance.** You can choose to buy additional coverage that combines with your basic coverage – providing total insurance equal to one, two, three, or four times your annual Salary. The maximum combined coverage available is capped at \$1 million, subject to proof of insurability. Coverage is reduced after age 65. You, as the employee, pay the full cost for coverage beyond your basic coverage.

Please review this summary for important details on plan limits and features.

The capitalized terms in the Summary Plan Description have special meaning, which impacts your receipt of benefits under the Group Life Plan. Please refer to the [Glossary](#) for the definitions of those capitalized terms.

If you have questions about your benefits, send an e-mail to benefits@uchicago.edu.

Participating in Group Life Insurance

Eligibility

You are eligible for Group Life Insurance if you are a:

- Benefits-Eligible Employee of the University of Chicago (the “University”).
- Retired Employee.

Enrolling

You are automatically enrolled in Basic Life Insurance as of your date of hire or the date you become a Benefits-Eligible Employee.

You may enroll in Supplemental Life Insurance:

- Within 31 days of your date of hire or the date that you become a Benefits-Eligible Employee if you complete and submit an enrollment form within that 31-day period.
- Any time during the year, including during the annual Open Enrollment. You must complete an enrollment form. Coverage is not automatic, you must demonstrate proof of insurability through a statement of health form supplied by the insurance company. Your coverage takes effect on the insurance company's approval date.

Enrollment materials are available from the Benefits Office or online at: <http://hr.uchicago.edu>.

Naming a Beneficiary

When you enroll for coverage, you will be asked to designate a Beneficiary(ies). In order for a benefit to be paid to your chosen Beneficiary, you must have a signed written designation on file with the University. You can choose one or more beneficiaries and contingent beneficiaries. Benefits are paid in equal shares, unless you indicate otherwise.

For example, let's assume your spouse is your primary Beneficiary, and your children are equal contingent Beneficiaries. When you die, your spouse receives all of your benefits. If your spouse dies before you, your children would receive equal shares of your benefits.

If you don't have a Beneficiary, or if none of your beneficiaries are alive when you die, your benefits will be paid to the executor of your estate or any one or more of your surviving relatives (a spouse, child, parent, brother or sister) at the discretion of the insurance company.

You may change your Beneficiary at any time by completing a change of Beneficiary designation form and submitting it to the Benefits Office. The change will take effect on the date you signed the form. Always make sure you update your Beneficiary designation form any time you have a change in your marital or family status. You should not rely on a separation agreement or divorce decree to protect your intentions.

Cost of Coverage

Basic Life Insurance

The University pays the full cost.

Supplemental Life Insurance

You pay the full cost of your Supplemental Life Insurance at group rates. How much your coverage costs depends on the amount of coverage you elect and your age. You pay for the coverage through after-tax payroll deductions.

For a current list of rates, visit our web site at: <http://hr.uchicago.edu> or contact the Benefits Office.

When Coverage Begins

Basic Life Insurance

Your Basic Life coverage is effective as of your date of hire or the date that you become a Benefits-Eligible Employee.

Supplemental Life Insurance

If you enroll in Supplemental Life Insurance within 31 days of your date of hire as a Benefits-Eligible Employee, coverage is effective as of your date of hire or the date that you become a Benefits-Eligible Employee. If, however, your Supplemental Insurance coverage is more than \$600,000, you must complete an enrollment form and show proof of insurability for the incremental amount over \$600,000. The portion of your coverage over \$600,000 takes effect on the insurance company's approval date.

If you enroll in Supplemental Life Insurance after your first 31 days of hire or the date that you become a Benefits-Eligible Employee, you need to show proof of insurability through a statement of health. Your coverage takes effect on the insurance company's approval date.

Coverage will not begin unless you are Actively at Work. If you are not Actively at Work on the date coverage would start, your coverage will take effect on the date after you have completed five full consecutive days of active work.

Changing Your Coverage

Basic Life Insurance

You cannot change the amount of coverage under Basic Life Insurance.

Supplemental Life Insurance

You can increase or decrease the amount of your Supplemental Life Insurance coverage at any time during the year.

- If you **decrease** your supplemental coverage, the change will take effect on the first day of the month after the University receives your request for a decrease in coverage.
- If you **increase** your supplemental coverage, you must show proof of insurability through a Statement of Health. Your coverage takes effect on the insurance company's approval date.

You must be Actively at Work on the approval date. If you are not Actively at Work on that date, the increase in coverage will take effect on the date after you have completed five full consecutive days of active work.

Automatic Coverage Changes

Basic Life Insurance

The amount of Basic Life Insurance does not change when your Salary or age changes.

When your status as a Benefits-Eligible Employee changes from full-time to part-time or vice versa, the amount of coverage provided under the Basic Life Insurance will be adjusted accordingly.

Supplemental Life Insurance

The amount of your Supplemental Life Insurance will be adjusted **automatically** when your Salary changes and when your age class changes.

- If your age class changes, the adjustment will take effect on the first day of the month that falls on or next follows the date of change (see “[How Group Life Insurance Works](#)”).
- If your Salary changes, the adjustment will take effect on the date of the change. If as a result of a Salary change, your elected supplemental insurance coverage is over \$600,000, you must show proof of insurability through the insurance company’s statement of health form. Your coverage over \$600,000 takes effect on the insurance company's approval date. If no proof of insurability is provided, the Supplemental Life Insurance amount is capped at \$600,000.

You must be Actively at Work on the date that your Salary changes. If you are not Actively at Work on that date, the change in coverage will take effect on the date after you have completed five full consecutive days of active work.

Coverage During a Leave

Short-Term Disability

If you are a staff employee and are not Actively at Work due to an approved short-term disability leave, your life insurance coverage will remain in place at the same level as before your leave. The costs for the coverage will be deducted from your short-term disability check. Upon return to work from this leave, the cost for the life insurance coverage will be deducted again from your regular paycheck.

Academic employees are not eligible for short-term disability. Contact your department for more information.
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Family and Medical Leave

If you are not Actively at Work due to an approved leave of absence under the Family and Medical Leave Act (FMLA) and such leave is not concurrent with a short-term disability leave, you may continue your life insurance coverage at the same level as before your leave. You will be billed on a monthly basis for your Supplemental Life Insurance coverage. Upon return to work from leave, the cost for the life insurance coverage will be deducted again from your regular paycheck.

Leave of Absence

If you are not Actively at Work due to an approved, unpaid leave of absence, you may continue your life insurance coverage at the same level as before your leave.

If you decide to continue your life insurance coverage while on an unpaid leave of absence, you will be billed for the cost of Supplemental Life Insurance coverage on a monthly basis. If you return to work in the same position or another benefits-eligible position, the cost for your Supplemental Life Insurance coverage will automatically be deducted again from your paycheck.

If you decide not to continue your life insurance coverage while on leave you will be covered under Basic Life Insurance, for the first three months only. After the first three months, your life insurance coverage under the Basic Life Insurance will be terminated as well. If you return to work in the same or another benefits-eligible position, your life insurance coverage will resume at the same level as before your leave.

If you return to work in a benefits-ineligible position, or don’t return to work at the end of your leave, your life insurance coverage will end.

Long-Term Disability

For the duration of the long-term disability leave, you may continue your life insurance coverage at the same level as before your leave. You will be billed for Supplemental Life Insurance coverage on a monthly basis. If you fail to pay, you may jeopardize your coverage. While you are on disability leave, you can decrease but not increase your Supplemental Life Insurance coverage.

Your life insurance premium may be waived by the insurance company if you become totally disabled before age 60 (as defined by the life insurance policy) and you are disabled for six consecutive months.

If you return to work in the same or another benefits-eligible position, your coverage will automatically continue and the cost for the Supplemental Life Insurance coverage will be deducted again from your paycheck.

If you return to work in a benefits-ineligible position, or don't return to work at the end of your leave, your life insurance coverage will end.

Military Leave of Absence

If you are in the Reserves and are called up for active duty, you may continue your life insurance coverage at the same level as before your leave for up to twenty-four (24) months.

If you decide to continue your life insurance coverage while on an unpaid leave of absence, you will be billed for the cost of Supplemental Life Insurance coverage on a monthly basis.

If you decide not to continue your supplemental life insurance coverage while on leave, you will be covered under Basic Life Insurance for the first three months only. After the first three months, your life insurance coverage under the Basic Life Insurance will be terminated as well.

If you return to work in the same or another benefits-eligible position as before your leave, your coverage will automatically continue and the cost for the Supplemental Life Insurance coverage will be deducted again from your paycheck.

If you return to work in a benefits-ineligible position, or don't return to work at the end of your leave, your life insurance coverage will end.

When Coverage Ends

Your group life insurance coverage ends on the date when:

- You are no longer treated as employed by the University for any reason (See [Conversion](#)).
- You are no longer a Benefits-Eligible Employee.
- You waive coverage (applies to Supplemental Life Insurance only)
- You stop paying direct-billed premiums (applies to Supplemental Life Insurance only).
- The plan ends.

When You Retire

When you retire, your coverage under Basic and Supplemental Life Insurance ends. However, the University does provide a \$1,000 life insurance benefit at no cost to Retired Employees.

Converting to an Individual Policy if Group Life Coverage Ends

You can convert your Group Life Insurance coverage to an individual policy when:

- You are no longer a Benefits-Eligible Employee.
- Your life insurance coverage is reduced due to age.
- You are no longer treated as employed by the University for any reason.

Under the individual policy, you can buy up to the same amount of coverage you have under the Group Life Insurance Plan. You must apply within 31 days after your coverage under the group life insurance policy ends.

If you die during the Conversion Period but before you have applied for an individual life insurance policy, the insurance company will pay the life insurance amount that could have been converted. The amount will be paid to your Beneficiary. However, if you die after applying for an individual policy, the amount will be paid to the Beneficiary you named on your application for an individual policy.

Contact the Benefits Office for a conversion form.

How Group Life Insurance Works

Your Options

Basic Life Insurance

A Benefits-Eligible Employee is automatically covered under Basic Life Insurance. Full-time employees receive \$12,000 of coverage. Part-time employees receive \$6,000 of coverage.

Supplemental Life Insurance

You may choose to buy additional life insurance under Supplemental Life Insurance. You have four options. The amount of each option depends on your age and is equal to a factor multiplied by your annual Salary, as shown in the table below. The amount of life insurance coverage will be rounded up to the next \$1,000 of coverage.

Your Age	Supplemental Life Insurance Options (Multiply the factor under each option by your annual Salary; see the examples below. This amount is in addition to Basic coverage)				Maximum Amount of Coverage*
	1	2	3	4	
Under 65	1.00	2.00	3.00	4.00	\$1,000,000
65 - 69	0.65	1.30	1.95	2.60	\$650,000
70 - 74	0.42	0.85	1.27	1.69	\$420,000
75 and over	0.27	0.55	0.83	1.10	\$270,000

* Basic and Supplemental Life Insurance combined.

Here are some examples of the coverage Supplemental Life Insurance, combined with Basic Life Insurance, provide in different situations.

For Example		
John, age 35, earns \$49,700 a year. He chooses Option 2. When he dies, his Beneficiary will receive \$100,000.	Annual Salary	\$49,700
	Factor for age 35 and Option 2	x 2.00
	Total	\$99,400
	Rounded to the next \$1,000	\$100,000
Mary is 66 years old and earns \$75,000 a year. She chooses Option 3. When she dies, her Beneficiary will receive \$147,000.	Annual Salary	\$75,000
	Factor for age 66 and Option 3	x 1.95
	Total	\$146,250
	Rounded to the next \$1,000	\$147,000

Based on the above example, the two employees' costs for the same coverage would be different depending on whether they are full-time or part-time employees as shown below.

For Example

John's coverage is \$100,000.

If John is a full-time employee, he would pay for \$88,000 of coverage.	Combined Basic and Supplemental Life Insurance coverage of	\$100,000
	University pays for	<u>- \$12,000</u>
	John pays for	\$88,000

If John is a part-time employee, he would pay for \$94,000 of coverage.	Combined Basic and Supplemental Life Insurance coverage of	\$100,000
	University pays for	<u>- \$6,000</u>
	John pays for	\$94,000

Mary's coverage is \$147,000.

If Mary is a full-time employee, she would pay for \$135,000 of coverage.	Combined Basic and Supplemental Life Insurance coverage of	\$147,000
	University pays for	<u>- \$12,000</u>
	Mary pays for	\$135,000

If Mary is a part-time employee, she would pay for \$141,000 of coverage.	Combined Basic and Supplemental Life Insurance coverage of	\$147,000
	University pays for	<u>- \$6,000</u>
	Mary pays for	\$141,000

Misstatement of Age

If your age has been misstated, the insurance company will change the coverage amount for the correct age. A change in rates will be made so that insurance coverage costs will be paid for the correct age.

Living Choices

Living Choices is an accelerated death benefit the University offers at no cost to you. If you are terminally ill and are expected to live for less than a year, Living Choices allows you to collect part or all of your life insurance benefits before you die. The minimum payment is 25% or \$50,000, whichever is less.

To apply for Living Choices, complete the form available from the Benefits Office. You will also need to submit a physician's statement and, if necessary, other medical documentation. Within five days of receiving your completed application, the insurance company will send you information about how Living Choices will affect your life insurance coverage.

If your application is approved, you will be mailed a check. If you request less than 100% of your life insurance, the remaining benefit will be paid to your Beneficiary after you die.

A Living Choices benefit may be taxable and receiving an accelerated death benefit such as Living Choices may affect your eligibility for programs like Medicaid, aid to families with dependent children (ADC) and supplemental security income (SSI). Check with a tax adviser and the appropriate social service agency before making your decision. If you have questions about Living Choices, contact the insurance company.

Receiving Life Insurance Benefits

Filing a Claim

When you die, your Beneficiary, a relative or your executor must contact the Benefits Office to initiate the claim for life insurance benefits. A certified copy of the death certificate and a completed life insurance claim form will be required to file for benefits.

UNUM will provide notification of a determination on the initial application for benefits within a reasonable period of time, but not later than 45 days after receipt of the request. The initial 45-day period may be extended for up to 30 additional days. UNUM will provide notification of such delay prior to the expiration of the 45-day period.

For more information about claim denial and appeals, see the “Administrative Information” section of this summary.

Benefit Payments

Once the insurance company receives the completed application and proof of death, benefits will be paid to your Beneficiary(ies) in one lump sum. The insurance company may also offer other payment options.

The insurance company may, at its option, pay up to \$500 of the benefits to any person who incurs expenses for your final illness or burial.

Overpayment of Benefits

You or your Beneficiary must repay any benefit overpayments received. To regain the amount overpaid, the insurance company may:

- Require your Beneficiary to repay the amount in one sum.
- Withhold the amount from future benefits payable to your Beneficiary under the plan.
- Take any necessary legal action.

Administrative Information

Assignment of Benefits

You may assign your life insurance benefits provided under the group life insurance plan by sending written notification to the insurance company. When the assignment is recorded, it will take effect on the date it was signed as long as the insurance company receives the notice before the benefit is paid or any other action is taken. The insurance company is not responsible for whether any assignment is valid.

If Your Claim Is Denied

If all or part of your claim is denied, you are entitled to a written or electronic explanation, and you can request to have your claim reviewed and reconsidered. The written explanation of the denial will be provided by the insurance company and it will state:

- Specific reasons for the denial.
- Specific references to the plan provisions on which the denial is based.
- A description of any additional information they need and why.
- The steps you can take to ask for a review of the decision.

This notice will be sent within 90 days of the date you filed your application. However, in special circumstances, the insurance company may need more time (up to another 90 days) to process your application. If an extension is needed, you will be notified of the reasons for the delay and the date you can expect to receive a decision about your claim.

If you wish to review or appeal a denied claim, you can take the following steps.

- Send a written request asking the plan administrator to review your application. The request should be sent within 90 days after you receive the denial notice (or you assume your application was denied).
- Include additional documentation, comments and reasons why you think your application should not have been denied.
- Request copies of the legal plan document and other documents concerning your application for your review.

For more information about claim denials and appeals, see the “[Asking for a Review](#)” section of this summary.

Asking for a Review

If your application for benefits is denied, or if benefits are reduced or terminated, you may ask for a review within 60 days of receiving the denial. You or your duly authorized representative may request, free of charge, copies of all documents, records and other information relevant to the claim. You are encouraged to submit issues and comments to the insurance company. The insurance company will provide you with a written or electronic notification of our decision within a reasonable period of time (not more than 60 days of receipt of your request).

The insurance company will make a final decision according to plan provisions. Normally, you will receive a written reply of the final decision, including specific references to the provision on which it is based, within 90 days. If more time is needed (up to another 90 days), you will be notified of the reasons for the delay and the date you can expect to receive a decision about your claim.

If, in the notice of delay, additional information is requested from you to complete the review, you will have at least 60 days within which to provide the specified information. In such case, the 60-day period for the decision will begin on the date your response is received. If, after the final review, your claim is still denied, you may file suit in a federal or state court.

The insurance company will comply with shorter time limits if required by the state in which the policy was issued.

Your ERISA Rights

As a participant in Group Life Insurance, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About the Plan and Benefits

For example, you can:

- Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Discretionary Authority

As the Claims Administrator, the insurance company has discretionary authority to grant or deny benefits under the contract and plan. Benefits under the contract and plan will be paid only if the insurance company decides in its discretion that you, the applicant, are entitled to them. The decision of the insurance company shall not be overturned unless determined by a court of law to be arbitrary and capricious.

Service of Legal Process

Service of legal process on any administrative matter should be directed to the Plan Administrator.

Plan Amendment and Termination

The University has reserved the right, in its sole discretion under circumstances that it deems advisable (including, but not limited to, a need to address cost or plan design considerations), to terminate the Plan or to amend or eliminate benefits. In the event of termination or amendment or elimination of benefits, the rights and obligations of participants prior to the date of such event shall remain in effect, and changes shall be prospective, except to the extent that the University's action and applicable law permit otherwise.

Collective Bargaining

Certain provisions of the group life insurance plan may be subject to collective bargaining agreements between the University of Chicago and certain unions.

If you are a member of a collective bargaining unit affected by these agreements, you can obtain a copy of the unit's agreement by writing to the plan administrator, or you may obtain it at the Office of Employee and Labor Relations.

Other Plan Information

You will need this information for future reference or if you have any questions about your benefits.

Plan Name	University of Chicago Life Insurance Plan
Plan Funding and Administration	The plan is funded through premiums paid by the University and employees. The University has an insured contract with UNUM to provide plan benefits.
Employer, Plan Sponsor and Administrator	The University of Chicago Benefits Office 956 East 58 th Street Chicago, IL 60637 benefits@uchicago.edu
Agents for Service of Legal Process	For the University: The University of Chicago Benefits Office 956 East 58 th Street Chicago, IL 60637 For the insurance company: UNUM Life Insurance Company of America 2211 Congress Street Portland, Maine 04122
Plan Year	January 1 to December 31 for fiscal record purposes
Type of Plan	Welfare (life insurance)
Employer Identification Number	36-2177139
Plan Number	508

Glossary

Actively at Work	Performing for wages that are regularly paid by the University, the material and substantial duties of your occupation at the usual place of work or at any alternate place of work required by the University.
Beneficiary	The person (or institution) you select to receive your Group Life Insurance benefits when you die.
Benefits-Eligible Employee	Generally, you are Benefits-Eligible if you are: <ul style="list-style-type: none">• Full-time: your position is anticipated to exist for one year or longer and you are scheduled to work at least 35 hours per week.• Part-time: your position is anticipated to exist for one year or longer and you are scheduled to work 20 - 35 hours per week. You are not Benefits-Eligible if you are scheduled to work fewer than 20 hours per week or if your position is expected to exist less than one year.
Conversion Period	The 31 days during which you can apply to convert your group insurance policy from the University to an individual policy.
Retired Employee	A former eligible employee who has terminated employment, who is at least age 55, and who is eligible to receive a vested benefit from a University sponsored pension plan.
Salary	Basic University monthly wages including administrative supplements and clinical term allowances. Overtime pay, bonuses and other types of extra compensation are not included.

A Final Note

This summary is written in everyday language and provides a general summary and serves as your summary plan description. We have tried to make it as complete and accurate as possible. If there are any discrepancies between this summary and the formal plan documents, such as the certificate of insurance, those documents will determine how the plan works and the benefits that are paid. The plan administrator has the authority to interpret the terms of the plan and to address questions arising under the plan and may delegate some or all of this authority to other entities, such as insurance companies or claims payors. The insurance company makes determinations of benefits under its certificate of insurance.

Participating in this plan does not guarantee employment.