

Certificate Of Insurance  
**HARTFORD FIRE INSURANCE COMPANY**  
Hartford, Connecticut  
Policyholder: Minnesota School Employees Assn.  
Policy Number: 41-ADD-S01171  
Policy Effective Date: September 01, 1999



We have issued a policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the policy which are important to you are summarized in this Certificate; consisting of this Certificate and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to you earlier for the policy. The policy alone is the only contract under which payment will be made. Any difference between the policy and this Certificate will be settled according to the provisions of the policy.

**RIGHT TO CANCEL:** You may cancel the policy by delivering or mailing a written notice or sending a telegram to and by returning the policy or contract before midnight of the tenth day after the date you receive the policy. Notice given by mail and return of the certificate by mail are effective on being postmarked, properly addressed and postage prepaid. The insurer must return all payments made for the policy within ten days after it receives notice of cancellation and the returned policy.

*C. M. O'Halloran*  
Charles Minor O'Halloran, Secretary

*Ramani Ayer*  
Ramani Ayer, Chairman & CEO

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**SCHEDULE**

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**Eligible Persons:**

**Class 1:** All active board members of the Policyholder.

**Principal Sum:**  
\$12,000

**Class 2:** All other active members and retirees of the Policyholder.

**Principal Sum:**  
\$2,000

**Eligible Dependents:** Eligible Person's Spouse and Child(ren)

**Policy Age Limit:** None

**Change in Class:** If you enter a new Class, described in the Schedule, the insurance applicable to you is: a) determined on the basis of the provisions for the new Class; and b) effective on the Premium Due Date on or next following the date you enter the new Class.

**Accidental Death and Dismemberment Reduction on and after Age 70:** On the Premium Due Date on or next following the Covered Person's attainment of ages 70, 75, 80, and 85, his or her amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Covered Person by the percentage shown below for his or her attained age:

Covered Person's Age:	<u>Age 70 - 74</u>	<u>Age 75 - 79</u>	<u>Age 80 - 84</u>	<u>Age 85 or over</u>
Percentage of Principal Sum:	65%	45%	30%	15%

Covered Persons age 70 or over, will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age.

**DEFINITIONS:** **We, us or our** means the insurance company named on the face page. **You, your or Insured Person** means an Eligible Person while he or she is covered under the policy. **Covered Person** means you or your Eligible Dependent while you, he or she is covered under the policy. **Injury** means bodily injury resulting directly from accident and independently of all other causes which occurs while the Covered Person is covered under the policy. Loss resulting from: a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or b) medical or surgical treatment of a sickness or disease; is not considered as resulting from Injury. **On**, when used with reference to any conveyance (land, water or air), means in or on, boarding or alighting from the conveyance. **Civil or Public Aircraft** means an aircraft which: a) has a current and valid Airworthiness Certificate; b) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and c) is not operated by the militia or armed forces of any state, national government or international authority. **Airworthiness Certificate** means: a) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration; or b) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry. **Military Transport Aircraft** means a transport aircraft operated by: a) the United States Air Mobility Command (AMC); or b) a national military air transport service of any country. **Written Request** means any form provided by us for the particular request.

**INSURED PERSONS PERIOD OF COVERAGE:** **Effective Date:** Your coverage becomes effective on the later of: a) the Policy Effective Date; or b) the first day of the month on or next following the date you become eligible. **Termination:** Your coverage terminates on the earlier of: a) the date the policy is terminated; or b) the Premium Due Date on or next following the date you: 1) cease to be an Eligible Person; or 2) attain the Policy Age Limit, if any, shown in the Schedule.

**DEPENDENTS PERIOD OF COVERAGE:** You are insured with Dependents Coverage if you have any Eligible Dependents as defined below. **Eligibility:** Eligible Dependents are defined below. In any event, you are not an Eligible Dependent. **Eligible Dependents:** 1) **Spouse** means your spouse unless: a) you and your spouse are legally separated or divorced; or b) your spouse has attained the Policy Age Limit, if any, shown in the schedule. 2) **Child or Children** means your unmarried child, stepchild, legally adopted child, or foster child: a) who is less than age 19 and primarily dependent on you for support and maintenance; or b) who is at least age 19 but less than age 23 who: 1) regularly attends an institution of learning; and 2) is primarily dependent on you for support and maintenance. **Effective Date:** Each Eligible Dependent will become covered under the policy on the later of: a) the date you become an Insured Person; b) the date the person qualifies as an Eligible Dependent. **Termination:** Coverage of each Eligible Dependent terminates on the Premium Due Date on or next following the earlier of: a) the date you cease to be an Insured Person; or b) the date he or she ceases to qualify as an Eligible Dependent. **Incapacitated Child:** Coverage of a child who, on the date he or she reaches age 19 or 23, is: a) covered under the policy; b) mentally or physically incapable of earning his or her own living; and c) primarily dependent on you for support and maintenance; will not terminate solely due to age. However, you must give us notice of the incapacity within 31 days of the termination date. Coverage will continue as long as: a) the incapacity continues; and b) the required premium is paid. We may, from time to time, require proof of continued incapacity and dependency. After the first two years, we cannot require proof more than once a year.

**EXCLUSIONS:** The policy does not cover any loss resulting from: 1. intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane; 2. war or act of war, whether declared or undeclared; 3. Injury sustained while full-time in the armed forces of any country or international authority; 4. Injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft; 5. Injury sustained while riding On any aircraft: a) as a pilot, crewmember or student pilot; b) as a flight instructor or examiner; or c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under the policy; 6. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician; 7. Injury sustained while committing or attempting to commit a felony.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:** If a Covered Person's Injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. Your amount of the Principal Sum is shown in the Schedule. The amount of Principal Sum for each of your Covered Dependents is determined below as a percent of your Principal Sum.

**Principal Sum for Each of Your Eligible Dependents:** The Principal Sum applicable to each person covered under this policy as your Dependent is calculated by applying the percent, determined below, to your Principal Sum.

<u>You with Covered*:</u>	<u>Percentage Applicable to :</u>	
	<u>Spouse</u>	<u>Each Child</u>
Spouse only	50%	0%
Spouse and Child(ren)	40%	10%
Child(ren) only	0%	15%

\*As determined on the date of the accident.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT  
(Continued)**

For Loss of:

Life .....	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes .....	The Principal Sum
One Hand and One Foot .....	The Principal Sum
Speech and Hearing .....	The Principal Sum
Either Hand or Foot and Sight of One Eye .....	The Principal Sum
Either Hand or Foot .....	One-Half The Principal Sum
Sight of One Eye .....	One-Half The Principal Sum
Speech or Hearing .....	One-Half The Principal Sum
Thumb and Index Finger of Either Hand .....	One-Quarter The Principal Sum

**Loss** means with regard to: hands and feet, actual severance through or above the wrist or ankle joints; b) sight, speech or hearing, entire and irrecoverable loss thereof; c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.

**Exposure:** Exposure to the elements will be presumed to be Injury if: a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which the Covered Person was an occupant at the time of the accident; and b) the policy would have covered Injury resulting from the accident. **Disappearance:** A Covered Person will be presumed to have suffered loss of life if: a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance; b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and c) the policy would have covered Injury resulting from the accident.

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**CLAIMS: Notice of Claim:** The person who has the right to claim benefits (the claimant or beneficiary) must give us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include your name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent. **Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim. If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us. **Proof of Loss:** Proof of loss must be sent to us in writing within 90 days after: a) the end of a period of our liability for periodic payment claims; or b) the date of the loss for all other claims. If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated. **Time of Claim Payment:** We will pay any daily, weekly or monthly benefit due: a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or b) immediately after we receive the proof of loss following the end of our liability. We will pay any other benefit due immediately after we receive the proof of loss. **Payment of Claims:** We will pay any benefit due for loss of life: a) according to the beneficiary designation in effect at the time of death; or b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of death; or c) to your estate. All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits may, at our option, be paid: a) according to the beneficiary designation; or b) to your estate. If a benefit due is payable to: a) your estate; or b) you or a beneficiary who is either a minor or not competent to give a valid release for the payment; we may pay up to \$1,000 of the benefit due to some other person. The other person will be someone related to you or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith. **Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense: a) to have the person who has a loss examined by a physician when and as often as we feel is necessary; and b) to make an autopsy in case of death where it is not forbidden by law. **Legal Actions:** You cannot take legal action against us: a) before 60 days following the date proof of loss is sent to us; b) after 3 years following the date proof of loss is due. **Naming a Beneficiary:** You may name a beneficiary or change a revocably named beneficiary by giving your Written Request to the Policyholder. Your request takes effect on the date you execute it, regardless of whether you are living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received your request. **Assignment:** We will recognize any assignment you make under the policy, provided: a) it is duly executed; and b) a copy is on file with us. We and the Policyholder assume no responsibility for the validity or effect of an assignment.