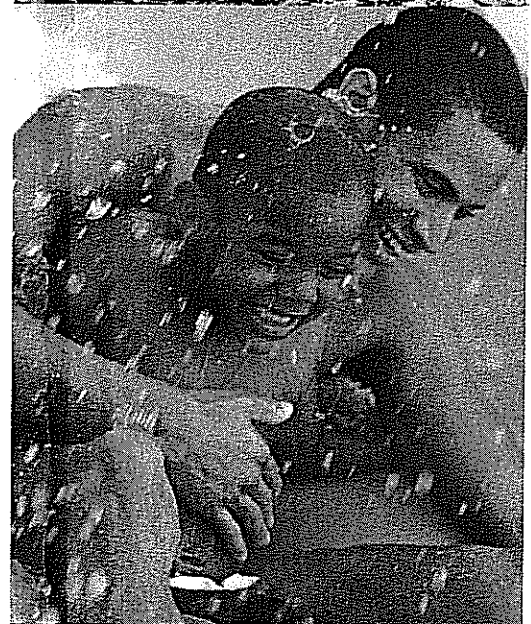


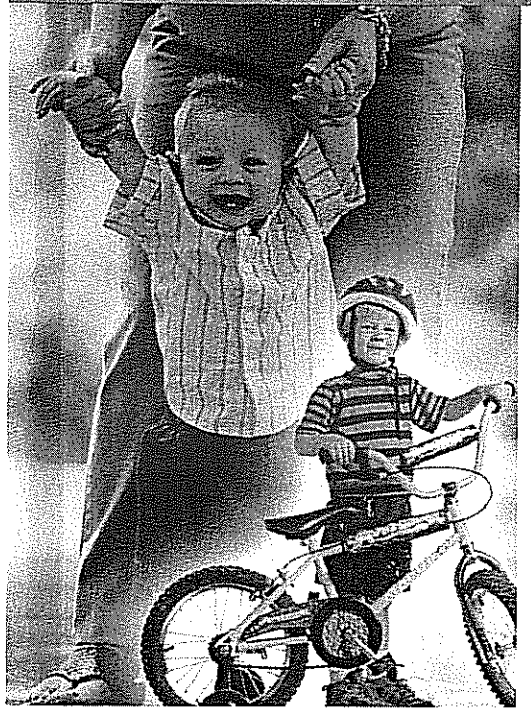


# Anthem<sup>®</sup>Life



**Policyholder: Delaware County Employees**  
**00010123**  
**Class: 02**

## Certificate of Coverage



*Feel confident knowing your most  
precious assets are protected by Anthem Life.*

### Group Life Insurance

GC-TL1

[anthem.com](http://anthem.com)

Life and disability products are underwritten by Anthem Life Insurance Company.  
AL-9006 (8/04)

# Anthem<sup>®</sup>Life

Anthem Life Insurance Company

P.O. Box 182361

Columbus, Ohio 43218-2361

614-436-0688

800-551-7265

## Introduction

This Certificate is issued according to the terms of the Group Policy but is not a part of the Group Policy. It describes the insurance provided to you, the Certificateholder, under the Group Policy, which is an agreement between Anthem Life Insurance Company (called we, our, us) and the Policyholder. In the event of a difference between this Certificate and the Group Policy, the terms of the Group Policy will prevail.

The Policyholder's name appears on the Certificate cover. The Policyholder pays the premium for the insurance. (The Policyholder may require you to contribute toward the premium for your coverage.)

Subject to the payment of premiums, all persons who have:

- satisfied the eligibility conditions;
- applied for coverage; and
- been approved by us,

are covered by the Group Policy. Such persons are called Covered Persons.

All periods of time under this Certificate will begin and end at 12:00 midnight at the beginning of the day at the Group's address.

None of our agents or employees can legally change this Certificate or waive any of its provisions. Any change must be approved by one of our executive officers in a rider, endorsement, or amendment.

This Certificate replaces any Certificate previously issued to you under the Group Policy.

**ANTHEM LIFE INSURANCE COMPANY**  
**Main Administrative Office: P.O. Box 182361**  
**Columbus, Ohio 43218-2361**



Joan Herman, President

## **Schedule of Benefits**

This schedule is a part of the Certificate. It provides limited information about coverage. Read the Certificate carefully for further information.

### **Group Term Life Insurance**

**Amount:** \$50,000

For employees age 70 or older, Evidence of Insurability is required for Group Term Life Insurance amounts in excess of \$25,000.

**Benefits will reduce as follows (reductions are based on the benefit amount in effect when a Certificateholder's coverage begins):**

- by 35% at age 65
- by 50% at age 70
- by 65% at age 75

Benefits terminate at retirement.

### **Waiver of Premium for Group Term Life Insurance**

Total Disability must begin before age 60.

Waiting period: 6 months

Waiver of Premium will end when the Certificateholder reaches age 65.

Refer to the "Waiver of Premium for Group Term Life Insurance" section for other reasons Waiver of Premium may end.

## **How and When Coverage Starts**

### **Eligibility**

Eligibility under the Group Policy is limited to Eligible Persons and Dependents. Eligible Person and Dependent are defined in the “Definitions” section.

### **Application**

To enroll for coverage, an application must be submitted to us.

If the application is received more than 31 days after an Eligible Person or Dependent becomes eligible, the Eligible Person or Dependent will not be enrolled until the Eligible Person provides Evidence of Insurability which is satisfactory to us. In no event will we require Evidence of Insurability for a newborn child if:

- birth occurs while Dependent coverage is in effect; or
- application for the child is received within 31 days following birth.

### **When Coverage Starts**

Coverage starts on the Effective Date. Except as described in the “Delayed Effective Date” section, the Effective Date is as follows:

- an Eligible Person’s coverage will start on the first day of the period for which premium is paid following the date the person becomes an Eligible Person, unless otherwise approved by us;
- a Dependent’s coverage will start on the date the person becomes an eligible Dependent; and
- Generally, a change in amount of insurance for an Eligible Person or Dependent will become effective on the first day of the period for which premium is paid following the date of the event causing the change.

### **Delayed Effective Date**

Coverage may be delayed beyond the date it would otherwise start if:

- Evidence of Insurability is required. In this event, the Effective Date will be determined in accordance with our underwriting rules and regulations; or
- an Eligible Person is not Actively-at-Work on the day preceding the day coverage, including an increase in an amount of insurance, would otherwise become effective. In this event, coverage for the Eligible Person will become effective on the day the Eligible Person returns to Active Work; or

## **Group Coverage Provisions**

Some of the coverages described in this section may not be available to a Certificateholder under the Group's Plan. Each Certificateholder's Schedule of Benefits states which coverages are available to the Certificateholder.

### **Group Term Life Insurance**

In the event of the Certificateholder's death while insured for this Group Term Life Insurance, we will pay to the Beneficiary the Group Term Life Insurance amount stated in the **Schedule of Benefits**.

We will pay the benefit after we receive notice and proof of death.

The benefit will be paid in one sum unless, prior to payment, an alternate settlement option is requested by the Certificateholder or the Beneficiary. A description of settlement options is available upon request. Refer to the "General Provisions" section for Beneficiary information.

### **Living Benefit**

If the Certificateholder is diagnosed as terminally ill, as defined in these provisions, the Certificateholder may elect to receive an accelerated payment of a portion of the Group Term Life Insurance benefit. This accelerated payment is called the Living Benefit. The Living Benefit is equal to 50% of the employee's Group Term Life Insurance amount, subject to a maximum of \$100,000.

The benefit will be calculated as of the date we receive the Certificateholder's election. Any Group Term Life Insurance for Dependents is not included in the calculation. The Living Benefit will be paid in one sum.

After the Living Benefit is paid, the Certificateholder's Group Term Life Insurance amount which remains in force will be equal to the amount which would otherwise apply, reduced by the Living Benefit payment. The maximum amount of Group Term Life Insurance that may be converted according to the Conversion Privilege will be reduced to the amount remaining in force following the Living Benefit payment.

The Certificateholder's Group Accidental Death and Dismemberment Insurance, if any, will not be affected by payment of the Living Benefit.

Payment of the Living Benefit discharges us of all liability under the Group Policy and Certificate to the extent of the payment.

## Exceptions

We will not pay the Living Benefit if:

- the Certificateholder has assigned his/her Group Term Life Insurance benefit;
- all or a portion of the Certificateholder's Group Term Life Insurance is to be paid to a former spouse as a part of a divorce or dissolution agreement; or
- the terminal illness is due to an intentionally self-inflicted injury or suicide attempt.

## Waiver of Premium for Group Term Life Insurance

If the Certificateholder becomes Totally Disabled, only Group Term Life Insurance may be continued with no further premium payment. In order for insurance to be continued with waiver of premium we must receive proof satisfactory to us that the Certificateholder is Totally Disabled. In addition, the Total Disability must:

- begin while:
  - the Certificateholder is employed by the Group;
  - the Certificateholder is insured for Group Term Life Insurance; and
  - the Group Policy, and the Group's coverage under the Group Policy, is in force.
- begin before the Certificateholder reaches the age stated in the **Schedule of Benefits**;
- be continuous from the date of Total Disability to the end of the waiver of premium waiting period stated in the **Schedule of Benefits**, during which all required premiums must be paid; and
- not be due to an intentionally self-inflicted injury.

Total Disability or Totally Disabled means a condition which, as certified by a physician:

- is due to an illness or injury; and
- prevents the Certificateholder from performing the material and substantial duties of any occupation for wage or profit.

Subject to all conditions stated above, waiver of premium will begin immediately following the end of the waiver of premium waiting period.

continued during the Total Disability according to all conditions stated here. We will refund any premiums paid for the individual policy. We will consider the Beneficiary to be the same as the one in effect under the individual policy, unless otherwise requested.

## **Supplemental Group Term Life Insurance**

All provisions which apply to Group Term Life Insurance also apply to Supplemental Group Term Life Insurance, unless otherwise stated in these provisions or the **Schedule of Benefits**.

We will not pay Supplemental Group Term Life Insurance benefits for any supplemental amount purchased within two years prior to the date of death, if death is caused by the Certificateholder's suicide. In the event of suicide, any premium paid for Supplemental Group Term Life Insurance purchased within two years prior to the date of death will be refunded.

## **Group Accidental Death and Dismemberment Insurance**

If a Certificateholder dies or sustains a loss from the Table of Losses and Benefits below due to and within 180 days of an Accident, we will pay the amount for the loss stated in the Table of Losses and Benefits, provided:

- the Accident occurs while the Certificateholder is insured for this Group Accidental Death and Dismemberment Insurance; and
- the loss is a result of the Accident and not any other cause.

An Accident means the unforeseen consequences of a deliberate or involuntary act.

We will pay benefits for any loss, other than life, to the Certificateholder. We will pay the benefit for loss of life to the same Beneficiary who is to receive life insurance benefits. Refer to the "General Provisions" section for Beneficiary information.



## **Non-Covered Losses**

We will not pay Accidental Death and Dismemberment benefits for a loss caused by or connected with any of the following:

- suicide or self-inflicted injury committed or inflicted while sane or insane (in Missouri, while sane);
- disease, illness, physical or mental impairment, medical or surgical treatment, diagnostic or preventive care (unless such treatment or care is provided in connection with an accidental injury), or infection (except infection of an accidentally caused wound);
- taking any drug or chemical unless taken as prescribed by a physician or as directed by the pharmaceutical manufacturer;
- auto-erotic asphyxiation;
- taking part in, committing, or attempting to commit an assault or felony;
- duty as a member of any military, naval or air organization;
- taking part in a riot or in any declared or undeclared war;
- flying in any aircraft as a pilot or crew member;
- experimental flying or flying for the purpose of training;
- riding, driving or testing a vehicle used in a race or speed contest;
- taking part in the sports of parachute jumping, skydiving or hang gliding; or
- operating a motor vehicle while under the influence of alcohol or drugs, as defined by state law.

The **Schedule of Benefits** indicates whether Accidental Death and Dismemberment coverage is 24-hour or non-occupational. 24-hour coverage provides for Accidents which are associated with employment or occupation, as well as Accidents which are not. Non-occupational coverage provides only for Accidents which are not associated with employment or occupation.

## **Group Term Life Insurance for Dependents**

In the event of the death of a Dependent while insured for this Group Term Life Insurance for Dependents, we will pay the Group Term Life Insurance amount stated in the **Schedule of Benefits** for the Dependent.

We will pay the Group Term Life Insurance amount when we receive proof of the Dependent's death.

The Certificateholder will always be considered the Beneficiary for Group Term Life Insurance benefits for Dependents. Payment will be made in one sum.

- because the Certificateholder's coverage ends for a reason other than the Group Policy ending or changing, or the Group's coverage under the Group Policy ending or changing. The coverage may be converted by applying to us in writing within 31 days after the coverage ends and paying the premium due on the new policy.

If the Covered Person does not receive written notice of the conversion right at least 15 days before the end of the 31-day conversion option election period, the Covered Person will have an additional period to make application and pay the premium. This additional period will be 15 days immediately following the date the Covered Person receives written notice. However, in no event will the Covered Person have more than 91 days after Group Life insurance ends to make application.

The new policy will be an individual whole life insurance policy. The Covered Person may choose to be insured for the same amount as insured under the Group Policy, or less. The new premium amount will be figured according to the age and the class of risk to which the Covered Person belongs. We will not require Evidence of Insurability. The new policy will become effective on the date the Group Life Insurance ends, if application and premium were received as required above.

- because the Group Policy ends or changes, or the Group's coverage under the Group Policy ends or changes. The Covered Person may convert the Group Life Insurance which has been in effect under the Group Policy for at least five years. Except for the amount of insurance that may be converted, the rights of conversion and the conditions that must be met are the same as those in the preceding paragraph. The amount of insurance that may be converted will not be more than
  - the amount the Covered Person was insured for under the Group Policy minus any other coverage under a new or reinstated group life policy which becomes available within 31 days after the end of, or a change in, the Group Policy or the Group's coverage under the Group Policy; or
  - \$10,000;

whichever is less.

If the Covered Person's death occurs after group coverage ends, but within the 31-day period during which the Covered Person can exercise the conversion right, we will pay the Covered Person's Beneficiary whether or not the Covered Person applied to convert the insurance. The benefit paid will be the amount the Covered Person could have converted. However, no death benefit will be payable under these provisions if the death benefit is payable under any other provisions of the Group Policy.

appeals regarding death claims must be received in our office within 60 days after the claimant receives our initial decision, and for any other claims, written appeals must be received within 180 days. All written appeals should request another review of the claim, outline the problem and all previous efforts to resolve the matter, and include any previously unsubmitted documents, records, information, or proof in support of the claim.

Except in special circumstances, the claimant will receive a written answer within 60 days after we receive an appeal regarding a death claim, and within 45 days after we receive an appeal regarding any other claim. In special circumstances, an additional 60 days for a death claim, and an additional 45 days for any other claim, may be added to these respective deadlines. If the appeal-based review is a special circumstance, we will notify the claimant in writing of the additional time needed.

### **Release of Information**

The Certificateholder agrees that we may request, and anyone may give to us, any information, (including copies of records) about the Covered Person's illness or injury for which benefits are claimed. Also, that we may give similar information if requested to anyone providing similar benefits to the Covered Person.

### **Limitation of Actions**

No legal action may be taken to recover benefits within 60 days after proof of claim has been given. No such action may be taken later than three years after expiration of the time within which proof of claim is required according to the "Proof of Claim" section.

### **Beneficiary**

The Beneficiary for the Certificateholder's Group Term Life Insurance is the person the Certificateholder names. The initial Beneficiary is named on the application.

The Certificateholder may change the named Beneficiary at any time by notifying us in writing. The notice must provide the name of the new Beneficiary and the date that the change is to be effective. If the effective date for the change is not provided, the change will be effective on the date the notice is received. If death occurs before a notice of change is received, we will not change any payment we have already made before the notice was received.

The Certificateholder may name more than one Beneficiary. The Certificateholder may also designate primary and contingent Beneficiaries. If a primary Beneficiary dies before the Certificateholder, payment will be made to any designated contingent Beneficiary.

## Definitions

This section defines terms which have special meanings. If a word or phrase has a special meaning or is a title, it starts with a capital letter. The word or phrase is defined in this section or at the place in the text where it is used.

**Actively-at-Work or Active Work** – Reporting to a Certificateholder's regular place of employment for the Group and carrying out the regular duties of his occupation for the number of hours required to meet the definition of Eligible Person. The Certificateholder will be considered Actively-at-Work on each day of a regular paid vacation or on a regular non-working day provided that the person was Actively-at-Work on the last working day.

**Beneficiary(ies)** – The person(s) to whom we pay Life and Accidental Death Insurance benefits.

**Certificate** – A description of benefits provided under the Group Policy to the Certificateholder.

**Certificateholder** – An Eligible Person who has enrolled for coverage.

**Covered Person(s)** – The Certificateholder and any covered Dependents.

**Dependent** – A Covered Person other than the Certificateholder who is:

- the Certificateholder's spouse;
- the Certificateholder's or spouse's unmarried child (includes natural child, adopted child or a stepchild);
- an unmarried child who is related to the Certificateholder or the Certificateholder's spouse (such as a niece, nephew or grandchild), or a child for whom either is the legal guardian. These children must live with the Certificateholder and be allowed as a federal tax exemption.

Any minimum age is stated in the **Schedule of Benefits**. The maximum age for a Dependent child is the end of the calendar year in which he/she attains age 25 unless otherwise stated in the **Schedule of Benefits**.

**Effective Date** – The date when coverage begins.

**Eligible Person** – A person who:

## NOTICE TO CERTIFICATEHOLDERS

We are here to serve you:

As our Certificateholder, your satisfaction is very important to us. If you have a question about your certificate, if you need assistance with a problem, or if you have a claim, you should first contact us at 1-800-551-7265. Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

Should you feel you are not being treated fairly with respect to a claim, you may contact the Indiana Department of Insurance with your complaint.

To contact the Department, write or call:

Consumer Services Division  
Indiana Department of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, IN 46204-2787  
317-232-2395 or 1-800-622-4461