

Schedule of Benefits

(GR-9N S-01-001-01)

Employer: Buckeye Ohio Risk Management Association Pool, Inc
(BORMA)

Group Policy Number: GP-737565

Issue Date: April 15, 2016
Effective Date: April 1, 2016
Schedule: 15A
Cert Base: 15

For: Life and Accidental Death & Personal Loss - Full-Time City of Bowling Green Employees (CLASS 3)

Schedule of Life Insurance Benefits

(GR-9N S-02-01 01)

Employees

(GR-9N S-02-01 01)

Basic Schedule

Classification <i>(GR-9N S-02-01 01)</i>	Amount
All Employees	\$25,000

(GR-9N S-02-01 01)

Employees

Supplemental Schedule

Classification	Amount
All Employees	\$25,000 increments to a maximum of \$200,000

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$210,000.

You may elect coverage under any one of the available options shown above for Supplemental Life Insurance. Once you have made a selection, if you wish to make a change, your employer can provide you with information on how and when changes can be made.

Evidence Requirements

To become insured for Supplemental Life Insurance coverage, you must submit evidence of good health, which Aetna must approve if:

- You did not elect Supplemental Life Insurance within 31 days of the date you were first eligible to elect Supplemental Life Insurance, whether under this Plan or any other group plan sponsored by the Policyholder; or
- You elect to increase your Supplemental Life Insurance by more than one level or multiple of your basic annual earnings; or
- You elect to increase your Supplemental Life Insurance by any amount after you have applied for an Accelerated Death Benefit.

Changes in your coverage will not take effect until Aetna approves your evidence of good health. If evidence of your good health is not acceptable to Aetna, you will not be eligible for coverage or you will not be eligible for the increase in your coverage under this Plan.

Dependents Supplemental Schedule (GR-9N S-02-02 01)

Classification	Amount*
Spouse	\$12,500 to a maximum of \$50,000
Unmarried child, age 14 days to age 19; to age 26 if a full-time student	\$2,500 increments to a maximum of \$10,000

*but not more than 50% of the amount of your Supplemental Life Insurance under this plan.

Evidence Requirements for Dependents

For your dependents to become eligible for life insurance coverage, certain requirements will need to be met. Note that the dependent eligibility date is the date you can first elect coverage for a dependent under this plan or any prior group plan.

Requests Submitted More Than 31 Days after the Dependent Eligibility Date

If you request life insurance coverage for a dependent spouse more than 31 days after the dependent eligibility date, the dependent spouse can become insured as long as you submit evidence of the dependent's good health, and **Aetna** approves.

If you must submit evidence of your dependent spouse's good health, you must notify **Aetna** if any information that has been submitted to **Aetna** on your dependent spouse's behalf has or would change as a result of knowledge gained prior to **Aetna** notifying you that your spouse has been approved for the life insurance amount which is subject to evidence of good health.

Accelerated Death Benefit (GR-9N 03-003 01)

Employees and Dependent
Spouses

ADB months	24 months
ADB percentage	up to 75%
ADB minimum	The lesser of: 25% of your life insurance benefit amount and \$5,000.
ADB maximum	up to \$500,000

Accidental Death and Personal Loss Coverage

(GR-29N 03-01 01)

Schedule of Accidental Death and Personal Loss Benefits

Employees Basic Schedule

Classification
All Employees

Principal Sum
\$25,000

Employees Supplemental Schedule

Classification
All Employees

Principal Sum
\$25,000 increments to a maximum of \$200,000

Dependents Schedule Classification

Option 1

Principal Sum
\$12,500 increments to a maximum of \$50,000

Option 2

\$2,500 increments to a maximum of \$10,000

The amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

You may elect any one of the available options shown above for Supplemental Accidental Death and Personal Loss Coverage. Once you have made a selection, if you wish to make a change in your coverage, your employer will provide you with information on how and when changes can be made.

Additional Accidental Death and Personal Loss Benefit Maximums

(GR-9N S-03-02 01 CT)

Employees and Dependents

Passenger Restraint Benefit Maximum

for you

The lesser of \$25,000 or 25% of the Accidental Death & Personal Loss benefit*

for each covered dependent

The lesser of \$25,000 or 25% of the Accidental Death & Personal Loss benefit**

Airbag Benefit Maximum

The lesser of \$5,000 or 10% of the Accidental Death & Personal Loss Benefit payable

Education Benefit Maximum

for each dependent child

Your actual expenses not to exceed 5% of your or your spouse's principal sum or \$5,000 per year for up to 4 years, whichever is less

for your spouse

Your actual expenses not to exceed 5% of your principal sum or \$5,000 per year for up to 4 years, whichever is less

Child Care Benefit Maximum

for each child

Your actual expenses not to exceed 3% of your principal sum or \$2,000 per year per child for up to 4 years, whichever is less

Repatriation of Remains Benefit Maximum

Your actual expenses up to \$5,000*

*This benefit maximum is payable only once, even if the person is covered for both Basic and Supplemental Accidental Death and Personal Loss Coverage at the time of the loss.

**With respect to a dependent, the amount of the person's Principal Sum will be based on the amount of coverage in-force on the date of the accident, not the amount of coverage that may be in-force at the time of the loss.

General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.