

Schedule of Benefits

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

Employer: Portland Water District

Group Policy Number: GP-493562-GI

Issue Date: February 10, 2011

Effective Date: January 1, 2011

Schedule: 1A

Cert Base: 1

For: Life Insurance, Dependent Life Insurance and Accidental Death and Personal Loss: Union & Non-Union Employees

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

Schedule of Life Insurance Benefits

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

Employees

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

Basic Schedule

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

All Employees

Amount

200% 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: \$300,000

Minimum: \$10,000

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

Employees

Supplemental Schedule

Classification

All Employees Electing

Amount

\$10,000 or increments of \$10,000 to a maximum of \$300,000

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$600,000.

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 for Supplemental Life Insurance

To become insured for Supplemental Life Insurance coverage, certain requirements will need to be met. You can become insured for Supplemental Life Insurance in excess of \$50,000 as long as you submit evidence of good health, and **Aetna** approves. If **Aetna** does not approve your evidence of good health, the amount of Supplemental Life Insurance will be limited to the Guaranteed Standard Issue amount.

In addition, the following apply while you are insured:

- If you first become eligible for an amount of Supplemental Life Insurance in excess of \$50,000, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves. This does not apply if the sole reason you become eligible for the higher amount is because of an earnings increase.
- You first become eligible for an amount of Supplemental Life Insurance in excess of \$50,000, except due to an earnings increase, or you elect to increase your Supplemental Life Insurance by more than one level or multiple of your basic annual earnings then you can only become insured for the higher amount if you submit evidence of good health, and **Aetna** approves. This applies even if **Aetna** has approved evidence of your good health in the past.
- You elect to increase your Supplemental Life Insurance by any amount after you have applied for an Accelerated Death Benefit, you can become insured for this higher amount only if you submit evidence of good health, and **Aetna** approves.

If you do not or 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, coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If evidence of good health is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

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

Classification	Amount*
Wife or husband	\$10,000 or increments of \$10,000 to a maximum of \$100,000
Unmarried child, 14 days to age 19, 23 if student	\$15,000

*but not more than 100% of the amount of your 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.

- If you request Life Insurance coverage for the dependent **within 31 days of the dependent eligibility date**; and
- If you are eligible for a Life Insurance amount in excess of \$35,000 for your spouse or \$10,000 for your child;

your dependents will become eligible for a Life Insurance amount that is greater than the limits listed in the above section as long as you submit evidence of the dependent's good health, and **Aetna** approves.

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 request Life Insurance coverage for a dependent child more than 31 days after the dependent eligibility date, the child can become insured with or without evidence of good health as follows:

- **If evidence of good health is submitted and Aetna approves**, your dependent child can become insured for a Life Insurance amount of more than \$10,000.
- **If evidence of good health is submitted and Aetna does not approve**, your dependent child can become insured for a Life Insurance amount of \$10,000 or less.
- **If evidence of coverage is not submitted to Aetna**, your dependent child can become insured for a Life Insurance amount of \$10,000 or less.

If, while insured for dependent coverage you first become eligible for a Life Insurance amount that is greater than \$30,000 for your spouse or \$10,000 for your child, your dependent can become insured for a Life Insurance amount that exceeds the limits noted above. This only applies if you submit evidence of your dependent's good health, and **Aetna** approves.

Thereafter, when eligible, you may increase your dependent coverage by one additional increment of up to \$25,000 without having to submit evidence of good health to **Aetna**. If you elect to increase coverage by more than one increment or if the incremental increase is more than \$25,000, evidence of good health will be required. This applies even if, in the past, **Aetna** has approved evidence of your dependent's good health.

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

Accelerated Death Benefit

Employees and Dependent
Spouses

ADB months	24 months
ADB percentage	up to 75%
ADB minimum	\$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 Schedule

Classification

All Employees

Principal Sum

200% 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: \$300,000

Minimum: \$10,000

Additional Accidental Death and Personal Loss Benefit Maximums

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

Employees

Passenger Restraint Benefit Maximum for you	\$10,000
Airbag Benefit Maximum	One half of a person's Passenger Restraint Benefit
Education Benefit Maximum for each dependent child for your spouse	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 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
Rehabilitation Training Benefit	The lesser of actual expenses or \$2,500
Medical Coverage Funding Benefit	\$300 per month up to a maximum of \$3,600 per 12 months not to exceed the Maximum Benefit Period of 36 months.
Monthly Hospital Benefit	\$2,500 per month for a maximum of 12 months
Adaptive Home and Vehicle Benefit	The lesser of actual expenses of your principal sum not to exceed \$10,000

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.