

Vanderbilt University

EXTRATERRITORIAL LEGISLATION

EFFECTIVE DATE: January 1, 2008

ETRider
3308928

This document printed in August, 2008 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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**CONNECTICUT GENERAL LIFE INSURANCE COMPANY a CIGNA COMPANY
(called CG)**

CERTIFICATE RIDER

Policyholder: Vanderbilt University
Rider Eligibility: Each Employee
Policy No. or Nos.: 3308928
Effective Date: January 1, 2008

This certificate rider forms a part of the certificate issued to you by CG describing the benefits provided under the policy(ies) specified above. This certificate rider takes the place of any other issued to you on a prior date.

IMPORTANT INFORMATION

For Residents of States other than the State of Tennessee:

For residents of states other than the State of Tennessee, there is a state-specific certificate rider that contains provisions which add to or which change your certificate provisions.

NOTE: The provisions identified in your state-specific rider, incorporated herein, are applicable ONLY to Employees located in that state. The specific state for which the rider is applicable is identified at the beginning of each individual rider as part of the "Rider Eligibility" heading.

READ THE FOLLOWING

NOTE: The provisions identified in each state-specific rider incorporated herein are specifically applicable ONLY for:

- (a) Benefit plans which have been made available to you and/or your Dependents by your Employer;
- (b) Benefit plans for which you and/or your Dependents are eligible;
- (c) Benefit plans which you have elected for you and/or your Dependents;
- (d) Benefit plans which are currently effective for you and/or your Dependents.

Please refer to the Table of Contents for the individual state-specific rider that is applicable for your residence state.

Deborah Young, Corporate Secretary

GM6000 ETR7CEPc



Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Arizona Residents

Rider Eligibility: Each Employee who is located in Arizona
You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Arizona regarding group insurance plans covering insureds located in Arizona. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

The following is added to your certificate:

THIS CERTIFICATE OF INSURANCE MAY NOT PROVIDE ALL BENEFITS AND PROTECTIONS PROVIDED BY LAW IN ARIZONA. PLEASE READ THIS CERTIFICATE CAREFULLY.

GM6000

ETAZ-R7CEPC

Arizona

Important Notice

This notice is to advise you that you can obtain a replacement Appeals Process Information Packet by calling the Customer Service Department at the telephone number listed on your identification card for "Claim Questions/Eligibility Verification" or for "Member Services" or by calling 1-800-244-6224.

The Information Packet includes a description and explanation of the appeal process for CG.

GM6000

NOT102

Termination of Insurance

Reinstatement of Insurance

If your Insurance ceases because you are called to active duty from status as a reservist on or after August 22, 1990, the insurance for you and your Dependents, including those born during your time of active duty, will be reinstated after your deactivation, provided you apply for reinstatement within 90 days of discharge or within one year of continuous hospitalization from the date of discharge.

Such reinstatement will be without the application of: (a) a new waiting period, or (b) a new Pre-existing Condition Limitation. A new Pre-existing Condition Limitation will not be applied to a condition that you or your Dependent may

have developed while coverage was interrupted. However, no payment will be made for a condition that was the direct result of active military duty.

GM6000 TER1

TRM186V3-ETC

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – California Residents

Rider Eligibility: Each Employee who is located in California
You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of California regarding group insurance plans covering insureds located in California. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETCA-R7CEPC

Eligibility – Effective Date

Exception for Newborns

Any Dependent child born while you are insured for Medical Insurance will become insured for Medical Insurance on the date of his birth if you elect Dependent Medical Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

GM6000 EF 2

EL11V47-ETC

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – District of Columbia Residents

Rider Eligibility: Each Employee who is located in District of Columbia

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.



The provisions set forth in this certificate rider comply with the legislative requirements of District of Columbia regarding group insurance plans covering insureds located in District of Columbia. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETDC-R7CEPC

Covered Expenses

- charges for a Dependent child up to age 18 for preventive and primary care including unlimited visits for a Dependent child from birth to age 12, and 3 visits per calendar year for children ages 12 to 18, for the following services: (a) physical examinations; (b) measurements, (c) sensory screening, (d) neuropsychiatric evaluation, and (e) development screening.
- charges, as recommended by the Physician, for a Dependent child up to age 18, for: (a) hereditary and metabolic screening at birth, (b) immunizations, (c) urinalysis, (d) tuberculin tests, and (e) blood tests including hematocrit, hemoglobin, and for screening for sickle hemoglobinopathy.
- charges for newborn screening.

GM6000 CM6

INDEM196-ETC

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Georgia Residents

Rider Eligibility: Each Employee who is located in Georgia You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Georgia regarding group insurance plans covering insureds located in Georgia. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETGA-R7CEPC

Emergency Services

Emergency services are medical, psychiatric, surgical, Hospital and related health care services and testing, including ambulance service, which are required to treat a sudden, unexpected onset of a bodily Injury or serious Sickness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate

medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts and broken bones. The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the Hospital on the UB92 claim form, or its successor, or the final diagnosis, whichever reasonably indicated an emergency medical condition, will be the basis for the determination of coverage, provided such symptoms reasonably indicate an emergency.

DFS1533

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Indiana Residents

Rider Eligibility: Each Employee who is located in Indiana You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Indiana regarding group insurance plans covering insureds located in Indiana. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETIN-R7CEPC

Dependent

A child also includes a legally adopted child including: (a) a child who has been placed with you for adoption provided the child is not removed from placement prior to legal adoption; or (b) a child for whom entry of an order granting custody to you has been made.

DFS2058

V2-ET1C

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Massachusetts Residents

Rider Eligibility: Each Employee who is located in Massachusetts

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any



loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Massachusetts regarding group insurance plans covering insureds located in Massachusetts. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETMA-R7CEPC

Eligibility – Effective Date

Exception for Newborns

Any Dependent child including the newborn infant of a Dependent, an adopted child or foster child born while you are insured for Medical Insurance will become insured for Medical Insurance on the date of his birth if you elect Dependent Medical Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

GM6000 ELI255

VI-ETC

- charges for treatment of an Injury or Sickness of an eligible newborn or adopted child, including the necessary care and treatment of medically-diagnosed congenital defects and birth abnormalities or premature birth.

GM6000 CM5

INDEM145V26-ET1C

Termination of Insurance

Employees

Additionally, your insurance will cease on the later of:

- the last day of the period for which a required premium contribution for the Group Policy was paid to CG by your Employer (if the next required premium is not paid); provided that CG mails notification of termination of the Group Policy to your last known mailing address following your Employer’s nonpayment of premium; or
- three days after CG mails notification of termination of the Group Policy to your last known mailing address following your Employer’s nonpayment of Premium.

GM6000 TRM23

V86-ET1C

Termination

If the Group Policy ceases for any reason other than your Employer’s failure to pay premium, CG will send a notice of termination to your Employer with the effective date of termination. Your Employer is responsible for notifying you of the termination.

GM6000 TRM23

V86-ET2C

Medical and/or Dental Insurance for Former Spouse

A covered former spouse is entitled to continue coverage following a final court decree granting divorce or separate support, until the earliest of the following:

- the date you fail to make any required contribution;
- the date you are no longer insured under the group policy;
- the date Dependent Insurance cancels;
- the date your former spouse remarries;
- the date you remarry, unless you make arrangements with the Employer to continue the insurance in accordance with the paragraph below entitled "Effect of Remarriage of Employee";
- the date the court judgment no longer requires continued coverage.



Effect of Remarriage of Employee

If you remarry, an additional contribution will be required for your former spouse. You must notify your Employer of your remarriage within 30 days of the date of your remarriage and pay the additional contribution.

GM6000 TER5

GM6000 TER29

TRM78V4-ET1C

Definitions

Dependent

Dependents are:

- your former spouse, unless the divorce decree provides otherwise;

DFS2026-ETC

Dependent

A child includes:

- a legally adopted child. Coverage for an adopted child will begin (a) on the date of the filing of a petition to adopt such child, provided the child has been residing in your home as a foster child, and for whom you have been receiving foster care payments; or (b) when a child has been placed in your home by a licensed placement agency for purposes of adoption;

DFS672-ET-C

Dependent

A child also includes:

- a child born to one of your Dependent children, as long as your grandchild is living with you and (a) your Dependent child is insured, or (b) your grandchild is primarily supported by you.

DFS672-ET1C

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Maryland Residents

Rider Eligibility: Each Employee who is located in Maryland

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Maryland regarding group insurance plans covering insureds located in Maryland. These provisions supersede any provisions in your certificate to the

contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETMD-R7CEPC

Medical Benefits Extension

Upon Coverage Termination

If the Medical Benefits under this plan cease for you or your Dependent due to the termination of your or your Dependent's coverage, and you or your Dependent is Totally Disabled on that date due to Injury or Sickness, or you or your Dependent is Confined in a Hospital, Medical Benefits will be paid for Covered Expenses incurred in connection with that Injury or Sickness until the earliest of:

- the date you exceed the Maximum Benefit, if any, shown in The Schedule;
- the date you are no longer Totally Disabled;
- you are no longer Confined in a Hospital; or
- 12 months after the date coverage ends.

The terms of this Medical Benefits Extension will not apply to a child born as a result of a pregnancy which exists when your or your Dependent's Medical Benefits cease.

Total Disabled

You will be considered Totally Disabled if, because of an Injury or a Sickness:

- you are unable to perform the basic duties of your occupation; and
- you are not performing any other work or engaging in any other occupation for wage or profit.

Your Dependent will be considered Totally Disabled if, because of an Injury or a Sickness:

- he is unable to engage in the normal activities of a person of the same age, sex and ability; or
- in the case of a Dependent who normally works for wage or profit, he is not performing such work.

CG may, at any time, require you or your Dependent to provide proof of Total Disability.

This section will not apply, however, if: (1) coverage is terminated because an individual fails to pay a required premium; (2) coverage is terminated for fraud or material misrepresentation by the individual; or (3) any coverage provided by a succeeding health benefit plan is provided at a cost to the individual that is less than or equal to the cost of the extended benefit required under this mandate, and does not result in an interruption of benefits.

GM6000 BEX186

GM6000 BEX187

V1-ETC



Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Minnesota Residents

Rider Eligibility: Each Employee who is located in Minnesota You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Minnesota regarding group insurance plans covering insureds located in Minnesota. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETMN-R7CEPC

- charges made for surgical and nonsurgical treatment of temporomandibular joint disorders and craniomandibular disorders if prescribed by a Physician or a Dentist.

GM6000 CM65

GM6000 CM5

05BPT86-ET5-C

Termination of Insurance (for Medical Coverage)

Reinstatement of Insurance

If your coverage ceases because of active duty in: (a) the armed forces of the United States, or (b) the National Guard, the insurance for you and your Dependents will be reinstated after your deactivation, provided that:

- you apply for such reinstatement within 90 days after deactivation; and
- you are otherwise eligible.

Such reinstatement will be without the application of: (a) a new waiting period, or (b) a new Pre-existing Condition Limitation. A new Pre-existing Condition Limitation will not be applied to a condition that you or your Dependent may have developed while coverage was interrupted, excluding any condition that the Veterans Administration has determined to be military related. The remainder of a Pre-existing Condition Limitation which existed prior to interruption of coverage may still be applied.

GM6000 TER1

TRM186V1-ETC

Termination of Insurance (for Dental Coverage)

Reinstatement of Insurance

If your coverage ceases because of active duty in: a) the armed forces of the United States, or b) the National Guard, the insurance for you and your Dependents will be reinstated after your deactivation, provided that:

- you apply for such reinstatement within 90 days after deactivation; and
- you are otherwise eligible.

Such reinstatement will be without the application of a new waiting period.

GM6000 TRM352-ETC

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Missouri Residents

Rider Eligibility: Each Employee who is located in Missouri

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Missouri regarding group insurance plans covering insureds located in Missouri. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETMO-R7CEPC

Termination of Insurance Employees and Dependents

Special Continuation of Medical and/or Dental Insurance For Dependents of Deceased Employee

If you die while insured, your Dependents who are insured at the time of your death may continue their insurance by paying the required contribution to the Policyholder. Continuation shall begin only after the continuation required by federal law has expired, provided your spouse is at least 55 years of age at such time. Such coverage shall not continue beyond the earliest of the following dates:

- your spouse's 65th birthday;
- the last day of the period for which the required contribution has been paid;



- the date that your spouse becomes insured under any other group health plan, including Medicare;
- with respect to any one Dependent: (1) the date that Dependent becomes eligible for similar group coverage or (2) the date that Dependent ceases to qualify as a Dependent for any reason other than lack of primary support by you; or
- the date this policy cancels.

For Spouse Upon Legal Separation or Divorce From Employee

If your spouse's insurance would otherwise terminate because of legal separation, divorce or annulment of marriage, your spouse may continue their insurance, and the insurance of any eligible Dependent children, by paying the required contribution to the Policyholder. Continuation shall begin only after the Continuation Required by Federal Law has expired, provided your spouse is at least 55 years of age at such time. Such coverage shall not continue beyond the earliest of the following dates:

- your spouse's 65th birthday;
- the last day of the period for which the required contribution has been paid;
- the date that your spouse becomes insured under any other group health plan, including Medicare;
- with respect to any one Dependent: (1) the date that Dependent becomes eligible for similar group coverage or (2) the date that Dependent ceases to qualify as a Dependent for any reason other than lack of primary support by you; or
- the date this policy cancels.

GM6000 TER 11

TRM192-ETC

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – North Carolina Residents

Rider Eligibility: Each Employee who is located in North Carolina

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of North Carolina regarding group insurance plans covering insureds located in North Carolina. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000

ETNC-R7CEPC

Eligibility-Effective Date

Dependent Insurance

Exception for Newborns

Any Dependent child born while you are insured for Medical Insurance will become insured for Medical Insurance on the date of his birth if you elect Dependent Medical Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

GM6000 EF 2

ELI11V44-ET-C

Eligibility – Effective Date

Eligibility for Employee Insurance

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- you are an eligible, full-time Employee; and
- you normally work at least 30 hours a week.

Waiting Period

You will not have to satisfy a waiting period that is more than 90 days of active service.

GM6000 ELI243-ET-C

- charges made for surgical and nonsurgical care of Temporomandibular Joint Dysfunction (TMJ) excluding appliances and orthodontic treatment.

GM6000 05BPT2,

INDEM74V19

05BPT98-ET-C

Dependent

A child includes an adopted child or foster child including that child from the first day of placement in your home regardless of whether the adoption has become final. It also includes a stepchild who lives with you.

DFS1150-ET-C



Employee

The term Employee means a full-time employee of the Employer who is currently in Active Service. The term does not include employees who are part-time, seasonal, substitute or temporary or who normally work less than 30 hours a week for the Employer.

DEF DFS1428-ETC

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Oregon Residents

Rider Eligibility: Each Employee who is located in Oregon

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Oregon regarding group insurance plans covering insureds located in Oregon. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 ETOR-R7CEPC

Dependent

The term child means a child born to you. It also means:

- an adopted child, including that child from the date of placement. Coverage for such child will include the necessary care and treatment of medical conditions existing prior to the date of placement including medically diagnosed congenital defects or birth abnormalities, regardless of any Pre-existing Condition limitation in the policy.

DFS1325OR

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – South Carolina Residents

Rider Eligibility: Each Employee who is located in South Carolina

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of South Carolina regarding group insurance plans covering insureds located in South Carolina. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 ETSC-R7CEPC

Covered Expenses

- charges made for Medically Necessary care and treatment of cleft lip and palate and any condition or illness which is related to or developed as a result of cleft lip and palate. This includes, but is not limited to, oral/facial surgery, teeth capping prosthodontics, orthodontics, otolaryngology, and audiological care;

GM6000 FLX176V2 05BPT30V2-ET1C
GM6000 FLX117V418

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Texas Residents

Rider Eligibility: Each Employee who is located in Texas

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Texas regarding group insurance plans covering insureds located in Texas. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 ETTX-R7CEPC



Eligibility – Effective Date

Exception for Newborns

Any Dependent child born while you are insured for Medical Insurance will become insured for Medical Insurance on the date of his birth if you elect Dependent Medical Insurance no later than 31 days after his birth. If you do not elect to insure your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

GM6000 EF 2

ELI11V48-ETC

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Connecticut General Life Insurance Company at the following toll-free telephone numbers for information or to make a complaint.

FOR LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT, SHORT TERM DISABILITY AND LONG TERM DISABILITY INSURANCE QUESTIONS

1-800-352-0611

FOR MEDICAL AND DENTAL INSURANCE QUESTIONS

1-800-244-6224

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

GM6000

NOT3V30-ETC

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Usted puede llamar a Connecticut General Life Insurance Company a los siguientes números de teléfono para llamadas gratuitas si desea obtener información o someter una queja.

PARA PREGUNTAS ACERCA DE LOS SEGUROS DE VIDA, MUERTE Y DESMEMBRAMIENTO ACCIDENTAL, INCAPACIDAD A CORTO PLAZO E INCAPACIDAD A LARGO PLAZO

1-800-352-0611

PARA PREGUNTAS ACERCA DE LOS SEGUROS MÉDICO Y DENTAL

1-800-244-6224

Usted puede comunicarse Departamento de Seguros de Texas para obtener información sobre compañías, cobertura, derechos o quejas al

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si usted tiene una disputa con respecto a su prima o sobre un reclamo, usted debe comunicarse primero con el agente o la compañía. Si la disputa no se resuelve, usted puede entonces comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA: Este aviso es sólo para información y no se convierte en parte o condición del documento adjunto.

GM6000

NOT3V31-ETC



Dependent

Dependents include:

- any unmarried child of yours who is
 - less than 25 years old;
 - 25 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to CG within 31 days after the date the child ceases to qualify above. During the next two years CG may, from time to time, require proof of the continuation of such condition and dependence. After that, CG may require proof no more than once a year.

A child includes your natural child, stepchild, or legally adopted child, or the child for whom you are the legal guardian, or the child who is the subject of a lawsuit for adoption by you, or the child who is supported pursuant to a court order imposed on you (including a qualified medical child support order) or your grandchild who is your Dependent for federal income tax purposes at the time of application.

DEF DFS1877-ETC

Dependent

A child includes your natural child, stepchild, or legally adopted child, or the child for whom you are the legal guardian, or the child who is the subject of a lawsuit for adoption by you, or the child who is supported pursuant to a court order imposed on you (including a qualified medical child support order) or your grandchild who is your Dependent for federal income tax purposes at the time of application.

DFS1877TX

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Virginia Residents

Rider Eligibility: Each Employee who is located in Virginia

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Virginia regarding group insurance plans covering insureds located in Virginia. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 ETVA-R7CEPC

Any provision in your certificate regarding **Expenses for Which a Third Party May Be Liable or Conditional Claim Payment** do not apply to you.

GM6000 TRM366VA-ETC

Termination of Insurance

Reinstatement of Life and/or Medical and/or Dental Insurance

If your Life and/or Medical and/or Dental Insurance ceases because of active duty in: (a) the United States Armed Forces; (b) the Reserves of the United States Armed Forces; or (c) the National Guard, the insurance for you and your Dependents will be reinstated after your deactivation provided you apply for reinstatement and you are otherwise eligible.

Such reinstatement will be without the application of: (a) a new waiting period, or (b) a new Pre-existing Condition Limitation. A new Pre-existing Condition Limitation will not be applied to a condition that you or your Dependent may have developed while coverage was interrupted. The remainder of any waiting period or Pre-existing Condition Limitation which existed prior to interruption of coverage may still be applied.

GM6000 TER1 TRM186V7-ETC

Connecticut General Life Insurance Company a CIGNA Company (called CG)

CERTIFICATE RIDER – Washington Residents

Rider Eligibility: Each Employee who is located in Washington

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with the legislative requirements of Washington regarding group insurance plans covering insureds located in Washington. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 ETWA-R7CEPC



Accident and Health Provisions

Claims

If benefits are denied because of an experimental and investigational exclusion the claimant may appeal the denial. The appeal procedure for denial of benefits will be determined by CG as set forth in the denial letter.

GM6000 PRO14V11

CLA43V36-ETC

Dependent

A child includes a legally adopted child, including a child for whom you assume legal obligation for total or partial support, in anticipation of adoption, but with no requirement that the adoption be final.

DFS2072-ET2C