
Summary of Coverage

Employer: Tulsa Firefighters Health and Welfare Trust

Group Policy: GP-100527

SOC: 1A

Issue Date: August 10, 2001

Effective Date: July 1, 2001

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

The benefits shown in this Summary of Coverage are available for you and your eligible dependents.

Eligibility

Employees

You are in an Eligible Class if you are an active firefighter for the City of Tulsa regularly working at least 24 hours per week or any other active employee of the Tulsa Firefighters Local 176 regularly working at least 30 hours per week.

Basic Life Insurance and Accidental Death & Personal Loss Coverages

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the first day of the calendar month coinciding with or next following the date you complete a probationary period of 30 days of continuous service for your Employer or, if later, the date you enter the Eligible Class.

Supplemental Life Insurance Coverages

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the first day of the calendar month coinciding with or next following the date you complete a probationary period of twelve months of continuous service for your Employer or, if later, the date you enter the Eligible Class.

You can remain in an Eligible Class as a retired employee if when you terminate active employee status you have completed 20 years of service with your Employer, or you retire due to disability. You may continue your Supplemental Life Insurance until you reach age 75. Your Supplemental Life Insurance will be subject to any reduction set forth below.

Life Insurance and Accidental Death & Personal Loss Coverage

If you retired before the Effective Date of this Plan, you are also in an Eligible Class. You must follow the Enrollment Procedure. You may have Supplemental Life Insurance until you reach age 75. Your Supplemental Life Insurance will be subject to any reduction set forth below.

Dependents

You may cover your:

- wife or husband; and
- unmarried children who are under 19 years of age.

Any other unmarried child under age 26 who goes to school on a regular basis and depends solely on you for support will be covered as a dependent.

Your children include:

- Your biological children.
- Your adopted children.
- Your stepchildren.
- Any other child you support who lives with you in a parent-child relationship.

No person may be covered both as an employee and dependent and no person may be covered as a dependent of more than one employee.

Enrollment Procedure

You will get a form to fill out. This form will allow your Employer to deduct your contributions for supplemental and dependent coverages from your pay. Be sure to sign and return it within 31 days of your eligibility.

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your Employer. See your Employer for details. When any of your Life Insurance or Accidental Death and Personal Loss coverage is reduced because of age, the rate of contribution per \$ 1,000 of these coverages will not be increased thereafter.

Effective Date of Coverage

Employees

Your coverage will take effect on your Eligibility Date.

Active Work Rule: If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage.

Dependents

Coverage for your dependents will take effect on the date yours takes effect if, by then, you have enrolled for dependent coverage. You should report any new dependents. This may affect your contributions. If you don't do so within 31 days of any dependent's eligibility date, evidence of his or her good health that is acceptable to Aetna will be required.

Life Insurance

Schedule of Life Insurance

Employees

Schedule

Classification

All Eligible 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: \$ 500,000*

Minimum: \$ 5,000

Supplemental Schedule

Classification

All Eligible Employees electing Basic Supplemental Life Insurance Coverage

Amount

\$ 10,000*

All Eligible Retired Employees

\$ 10,000

All Eligible Employees electing the Supplemental Buy-Up Plan

\$ 10,000 or increments of \$10,000 up to the Overall Maximum for Basic and Supplemental Life Insurance Combined listed below

*Overall Maximum for Basic Term and Supplemental Life Insurance Combined: \$510,000

Evidence Requirements

You can become insured for an amount of Life Insurance in excess of the lesser of 2 times your basic annual earnings and \$ 150,000 only if you submit evidence of good health to Aetna and such evidence is approved by Aetna.

If, while insured:

- you first become eligible for an amount of Life Insurance over the lesser of 2 times your basic annual earnings and \$ 150,000; or
- you elect to increase your Life Insurance by more than one level or multiple of your basic annual earnings;

you can become insured for the new amount only if you submit evidence of good health to Aetna and such evidence is approved by Aetna. This applies even if Aetna has approved evidence of your good health in the past.

Age Reduction Rule

Basic Life Insurance

Your Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 8% at age 65; 60% at age 70; 75% at age 75. The reduction will take effect on the first day of the calendar month following the month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Life Insurance will be the applicable percentage of the amount shown for your classification.

Supplemental Life Insurance

Your Supplemental Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 60% at age 70. The reduction will take effect on the first day of the calendar month following the month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Supplemental Life Insurance will be the applicable percentage of the amount shown for your classification.

Dependents

Schedule

Classification	Amount
Wife or husband	\$ 20,000*
Unmarried child up to age 19, or up to age 26 if a student.	\$ 10,000*

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

Supplemental Schedule

Classification	Amount
Wife or husband	\$ 10,000 or increments of \$ 10,000 up to a maximum of \$ 50,000*
Unmarried child up to age 19, or up to age 26 if a student.	\$ 5,000 or \$ 10,000*

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

Evidence Requirements

If:

- you request Supplemental Life Insurance coverage for a dependent within 31 days of the date you are eligible for coverage with respect to that dependent; and
- you are eligible for an amount of Supplemental Life Insurance for that dependent over \$ 30,000;

you can become insured with respect to that dependent for an amount in excess of \$ 30,000 only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna.

If you request Supplemental Life Insurance coverage for a dependent more than 31 days after the date you are eligible for coverage with respect to that dependent, you can become insured with respect to that dependent only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna.

If, while insured with respect to a dependent, you first become eligible for an amount of Supplemental Life Insurance for that dependent over \$ 30,000, you can become insured with respect to that dependent for an amount in excess of \$ 30,000 only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna.

Accelerated Death Benefit

**Employees and Dependent
Spouses**

ADB Months:	12
ADB Percentage:	50%
ADB Minimum:	\$ 5,000
ADB Maximum:	\$ 250,000

Accidental Death and Personal Loss Coverage

Schedule of Accidental Death and Personal Loss Coverage

Employees

Schedule

Classification

All Eligible 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: \$ 500,000

Minimum: \$ 5,000

Age Reduction Rule

Your Accidental Death and Personal Loss Coverage amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 8% at age 65; 60% at age 70; 75% at age 75. The reduction will take effect on the first day of the calendar month following the month in which you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Accidental Death and Personal Loss Principal Sum will be the applicable percentage of the amount shown for your classification.

Additional Accidental Death Benefit Maximums

Employees

Passenger Restraint Benefit Maximum

\$ 10,000

Airbag Benefit Maximum

One half of your Passenger Restraint Benefit

Education Benefit Maximum

for each dependent child

5% of your Principal Sum not to exceed \$ 5,000

for your spouse

5% of your Principal Sum not to exceed \$ 5,000

Child Care Benefit Maximum

for each child

3% of your Principal Sum not to exceed \$ 2,000 per year per child

Repatriation of Remains Benefit Maximum

\$ 5,000

Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE
WITH YOUR BOOKLET-CERTIFICATE**