

Schedule of Benefits

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

Employer: County Commissioners Of Charles County MD
Group Policy Number: GP-866348-GI
Issue Date: February 6, 2015
Effective Date: July 1, 2014
Schedule: 1A
Cert Base: 1

For: Life Insurance

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

150% 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: \$250,000

Minimum: \$1

Employees

<02SECTION001>

Supplemental Schedule

Classification

Option 1

Amount

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: \$400,000

Option 2

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: \$400,000

Option 3

300% 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: \$400,000

Note: Your overall combined maximum for Basic and Supplemental Life Insurance is \$650,000.

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.

Dependents Schedule <02SECTION002>

Classification	Amount*
Spouse	\$20,000
Unmarried child, age 14 days to age 26 years	\$10,000

*but not more than 100% 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 insurability, and **Aetna** approves.

If you must submit evidence of your dependent spouse's insurability, 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 insurability.

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

Employees and Dependent
Spouses

ADB months	12 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

150% 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: \$250,000

Minimum: \$1

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.

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

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

Double Indemnity on a Common Carrier Benefit
Maximum
for you

An amount equal to your principal sum not to exceed \$250,000

Felonious Assault

50% of your principal sum not to exceed \$25,000

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.