



**ASSURANT**  
Employee  
Benefits

# Group Benefits

**Regents, University Of California, San  
Francisco Campus**

**Life**



**CERTIFICATE OF  
GROUP INSURANCE**

**Union Security Insurance Company** certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your Schedule. This Certificate is subject to the provisions of the below numbered *policy* issued by Union Security Insurance Company to the *policyholder*.

Policyholder: Regents, University Of California, San Francisco Campus

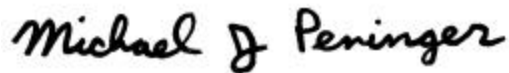
Group Policy Number: 25,793

Participation Number: 0

Type of Coverage:

**Group Term Life Insurance  
Group Accidental Death and Dismemberment  
Insurance**

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the *policy*.



Executive Vice-President



## NOTICE

If you need to contact someone about this Policy for any reason, please contact your agent. Please refer to your Policy Number in all correspondence. If you have any additional questions, you may contact our company by mailing your questions to:

Union Security Insurance Company  
Customer Relations  
P.O. Box 419596  
Kansas City, Missouri 64141-9958

You may also reach Union Security by telephone at 800.733.7879.

If you have not been able to contact or obtain satisfaction from your agent or Union Security, you may contact the California Department of Insurance by writing to:

California Department of Insurance  
Ronald Reagan Building  
300 South Spring Street  
Los Angeles, CA 90013

Toll-Free Number: 800.927.4357 (927.HELP) inside California except area codes 213 and 310.  
Hotline for Callers in area codes 213 and 310 and Outside of California: 213.897.8921.

This notice of complaint procedure is for information only and does not become a part or condition of this Policy or Certificate.

## SCHEDULE

### Eligible Persons

To be eligible for insurance, a person must be a member of an Eligible Class. The person must also complete a period of continuous service (Service Requirement) with the *policyholder* (or any *associated company*).

### Eligible Class:

Each active, employee of the *policyholder* or an *associated company*, who is a member of the Medical School Clinical Compensation Plan or the General Health Sciences Compensation Plan.

For the Eligible Classes above, the "Misstatement" provision will not apply. We will rely on the above information reported by the *policyholder*. We will be held harmless and completely discharged in acting on this information.

**Associated Companies:** None

**Service Requirement:** None

### Entry Date

Insurance will take effect on the later of (i) the date shown below, and (ii) the day all the eligibility requirements are met.

### Effective Date of Insurance

January 1, 2009 (subject to Entry Date)

### Life Insurance for You

A. *Noncontributory Life Insurance*

For each *covered person*, the amount of insurance will be 200% of the *covered person's annual supplemental salary*, subject to a maximum amount of insurance of \$200,000\*.

B. *Contributory Life Insurance*

Each *covered person*, may elect one of the four plans set forth below:

<b>Plan</b>	<b>Amount</b>
Plan I	100% of your <i>annual supplemental salary</i> , subject to a maximum amount of insurance of \$100,000*.
Plan II	200% of your <i>annual supplemental salary</i> , subject to a maximum amount of insurance of

**SCHEDULE (continued)**

	\$200,000*.
Plan III	300% of your <i>annual supplemental salary</i> , subject to a maximum amount of insurance of \$300,000*.
Plan IV	400% of your <i>annual supplemental salary</i> , subject to a maximum amount of insurance of \$400,000*.

\*The amount of insurance will be rounded to the next higher multiple of \$1,000, if not already an exact multiple.

*Annual Supplemental Salary* means the salary received from the Medical School Clinical Compensation Plan or the General Health Sciences Compensation Plan.

For the definition of *Annual Supplemental Salary* above, the "Misstatement" provision will not apply. We will rely on the above information reported by the *policyholder*. We will be held harmless and completely discharged in acting on this information.

**Amount of Accidental Death and Dismemberment Insurance**

The maximum amount of *accidental death and dismemberment insurance* is equal to the amount of *noncontributory and contributory life insurance* in effect at the time of the loss, subject to a maximum of \$600,000.

**Change Date:** For changes in pay or plan of *contributory life insurance*, the Change Date will be the January 1 occurring on or after the date of the change. However, the death benefit shall be based upon the pay (benefit) in effect at the time of death (based upon the current "supplemental salary").

**Maximum Amount Without Proof of Good Health:** \$400,000

This amount includes *noncontributory life insurance* and *contributory life insurance*.

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## GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

*Active work* means working *full-time* for the *policyholder* or an *associated company* at your usual place of business.

*Associated company* means any company shown in the *policy* which is owned by or affiliated with the *policyholder*.

*Contributory* means you pay part of the premium.

*Covered person* means an eligible employee or member of the *policyholder*, or an *associated company* who has become insured for a coverage.

*Doctor* means a person, other than you, acting within the scope of his or her license to practice medicine and perform surgery.

*Eligible class* means a class of persons eligible for insurance under the *policy*. This class is based on employment or membership in a group.

*Home office* means our office in Kansas City, Missouri.

*Injury* means accidental bodily injury. It does not mean intentionally self-inflicted injury while sane or insane.

*No-fault motor vehicle coverage* means a motor vehicle plan that pays disability or medical benefits without considering who was at fault in any accident that occurs.

*Noncontributory* means the *policyholder* pays the premium.

*Policy* means the group policy issued by us to the *policyholder* that describes the benefits for which you may be eligible.

*Policyholder* means the entity to whom the *policy* is issued.

*Proof of good health* means evidence acceptable to us of the good health of a person.

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible employee or member of the *policyholder* or an *associated company* who has become insured for a coverage.

## DEFINITIONS FOR LIFE INSURANCE

*Accidental death and dismemberment insurance* means the group accidental death and dismemberment insurance under the *policy* issued by us to the *policyholder*.

*Beneficiary* means the person or entity you choose to receive your amount of insurance at your death.

*Conversion policy* means a policy of individual life insurance which may be issued to you by us when part or all of your group *life insurance* ends, as described in the "Conversion to an Individual Policy" provision.

*Disabled* and *disability* mean that *injury* or physical or mental disease prevents you from doing any job for which your education, training, or experience qualifies you.

*Life insurance* means the group term life insurance under the *policy* issued by us to the *policyholder*.

## ELIGIBILITY AND TERMINATION PROVISIONS FOR YOU

### Exception to Effective Date

If you are not at *active work* on the day you would otherwise become insured, your insurance will not take effect until you return to *active work*. If the day your insurance would normally take effect is not a regular work day for you, your insurance will take effect on that day if you are able to do your regular job.

### When Your Insurance Ends

Your insurance will end on the date:

- the *policy* ends;
- the *policy* is changed to end the insurance for your *eligible class*;
- you are no longer in an *eligible class*;
- you stop *active work*; however, if you renew your contract with the *policyholder* for the next school year, the *policyholder* may consider insurance to continue even though you stop *active work* during the summer recess; or
- a required contribution was not paid.

## LIFE INSURANCE FOR YOU

### Insurance Provided

We will pay your *beneficiary* the amount of insurance shown in the Schedule when we receive written proof of your death, acceptable to us, and a completed claim form. Your amount of insurance may be reduced by the amount of any *conversion policy*.

### Changes in Amounts of Insurance

If your amount of insurance changes for any reason, the change will take place on the Change Date shown in the Schedule. But in the case of an increase, if you are not at *active work* on that day, no increase will take effect until you return to *active work*.

### Proof of Good Health

If you are eligible for more than the Maximum Amount Without Proof of Good Health shown in the Schedule, you will be limited to that Maximum until you give us *proof of good health*. If the proof is accepted, the additional amount of insurance will take effect on the date the last document proving good health was signed. Once insured for more than that Maximum, future increases will also require *proof of good health*.

If both *noncontributory* and *contributory* insurance are provided under the *policy*, your *contributory* amount will be affected by this provision before your *noncontributory* amount.

### DISABILITY BENEFIT

If you stop *active work* before age 65 because you become *disabled* and remain *disabled* for 6 months, your *life insurance* will continue for the period outlined in the "Maximum Benefit Period" provision. After 6 months of *disability*, no further premium is due for you while you remain *disabled*. We will refund premiums paid during your *disability*.

#### Amount

The amount of insurance continued will be the amount for which you were insured on the day before you became *disabled*. However, it is subject to any reduction in amount contained in the *policy*, on that day, and may be reduced by the amount of any *conversion policy*.

#### Proof of Disability

Within 1 year of the start of your *disability*, and each year you remain *disabled*, you must give us proof that you are currently *disabled* and have been continuously *disabled* for at least 6 months since your last day of *active work*. You must agree to be examined by a *doctor* we choose, as often as needed to decide the extent of *disability*. If you do not give us proof or do not have any required exam, your coverage will end.

If you do not give us proof or do not have an exam within the time limit because it was not possible to do so, your coverage will continue if you comply as soon as possible.

If you die while *disabled*, we require proof that you were continuously *disabled* until death.

You must submit all proof to our *home office* at no expense to us.

#### Maximum Benefit Period

If you become *disabled* before your 60th birthday, your insurance will continue as long as you are *disabled*. If you become *disabled* on or after your 60th birthday, but before age 65, your insurance may continue for up to 1 year.

## LIFE INSURANCE FOR YOU (continued)

Your insurance will continue even if the *policy* ends, if you meet the proof requirements while *life insurance* is in effect or within 6 months after it ends. If you are no longer *disabled*, your insurance will end unless you re-enter an *eligible class* and premium payments begin again.

If your amount of insurance reduces or ends while you are *disabled*, you can apply for an individual policy. See the Conversion to an Individual Policy provision.

### Exclusions

Your insurance will not continue under the Disability Benefit if your *disability* results directly or indirectly from:

- intentionally self-inflicted injury, while sane or insane;
- war or any act of war, whether declared or not;
- service in the armed forces of any country, combination of countries or international organization at war, whether declared or not; or
- taking part in a riot or insurrection, or an act of riot or insurrection.

Your insurance will not continue if your *disability* starts:

- after you are no longer in an *eligible class*;
- after the *policy* ends; or
- during the time allowed for conversion to an individual policy.

If you have converted to an individual policy after part or all of your group *life insurance* ended, no group insurance for the amount that ended will be paid unless the individual policy is returned without claim. Then we will refund all premiums paid for the individual policy, less any payments we made.

### Conversion to an Individual Policy

If any or all of your group *life insurance* ends, you can apply for any individual policy offered by us (*conversion policy*). You must apply and pay the premium within 31 days. The individual policy may be any we offer for conversion. No *proof of good health* is required. The amount of insurance available to you depends on the reason your insurance ends.

If your insurance ends because you are no longer eligible or because of a change in age or other status, you may convert the full amount that ended.

If the *policy* ends or is changed to reduce or end your *life insurance*, and if you have been insured for at least 5 years under the *policy*, you may convert up to the lesser of:

- \$10,000, and
- the amount of *life insurance* that ended minus the amount of any group life insurance for which you become eligible within 31 days.

If you die within 31 days after your *life insurance* ends, we will pay to your *beneficiary* the amount you could have converted, whether or not you applied or paid the premium.

## LIFE INSURANCE FOR YOU (continued)

You cannot apply for a *conversion policy* if your group *life insurance* ended because you did not pay your share of the premium.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU

### Accidental Death Insurance Provided

If you die as the direct result of an *injury*, we will pay your *beneficiary* the amount of Accidental Death and Dismemberment Insurance shown in the Schedule.

The insurance will be paid only if death occurs within 90 days after the *injury*. This 90-day limit will not apply if you are in a coma or being kept alive by an artificial life support system at the end of the 90 days.

### Accidental Dismemberment Insurance Provided

If you suffer one or more of the following losses as the direct result of an *injury*, we will pay the benefit shown:

<u>Covered Loss</u>	<u>Benefit</u>
1 hand, 1 foot, or the sight of 1 eye	½ the amount of Accidental Death and Dismemberment Insurance
Any 2 or more of the above	The full amount of Accidental Death and Dismemberment Insurance

Loss of a hand or foot means permanent severance at or above the wrist or ankle. Loss of sight of the eye means total and permanent loss of sight.

The loss must occur within 90 days after the *injury*.

### Limitation

We will not pay more than the amount of Accidental Death and Dismemberment Insurance shown in the Schedule for any 1 accident. We will pay benefits only for an *injury* occurring while you are covered under the *policy*.

*Accidental death and dismemberment insurance* does not continue if you become *disabled*.

You cannot convert your *accidental death and dismemberment insurance* to an individual policy.

### Exclusions

We will not pay benefits if the loss results directly or indirectly from:

- war or any act of war, whether declared or not;
- taking part in a riot or insurrection, or an act of riot or insurrection;
- service in the armed forces of any country, combination of countries, or international organization at war, whether declared or not;
- any physical or mental disease;
- any infection, except a pyogenic infection that occurs from an accidental wound;
- an assault or felony you commit;
- suicide or attempted suicide, while sane or insane;

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU (continued)**

- intentionally self-inflicted injury, while sane or insane; or
- the use of any drug, unless you use it as prescribed by a *doctor*.

## ADDITIONAL LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PROVISIONS

### Optional Payment Methods

You or your *beneficiary* may choose to have all or part of your insurance paid in installments. You can request this at any time. Your *beneficiary* may request this within 31 days after your death.

This option is not available if the *beneficiary* is an estate, corporation, partnership, association, or trustee.

### Beneficiary

You may change the *beneficiary* at any time. Any request to name or change the *beneficiary* must be in writing on a form acceptable to us and signed by you. After we receive the request at our *home office*, the change will take effect on the date you signed it. A *beneficiary* change will be without prejudice to us for any payment we made before we received notice in our *home office*.

Any application to convert all your group *life insurance* which names a *beneficiary* different from the last *beneficiary* you named under the *policy* will be considered a change of *beneficiary* to the person named in the application. The change will take effect on the date of the application.

You may also send a request to change the *beneficiary* to the main office of the *policyholder*. The change must be made in a manner acceptable to us.

If you named more than 1 *beneficiary*, your amount of insurance will be divided among them equally, unless you specified otherwise.

If the *beneficiary* dies before you do, the rights and interest of that *beneficiary* will end.

If no *beneficiary* is living when you die, your insurance will be paid to the first surviving class of the following classes in this order:

- your lawful spouse;
- your living children, in equal shares;
- your parents, in equal shares; or
- your estate.

### Assignment

If you assign your interest under the *policy* to another person, all your rights under the *policy* are permanently transferred. This includes the right to name and change the *beneficiary* and the right to convert to an individual policy. You may assign your insurance to only 1 of the following:

- your lawful spouse;
- your child, parent, brother, or sister;
- the trustee of a trust you set up for the benefit of your lawful spouse, children, parents, brothers, or sisters; or
- a licensed viatical settlement company as defined under state law.

We are not responsible for the validity of any assignment. An assignment will not affect us until we receive written notice at our *home office*.

**ADDITIONAL LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE  
PROVISIONS (continued)**

**Incontestability**

The validity of the *policy* cannot be contested after it has been in force for 2 years. The validity of your coverage under the *policy* cannot be contested after you have been insured under the *policy* for 2 years during your lifetime. However, if the premiums are not paid, the validity of the *policy* or your coverage can be contested at any time.

No statement you made regarding *proof of good health* can be used in a legal dispute unless it was in writing, it was signed by you, and a copy was given to you or your *beneficiary*.

**Spendthrift**

As permitted by law, the benefits under the *policy* are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your *beneficiary*.

## CLAIM PROVISIONS

### Payment of Benefits

We will pay benefits when we receive all the required proof of loss.

### To Whom Payable

We will pay your *life insurance* and accidental death benefits according to the *beneficiary* provision. All other benefits will be paid to you, if you are living. If not, we will pay your estate.

If no *beneficiary* is living at your death, we may pay part of your life insurance to any person we decide is entitled to it because of expenses incurred during your last illness or for your funeral.

Any amount we pay in good faith releases us from further liability for that amount.

### Authority

We have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the Policy. All determinations and interpretations made by us are conclusive and binding on all parties.

### Review Procedure

You must request, in writing, a review of a denial of your claim within 60 days (180 days for Life Disability Benefit) after you receive notice of denial.

You have the right to review, upon request and free of charge, copies of all documents, records, and other information relevant to your claim for benefits, and you may submit written comments, documents, records and other information relating to your claim for benefits.

We will review your claim after receiving your request and send you a notice of our decision within 60 days (45 days for Life Disability Benefit) after we receive your request, or within 120 days (90 days for Life Disability Benefit) if special circumstances require an extension. We will state the reasons for our decision and refer you to the relevant provisions of the *policy*. We will also advise you of your further appeal rights, if any.

## CLAIM PROVISIONS FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ONLY

### Filing a Claim

1. You or your *beneficiary* must send us notice of the claim. We must have written notice of any insured loss within 30 days after it occurs, or as soon as reasonably possible. You can send the notice to our *home office*, or to one of our regional group claims offices, or to one of our agents. We need enough information to identify you as a *covered person*.
2. Within 15 days after the date of the notice, we will send you or your *beneficiary* certain claim forms. The forms must be completed and sent to our *home office* or to one of our regional group claims offices. If you or your *beneficiary* do not receive the claim forms within 15 days, we will accept a written description of the exact nature and extent of the loss.
3. The time limit for filing a claim is 90 days after the date of the loss.
4. If it is not reasonably possible to give proof on time, we will not deny or reduce your claim if you give us proof as soon as reasonably possible.

### Physical Exam

We may ask you to be examined as often as we require at any time we choose. For an accidental death claim, we may have an exam or autopsy performed, before or after burial, where allowed by law. We will pay for any exam we require.

### Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least 60 days after you file proof of loss. No action can be brought after the statute of limitations in your state has expired, but, in any case, not after 6 years from the date of loss.

### Incontestability

The validity of the *policy* cannot be contested after it has been in force for 2 years, except if premiums are not paid.

Any statement made by the *policyholder* or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person* or the *beneficiary*.

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred or *disability* starting after coverage has been in effect for 2 years.

No claim for loss starting 2 or more years after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

## GENERAL PROVISIONS

### Entire Contract

The *policy* and the *policyholder's* application attached to it are the entire contract. Any statement made by you or the *policyholder* is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you or your *beneficiary*.

### Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

### Misstatements

If any information about a person is misstated, the facts will determine whether insurance is in effect and in what amount. We will equitably adjust the premium.

### Individual Certificates

We will send certificates to the *policyholder* to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

### Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

### Agency

Neither the *policyholder*, any employer, any *associated company*, nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

## ENDORSEMENTS

Effective on and after its effective date, the Certificate is changed as follows:

1. At the request of the state of California, the term "spouse" shall also mean a domestic partner. A "domestic partner" is defined in Section 297 of the California Family Code.

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2. The "Incontestability" provision in the "Additional Life Insurance and Accidental Death and Dismemberment Insurance Provisions" will apply only to Life Insurance.







**ASSURANT**

Employee  
Benefits

2323 Grand Boulevard  
Kansas City, MO 64108

Policy 25,793  
Participant 0  
Booklet 1  
12/31/2008