GROUP TERM LIFE & VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PLAN

(Effective February 1, 2013)

Enhanced Insurance Coverage (Active and Retired Members)
NOTICE TO POLICYHOLDER

READ THIS NOTICE CAREFULLY BEFORE ACCESSING THE FOLLOWING INFORMATION. Per the Policyholder’s request, MetLife has provided this version of the insurance certificate for convenience only. By providing this version, MetLife is in no way endorsing the Policyholder’s use of the content. Copies of the certificate of insurance created and maintained by MetLife must always be made available to the insured upon request. MetLife will pay claims based on only the insurance described within the insurance certificate created, maintained, and filed with the appropriate state’s Department of Insurance by MetLife.
YOUR BENEFIT PLAN

Allied Pilots Association

Active and Retired Members

Optional Life Insurance
Dependent Life Insurance
Voluntary Accidental Death and Dismemberment Insurance

Certificate Date: February 1, 2013
FORWARD

We are pleased to present You with this certificate. It describes the Program of benefits that We have arranged for You and what You have to do to be covered for these benefits.

We believe this Program provides worthwhile protection for You and Your family.

Please read this certificate carefully. If You have any questions about the Program, We will be happy to answer them.

IMPORTANT NOTICE: This certificate is an important document and should be kept in a safe place.

Note: Prior to 2004, Voluntary Accidental Death and Dismemberment Insurance was known as Optional Personal Accident Insurance.
TO OUR MEMBERS:

All of us appreciate the protection and security insurance provides.

This certificate describes the benefits that are available to you. We urge you to read it carefully.

Allied Pilots Association
Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

This certificate is part of the Group Policy. The Group Policy is a contract between MetLife and the Policyholder and may be changed or ended without Your consent or notice to You.

**Policyholder:** Allied Pilots Association

**Group Policy Number:** 113529-1-G

**Type of Insurance:** Term Life & Accidental Death and Dismemberment Insurance

**MetLife Toll Free Number(s):**
For Claim Information FOR LIFE CLAIMS: 1-800-638-6420

PLEASE AFFIX THE STICKER SHOWING THE EMPLOYEE’S NAME AND EFFECTIVE DATE IN THIS SPACE.

THIS CERTIFICATE ONLY DESCRIBES TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.

PAYMENT OF ACCELERATED BENEFITS WILL REDUCE THE AMOUNT OF YOUR LIFE INSURANCE THAT WILL BE PAID UPON YOUR DEATH.

THE BENEFITS OF THE POLICY PROVIDING YOU COVERAGE ARE GOVERNED PRIMARILY BY THE LAWS OF A STATE OTHER THAN FLORIDA.

THE GROUP INSURANCE POLICY PROVIDING COVERAGE UNDER THIS CERTIFICATE WAS ISSUED IN A JURISDICTION OTHER THAN MARYLAND AND MAY NOT PROVIDE ALL THE BENEFITS REQUIRED BY MARYLAND LAW.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) WHICH APPEAR ON THIS PAGE AND IN THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. **PLEASE READ THE(SE) NOTICE(S) CAREFULLY.**
For Texas Residents:

**IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call MetLife’s toll free telephone number for information or to make a complaint at

1-800-638-6420

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](http://www.tdi.state.tx.us)
Email: ConsumerProtection@tdi.state.tx.us

**PREMIUM OR CLAIM DISPUTES:** Should You have a dispute concerning Your premium or about a claim, You should contact MetLife first. If the dispute is not resolved, You may contact the Texas Department of Insurance.

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

Para Residentes de Texas:

**AVISO IMPORTANTE**

Para obtener información o para someter una queja:

Usted puede llamar al numero de teléfono gratis de MetLife para información o para someter una queja al

1-800-638-6420

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al

1-800-252-3439

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](http://www.tdi.state.tx.us)
Email: ConsumerProtection@tdi.state.tx.us

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con MetLife primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

**UNA ESTE AVISO A SU CERTIFICADO:**
Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.
NOTICE FOR RESIDENTS OF LOUISIANA, MINNESOTA, MONTANA, NEW MEXICO, AND UTAH

The Definition Of Child Is Modified For The Coverages Listed Below:

For Louisiana Residents (Accidental Death and Dismemberment Insurance):

The term also includes Your grandchildren residing with You. The age limit for children and grandchildren will not be less than 26, regardless of the child’s or grandchild’s marital status, student status or full-time employment status. Your natural child, adopted child, stepchild or grandchild under age 26 will not need to be supported by You to qualify as a Child under this insurance. In addition, marital status will not prevent or cease the continuation of insurance for a mentally or physically handicapped child or grandchild past the age limit.

For Minnesota Residents (Accidental Death and Dismemberment Insurance):

The term also includes Your grandchildren who are financially dependent upon You and reside with You continuously from birth. The age limit for children and grandchildren will not be less than 25 regardless of the child’s or grandchild’s student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance.

For Montana Residents (Accidental Death and Dismemberment Insurance):

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child’s student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

For New Mexico Residents (Accidental Death and Dismemberment Insurance):

The age limit for children will not be less than 25, regardless of the child’s student status or full-time employment status. Your natural child, adopted child or stepchild will not be denied accidental death and dismemberment insurance coverage under this certificate because:

- that child was born out of wedlock;
- that child is not claimed as Your dependent on Your federal income tax return; or
- that child does not reside with You.

For Utah Residents (Accidental Death and Dismemberment Insurance):

The age limit for children will not be less than 26, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.
NOTICE FOR RESIDENTS OF ALL STATES

LIFE INSURANCE BENEFITS WILL BE REDUCED IF AN ACCELERATED BENEFIT IS PAID

DISCLOSURE: The Life Insurance accelerated benefit offered under this certificate is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for such favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive an accelerated benefit excludable from income under federal law.

DISCLOSURE: Receipt of an accelerated benefit may affect Your, Your Spouse’s or Your family’s eligibility for public assistance programs such as Medical Assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect Your, Your Spouse’s and Your family’s eligibility for public assistance.
NOTICE FOR RESIDENTS OF ARKANSAS

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
(501) 371-2640 or (800) 852-5494
NOTICE FOR RESIDENTS OF CALIFORNIA

IMPORTANT NOTICE

TO OBTAIN ADDITIONAL INFORMATION, OR TO MAKE A COMPLAINT, CONTACT THE POLICYHOLDER OR THE METLIFE CLAIM OFFICE SHOWN ON THE EXPLANATION OF BENEFITS YOU RECEIVE AFTER FILING A CLAIM.

IF, AFTER CONTACTING THE POLICYHOLDER AND/OR METLIFE, YOU FEEL THAT A SATISFACTORY SOLUTION HAS NOT BEEN REACHED, YOU MAY FILE A COMPLAINT WITH THE CALIFORNIA INSURANCE DEPARTMENT AT:

DEPARTMENT OF INSURANCE
300 SOUTH SPRING STREET
LOS ANGELES, CA 90013
1 (800) 927-4357
NOTICE FOR RESIDENTS OF GEORGIA

IMPORTANT NOTICE

The laws of the state of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.
NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Policyholder. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance
Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043
1-800-721-3272 or www.DOI.Idaho.gov
NOTICE FOR RESIDENTS OF ILLINOIS

IMPORTANT NOTICE

To make a complaint to MetLife, You may write to:

MetLife
200 Park Avenue
New York, New York 10166

The address of the Illinois Department of Insurance is:

Illinois Department of Insurance
Public Services Division
Springfield, Illinois 62767
NOTICE FOR RESIDENTS OF INDIANA

Questions regarding your policy or coverage should be directed to:

Metropolitan Life Insurance Company
1-800-638-6420

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at www.in.gov/idoi
NOTICE FOR MASSACHUSETTS RESIDENTS

CONTINUATION OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

If Your AD&D Insurance ends because You cease to be in an Eligible Class; or for any reason, such insurance will continue for 31 days after the date it ends.

Continuation of Your AD&D Insurance under the CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT subsection will end before the end of continuation periods shown above if You become covered for similar benefits under another plan.
NOTICE FOR RESIDENTS OF MINNESOTA

This is a life insurance policy which pays accelerated death benefits at your option under conditions specified in the policy. This policy is not a long-term care policy meeting the requirements of sections M.S.62A.46 to 62A.56 or chapter 62S.
NOTICE FOR RESIDENTS OF MISSOURI

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

EXCLUSIONS

If You reside in Missouri the exclusion for "suicide or attempted suicide" is as follows:
"suicide or attempted suicide while sane"
NOTICE FOR RESIDENTS OF NEW MEXICO

If a Child is insured for Accidental Death and Dismemberment Insurance under this certificate and You are not the custodial parent, notify Us that such is the case and provide Us with the name and address of the custodial parent. After receipt of such notice We will:

(1) provide such information to the custodial parent as may be necessary for the Child to obtain benefits through that insurance;

(2) permit the custodial parent or the provider, with the custodial parent's approval, to submit claims for covered services without the approval of the non-custodial parent; and

(3) make payments on claims submitted in accordance with Paragraph (2) of this subsection directly to the custodial parent, the provider or the state Medicaid agency.

If You are required by a court or administrative order to provide Accidental Death and Dismemberment Insurance for a Child, and You are eligible to provide such insurance for that child, We will:

(1) permit You to enroll a Child who is otherwise eligible for such insurance without regard to any enrollment season restrictions;

(2) if You are enrolled but fail to make application to obtain insurance for such Child, We will enroll the Child for insurance upon application of the Child's other parent, the state agency administering the Medicaid program or the state agency administering 42 U.S.C. Sections 651 through 669, the child support enforcement program; and

(3) We will not disenroll or eliminate insurance for such Child unless the insurer is provided satisfactory written evidence that:

(a) the court or administrative order is no longer in effect; or

(b) the Child is or will be enrolled in comparable health insurance through another insurer that will take effect not later than the effective date of disenrollment.

We will not impose requirements on a state agency that has been assigned the rights of an individual eligible for medical assistance under the Medicaid program and insured for Accidental Death and Dismemberment Insurance with Us that are different from requirements applicable to an agent or assignee of any other individual so insured.
NOTICE FOR RESIDENTS OF NORTH CAROLINA

Read your Certificate Carefully.

IMPORTANT CANCELLATION INFORMATION

Please Read The Provisions Entitled

DATE YOUR INSURANCE ENDS and DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

Found on Pages e/ee and e/dep
NOTICE FOR RESIDENTS OF NORTH CAROLINA

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL:

(1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND

(2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON’S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES.

VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.
NOTICE FOR RESIDENTS OF PENNSYLVANIA

Accidental Death and Dismemberment Insurance for a Dependent Child may be continued past the age limit if that Child is a full-time student and insurance ends due to the Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Child:

- re-enrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- re-enrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Child, except for the age limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, this continuation will continue until the earliest of the date:

- the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the child is no longer a full-time student.
NOTICE FOR RESIDENTS OF UTAH

Notice of Protection Provided by
Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- **Life Insurance**
  - $500,000 in death benefits
  - $200,000 in cash surrender or withdrawal values
- **Health Insurance**
  - $500,000 in hospital, medical and surgical insurance benefits
  - $500,000 in long-term care insurance benefits
  - $500,000 in disability income insurance benefits
  - $500,000 in other types of health insurance benefits
- **Annuities**
  - $250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

**Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance.** When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.  Utah Insurance Department
60 East South Temple, Suite 500  3110 State Office Building
Salt Lake City UT 84111  Salt Lake City UT 84114-6901
(801) 320-9955  (801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.
NOTICE FOR RESIDENTS OF VIRGINIA

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event You need to contact someone about this insurance for any reason please contact Your agent. If no agent was involved in the sale of this insurance, or if You have additional questions You may contact the insurance company issuing this insurance at the following address and telephone number:

MetLife
200 Park Avenue
New York, New York 10166
Attn: Corporate Consumer Relations Department

To phone in a claim related question, You may call Claims Customer Service at:
1-800-275-4638

If You have been unable to contact or obtain satisfaction from the company or the agent, You may contact the Virginia State Corporation Commission’s Bureau of Insurance at:

The Office of the Managed Care Ombudsman
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218
1-877-310-6560 - toll-free
1-804-371-9691 - locally
www.scc.virginia.gov - web address
ombudsman@scc.virginia.gov - email
NOTICE FOR RESIDENTS OF THE STATE OF WASHINGTON

Washington law provides that the following apply to Your certificate:

Wherever the term "Spouse" appears in this certificate it shall, unless otherwise specified, be read to include Your Domestic Partner.

**Domestic Partner** means each of two people, one of whom is a Member of the Policyholder, who have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available.

Wherever the term "step-child" appears in this certificate it shall be read to include the children of Your Domestic Partner.
NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

MetLife
Attn: Corporate Consumer Relations Department
200 Park Avenue
New York, NY 10166-0188
1-800-638-5433

You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517 outside of Madison or 608-266-0103 in Madison.
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SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

The amount of Insurance that We will pay will be decreased by the amount of any contributions due and unpaid to Us for that insurance.

BENEFIT AMOUNTS AND HIGHLIGHTS

How We Will Pay Benefits

Unless the Beneficiary requests payment by check, when the Certificate states that We will pay benefits in “one sum” or a “single sum”, We may pay the full benefit amount:

- by check;
- by establishing an account that earns interest and provides the Beneficiary with immediate access to the full benefit amount; or
- by any other method that provides the Beneficiary with immediate access to the full benefit amount.

Other modes of payment may be available upon request. For details, call Our toll free number shown on the Certificate Face Page.

Life Insurance For You

Optional Life Insurance

Amount for Each Benefit Class:

Option 1 ................................................................. $50,000
Option 2 ................................................................. $100,000
Option 3 ................................................................. $150,000
Option 4 ................................................................. $250,000
Option 5 ................................................................. $375,000
Option 6 ................................................................. $500,000
Option 7 ................................................................. $750,000
Option 8 ................................................................. $1,000,000

Minimum Optional Life Benefit ........................................... $50,000
Maximum Optional Life Benefit ....................................... $1,000,000
Non-Medical Issue Amount ............................................. $100,000
SCHEDULE OF BENEFITS (continued)

Accelerated Benefit Option .................................................. Up to 50% of Your Optional Life amount not to exceed $250,000

For Retirees .......................................................................... An amount equal to Your Optional Life Insurance (Benefit Class) in effect immediately before the date You retire.

Funeral Expense Benefit ................................................. $250, see page 45 herein.

For All Active and Retired Members who had an age reduction prior to January 01, 2013:

If You Are Age 60 Or Older

If You are age 60 or older but under age 75 on Your effective date of insurance, the amount of Your Optional Life Insurance on Your effective date of insurance will be limited to 25% of such amount, subject to a maximum amount of $125,000. On and after Your 75th birthday, the amount of such insurance will be the lesser of: 1) the amount of Optional Life Insurance in effect immediately prior to Your 75th birthday; or 2) $62,500.

For All Active and Retired Members who did not have an age reduction prior to January 01, 2013:

The amount of Your Optional Life Insurance on Your date of retirement will be the lesser of: 1) the amount of Optional Life Insurance in effect immediately prior to retirement; or 2) $125,000. On and after Your 75th birthday, the amount of such insurance will be reduced to the lesser of: 1) the amount of Optional Life Insurance in effect immediately prior to Your 75th birthday; or 2) $62,500.

ESTATE RESOLUTION SERVICES

The following Estate Resolution Services are provided at no additional cost to individuals insured for Group Optional Life Insurance coverage as described below. If You are eligible to receive these Estate Resolution Services and You or Your Spouse (for the Will Preparation Service) or You or a Beneficiary (for the Probate Service) would like to speak with a representative from Hyatt Legal Plans or get the name of a Plan Attorney that you can speak with about these Services, please call (800) 821-6400.

Will Preparation Service

If You elect Group Optional Life Insurance coverage, a Will Preparation Service (the “Service”) will be made available to You through a MetLife affiliate (the “Affiliate”), as agreed to by the Policyholder and MetLife, while Your Group Optional Life Insurance coverage is in effect under this Policy.

Will Preparation Service means a service covering the preparation of wills and codicils for You and Your Spouse. The creation of any testamentary trust is covered. The Will Preparation Service does not include tax planning.

This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney’s services.
SCHEDULE OF BENEFITS (continued)

directly. Upon Proof of such payment, You will be reimbursed for the attorney’s services in an amount equal to the lesser of the amount You paid for the attorney’s services and the amount customarily reimbursed for such services by the Affiliate.

Probate Service

If You become insured for Group Optional Life Insurance coverage and die while such Group Optional Life Insurance coverage is in effect, a probate benefit (the “Benefit”) will be made available to Your estate, through a MetLife affiliate (“Affiliate”).

The Benefit includes attorney representation and payment of legal fees for the executor or administrator of insured Member’s estate including representation for the preparation of all documents and all of the court proceedings needed to transfer probate assets from the estate to insured Member’s heirs; and the completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and associated tax filings.

The Benefit provides for such services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney’s services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney’s services in an amount equal to the lesser of the amount Your estate paid for the attorney’s services and the amount customarily reimbursed for such services by the Affiliate.

This Benefit will be provided at no cost to You and will end on the date Your Group Optional Life Insurance coverage ends.
Accidental Death and Dismemberment Insurance (AD&D) For You

Full Amount for Voluntary AD&D

You must pay the life insurance premium to be eligible for Voluntary Accidental Death and Dismemberment Insurance. An additional premium is required for Voluntary Accidental Death and Dismemberment Insurance.

Amount For Each Benefit Class:

Benefit Classes:

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250,000</td>
<td>$500,000</td>
</tr>
</tbody>
</table>

Maximum Voluntary Accidental Death and Dismemberment Full Amount $500,000

Additional Benefits:

- Seat Belt Benefit see page 57 herein
- Air Bag Use Benefit see page 58 herein
- Child Care Benefit see page 59 herein
- Child Education Benefit see page 60 herein
- Spouse Education Benefit see page 61 herein
- Hospital Confinement Benefit see page 62 herein
- Common Carrier Benefit see page 63 herein

Schedule of Covered Losses for Voluntary Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

Increases in Your Base Amount of Voluntary Accidental Death and Dismemberment Insurance

If You remain continuously insured for Voluntary Accidental Death and Dismemberment Insurance under the Group Policy, Your Base Amount of Voluntary Accidental Death and Dismemberment Insurance will be increased by 3% of Your Base Amount of Voluntary Accidental Death and Dismemberment Insurance on each certificate anniversary for 5 years. The maximum increase under this provision is 15% of Your Base Amount of Voluntary Accidental Death and Dismemberment Insurance.

Your Base Amount of Voluntary Accidental Death and Dismemberment Insurance is Your amount of Voluntary Accidental Death and Dismemberment Insurance on the day prior to the first anniversary of the date You became insured in Your selected benefit class under the coverage.
Covered Losses

Loss of life ................................................................................................. 100%
Loss of any combination of hand, foot, or sight of one eye, as
defined in this section .............................................................................. 100%
Loss of speech and loss of hearing ............................................................. 100%

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

Paralysis of both arms and both legs (Quadriplegia) .......................... 100%
Paralysis of both legs (Paraplegia) ......................................................... 100%
Paralysis of the arm and leg on either side of the body
(Hemiplegia) ............................................................................................ 100%

**Paralysis** means loss of use of a limb, without severance. A Physician must
determine the paralysis to be permanent, complete and irreversible.

Brain Damage .......................................................................................... 100%

**Brain Damage** means permanent and irreversible physical damage to the brain
causing the complete inability to perform all the substantial and material functions
and activities normal to everyday life. Such damage must manifest itself within
30 days of the accidental injury, require a hospitalization of at least 5 days and
persists for 12 consecutive months after the date of the accidental injury.

Coma ........................................................................................................ 1% monthly

beginning on the 7th day of the Coma for the duration of the Coma to a maximum
of 60 months

**Coma** means a state of deep and total unconsciousness from which the
comatose person cannot be aroused. Such state must begin within 30 days of
the accidental injury and continue for 7 consecutive days.

Loss of an arm permanently severed at or above the elbow .......... 75%
Loss of a leg permanently severed at or above the knee ....................... 75%
Loss of hand permanently severed at or above the wrist but below the elbow ................................................. 50%
Loss of foot permanently severed at or above the ankle but below the knee ......................................................... 50%
Loss of sign in one eye ........................................................................... 50%

**Loss of sight** means permanent and uncorrectable loss of sight in the eye.
Visual acuity must be 20/200 or worse in the eye or the field of vision must be
less than 20 degrees.

Loss of speech or loss of hearing .............................................................. 50%

**Loss of speech** means the entire and irrecoverable loss of speech that
continues for 6 consecutive months following the accidental injury.
Loss of the thumb and index finger of same hand ...................... 25%

**Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

**Life Insurance For Your Dependents**

Dependent's Classification

For Your Spouse:
Option 1 ................................................................. $25,000
Option 2 ................................................................. $50,000
Option 3 ................................................................. $75,000
Option 4 ................................................................. $125,000
Option 5 ................................................................. $187,500
Option 6 ................................................................. $250,000
Option 7 ................................................................. $375,000
Option 8 ........................................................................ $500,000

Non-Medical Issue Amount.............................................. The entire amount requires evidence of insurability

Accelerated Benefit Option ............................................ Up to 50% of Your Optional Dependent Life amount not to exceed $250,000

For each of Your Children

14 days to age 19, or to age 25 if a full-time student, if incapacitated, no age limit ..................... $10,000

NOTE: The amount of Optional Dependent Life Insurance will not exceed 50% of the amount for which You are insured under the Optional Life Insurance. If the amount for which You are insured under the Optional Life Insurance reduces due to an amount limitation, this limitation will not apply.

Applicable to Optional Dependent Spouse Life Insurance:

If You Are Age 60 Or Older

If You are age 60 or older but under age 70 on Your effective date of insurance, the amount of Your Optional Dependent Spouse Life Insurance on Your effective date of insurance will be limited to 25% of such amount, subject to a maximum amount of $62,500. On and after Your 70th birthday, the amount of such insurance will be 12 ½%, subject to a maximum amount of $31,250.

For All Active and Retired Members who had an age reduction prior to January 1, 2013:

If You Are Age 60 Or Older

When the benefit amount for You reduces, the amount of Spouse coverage is reduced to no more than 100% of Your coverage. If You are age 60 or older but under age 75 on Your effective date of insurance, the amount of Your Optional Dependent Spouse Life Insurance on Your effective date of insurance will be limited to 25% of such amount, subject to a maximum amount of $62,500. On and after Your 75th birthday, the amount of such insurance will be reduced to the lesser of: 1) the amount of Optional Dependent Life Insurance in effect immediately prior to the date the Spouse attained age 75; or 2) $62,500.

For All Active and Retired Members who did not have an age reduction prior to January 1, 2013:

If You Are Age 65 Or Older

When the benefit amount for You reduces, the amount of Spouse coverage is reduced to no more than 100% of Your coverage. If You are age 65 or older but under age 75 on Your effective date of insurance, the amount of Your Optional Dependent Spouse Life Insurance on Your effective date of insurance will be the lesser of: 1) the amount of Optional Dependent Life Insurance in effect immediately prior to the date Your Spouse attained age 65; or 2) $125,000. On and after Your 75th birthday, the amount of such insurance will be the lesser of: 1) the amount of Optional Dependent Life Insurance in effect immediately prior to the date Your Spouse attained age 75; or 2) $62,500.

NOTE: The amount of Optional Dependent Life Insurance will not exceed 100% of the amount for which You are insured under the Optional Life Insurance.
### Accidental Death and Dismemberment Insurance (AD&D) For Your Dependents

#### Full Amount for Voluntary AD&D

<table>
<thead>
<tr>
<th>Category</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse and Child(ren)</td>
<td>An amount equal to: (a) 60% for Your Spouse Only; and (b) 10% for each Child; of Your Voluntary Accidental Death and Dismemberment Insurance</td>
</tr>
<tr>
<td>Spouse Only</td>
<td>An amount equal to 70% of Your Voluntary Accidental Death and Dismemberment Insurance</td>
</tr>
<tr>
<td>Each Child</td>
<td>An amount equal to 25% of Your Voluntary Accidental Death and Dismemberment Insurance for each Child</td>
</tr>
</tbody>
</table>

#### For each of Your Children

<table>
<thead>
<tr>
<th>Category</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child(ren) Only</td>
<td>An amount equal to 25% of Your Voluntary Accidental Death and Dismemberment Insurance for each Child</td>
</tr>
</tbody>
</table>

#### Additional Benefits: None

#### Schedule of Covered Losses for Voluntary Accidental Death and Dismemberment Insurance

All amounts listed are stated as percentages of the Full Amount.

#### Covered Losses

- **Loss of life** ................................................................................... 100%
- Loss of any combination of hand, foot, or sight of one eye, as defined in this section ................................................................. 100%

Loss of speech and loss of hearing ..................................................... 100%

**Loss of hearing** means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.

- Paralysis of both arms and both legs (Quadriplegia).................. 100%
- Paralysis of both legs (Paraplegia)............................................. 100%
- Paralysis of the arm and leg on either side of the body (Hemiplegia)................................................................................ 100%

**Paralysis** means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

- Brain Damage ............................................................................. 100%

**Brain Damage** means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the...
accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury.

Coma............................................................................................................. 1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months.

Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

Loss of an arm permanently severed at or above the elbow...... 75%
Loss of a leg permanently severed at or above the knee......... 75%
Loss of hand permanently severed at or above the wrists but below the elbow ................................................................. 50%
Loss of a foot permanently severed at or above the ankle but below the knee................................................................. 50%
Loss of sight in one eye ................................................................. 50%

Loss of sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of speech or loss of hearing..................................................... 50%

Loss of sight means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury.

Loss of the thumb and index finger of same hand............... 25%

Loss of thumb and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.
DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

**ABO Eligible Life Insurance** means Your Optional Life and Dependent Optional Life Insurance benefits for which the Accelerated Benefit Option is shown as available in the SCHEDULE OF BENEFITS.

**Actively at Work or Active Work** means that You are performing all of the usual and customary duties of Your job on a full-time basis. This must be done at:

- the Policyholder’s place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder’s business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays or business closures if You were Actively at Work on the last schedule work day preceding such time off.

**Air Bag** means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**APA** means the Allied Pilots Association.

**Application Period** means the period that ends 31 days after the date Your Optional Life Insurance and Optional Dependent Life Insurance ends in which Metropolitan Life Insurance Company must receive the completed conversion application.

**Base Amount** means the amount of Voluntary Accidental Death and Dismemberment Insurance on the day prior to the first anniversary of the date You became insured in Your selected benefit class under the coverage.

**Beneficiary** means the person(s) to whom We will pay insurance as determined in accordance with the General Provisions section.

**Certificateholder** means Members of the Allied Pilots Association.

**Child** means the following: (for residents of Louisiana, Minnesota, Montana, New Mexico, and Utah, the Child Definition is modified as explained in the notice pages of this certificate - please consult the Notice)

for **Life Insurance**, Your natural child, adopted child or stepchild; and who, in each case, is under age 25 and unmarried. **The term also includes** Your grandchild who is under age 25, unmarried and who was able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Life Insurance.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

For the purposes of determining who may become covered for insurance, the term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- is insured under the Group Policy as a Member.
for Voluntary Accidental Death and Dismemberment Insurance, Your natural child, adopted child or stepchild; and who, in each case, is under age 25 and unmarried. The term also includes Your grandchild who is under age 25, unmarried and who was able to be claimed by You as a dependent for Federal Income Tax purposes at the time You applied for Accidental Death and Dismemberment Insurance.

A child will be considered Your adopted child during the period You are party to a suit in which You are seeking the adoption of the child.

For the purposes of determining who may become covered for insurance, the term does not include any person who is insured under the Group Policy as a Member.

Child Care Center means a facility that:

• is operated and licensed according to the law of the jurisdiction where it is located; and
• provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

Claims Processor means NGS Insurance Agency, PO Box 830846, Richardson, TX 75083-0846, 1-800-298-8793.

Common Carrier means a government regulated entity that is in the business of transporting fare paying passengers. The term does not include chartered or other privately arranged transportation, taxis or limousines.

Company means any subsidiary of AMR Corporation whose employees are represented for collective bargaining by the Allied Pilots Association.

Contributory Insurance means insurance for which the Policyholder requires You to pay any part of the premium. It includes Optional Life Insurance, Voluntary Accidental Death and Dismemberment Insurance and Optional Dependent Life Insurance.

Dependent(s) means Your Spouse and/or Child.

Direct and Sole Cause means that the Covered Loss occurs within 90 days of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes. However if the loss is due to quadriplegia, paraplegia, or hemiplegia, Direct and Sole Cause means that the Covered Loss occurs within 365 days of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

Full Amount means the Base Amount plus any increases which equal Your Voluntary Accidental Death and Dismemberment Insurance for which You are covered on the date of Your accident.

Group Policy means terms and provisions that govern payment of insurance as described in this certificate.

Hospital means a facility which is licensed as such in the jurisdiction in which it is located and:

• provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and
• provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.
DEFINITIONS (continued)

Hospitalized means:

- admission for inpatient care in a Hospital;

- receipt of care in the following:
  - a hospice facility; or
  - an intermediate care facility; or
  - a long term care facility; or

- receipt of the following treatment, wherever performed:
  - chemotherapy; or
  - radiation therapy; or
  - dialysis.

Member means active and retired members of Allied Pilots Association provided the retired member: (1) was an Allied Pilots Association member at the time of retirement, and (2) terminated employment after satisfying the eligibility requirements for retiree life and health benefits under the Company’s group life and health benefit plan.

Optional Dependent Life Insurance means insurance for Your Spouse and/or Child, as described herein.

Optional Life Insurance means insurance for You, the Member of the Policyholder, as described herein.

Passenger Car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

Physician means:

- a person licensed to practice medicine in the jurisdiction where such services are performed; or

- any other person whose services, according to applicable law, must be treated as Physician’s services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse’s:
  - parents;
  - children (natural, step or adopted);
  - siblings;
  - grandparents; or
  - grandchildren.

Plan means the Group Policy which is issued by Us to provide Optional Life Insurance, Optional Dependent Life Insurance and Voluntary Accidental Death and Dismemberment Insurance.

Policyholder means Allied Pilots Association.
**DEFINITIONS (continued)**

**Proof** means when a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant’s right to receive payment.

Proof must be provided at the claimant's expense.

**Seat Belt** means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

**Signed** means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**Spouse** means Your lawful Spouse. The term does not include any person who is on active duty in the armed forces of any country or is insured under the Group Policy as a Member.

**Terminally Ill** or **Terminal Illness** means that due to injury or sickness, You are expected to die within 24 months.

**Voluntary Accidental Death and Dismemberment Insurance** means insurance for You, the Member of the Policyholder, as described herein. Prior to 2004, this benefit was known as Optional Personal Accident Insurance.

**We**, **Us** and **Our** mean Metropolitan Life Insurance Company (“MetLife”).

**Written** or **Writing** means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

**You** and **Your** mean a Member who is insured under the Group Policy for the insurance described in this certificate.
ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS(ES)

All Active and Retired Members who elected coverage or changed coverage on or after April 1, 2004.

If You apply for insurance as a retired Member please be aware that:

- reference to Active Work and Actively at Work will not apply; and
- “end of employment” will mean the end of the person’s status as a retiree, as stated in the Policyholder’s retirement plan.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are in an eligible class on February 1, 2013, You will be eligible for the insurance described in this certificate on that date.

If You enter an eligible class after February 1, 2013, You will be eligible for the insurance described in this certificate on the date You enter that class.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form. In addition, You must give evidence of Your Insurability satisfactory to Us at Your expense if You are required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll for insurance, You must also give the Policyholder Written permission to deduct premiums from Your banking institution for such insurance. You will be notified by the Policyholder how much You will be required to contribute.

DATE YOUR INSURANCE TAKES EFFECT

Rules for Contributory Insurance

If You request Contributory Insurance before the date You become eligible for such insurance, such insurance will take effect as follows:

- if You are not required to give evidence of Your insurability, such insurance will take effect on the date You become eligible, provided You are Actively at Work on that date.
- If You are required to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, provided You are Actively at Work on that date.
- You are not required to give evidence of Your insurability for Voluntary Accidental Death and Dismemberment. However, such insurance will not be effective until Your life insurance becomes effective.
If You request Contributory Insurance within 12 months of the date You first become eligible for such insurance, such insurance will take effect if You request Contributory Insurance before the date You become eligible for such insurance, such insurance will take effect as follows:

- if You are not required to give evidence of Your insurability, such benefit will take effect on the later of:
  - the date You become eligible for such benefit; and
  - the date You enroll provided You are Actively at Work on that date.

- If You are required to give evidence of Your insurability and We determine that You are insurable, such insurance will take effect on the date We state in Writing, provided You are Actively at Work on that date.

- If You request Contributory Insurance more than 12 months after the date You first become eligible for such insurance, You must give evidence of Your insurability satisfactory to Us. You must give such evidence at Your expense. If We determine that You are insurable, such insurance will take effect on the date We state in Writing, if You are Actively at Work on that date.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work. In addition to having been Actively at Work on the date Your Optional Life Insurance benefit is to take effect, You must also have been Actively at Work for at least 20 hours during the 7 calendar days preceding that date.

Decrease in Insurance

A decrease in insurance will take effect on the day following the date through which You have paid for the higher amount of insurance. However, if You paid for such insurance in one annual installment, the decrease will take effect on the last day of the month in which You made the request and any excess premium will be refunded to You.

DATE YOUR INSURANCE ENDS

Your insurance will end on the earliest of:

for all coverages
1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the end of the period for which the last premium has been paid for You; or
4. for Voluntary Accidental Death and Dismemberment Insurance, the date Your employment ends, Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or
5. the date You cease to be a Member.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU for information concerning the option to convert to an individual policy of life insurance if Your Life Insurance ends.

Please refer to the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT for information concerning continuation of the insurance at the Policyholder’s option.
ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS

ELIGIBLE CLASS(ES) FOR DEPENDENT INSURANCE

All Active and Retired Members who elected coverage or changed coverage on or after April 1, 2004.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

You may only become eligible for the Dependent insurance available for Your eligible class as shown in the SCHEDULE OF BENEFITS.

If You are in an eligible class on February 1, 2013, You will be eligible for Dependent insurance on that date.

If You enter an eligible class after February 1, 2013, You will be eligible for Dependent insurance on the date You enter that class.

No person may be insured as a Dependent of more than one Member.

ENROLLMENT PROCESS

If You are eligible for Dependent insurance, You may enroll for such insurance by completing an enrollment form for each Dependent to be insured. In addition, each of Your Dependents must give evidence of insurability satisfactory to Us at Your expense if required to do so under the section entitled EVIDENCE OF INSURABILITY. If You enroll insurance, You must also give the Policyholder Written permission to deduct premiums from Your banking institution for such insurance. You will be notified by the Administrator when You have been approved for insurance and how much You will be required to contribute.

DATE INSURANCE TAKES EFFECT FOR YOUR DEPENDENTS

Rules for Contributory Dependent Spouse Insurance

For Dependents You Have When You Become Eligible For Dependent Insurance

If You complete the enrollment process for Optional Dependent Life and Voluntary Accidental Death and Dismemberment Insurance before the date You become eligible, such insurance will take effect for each enrolled Dependent on the date You become eligible, provided You are Actively at Work on that date and the Dependent satisfies the Additional Requirement stated below.

If You are not Actively at Work on the date insurance would otherwise take effect, insurance will take effect on the day You resume Active Work.

Rules for Contributory Dependent Child Insurance

Once You have enrolled one Child for Dependent insurance, each succeeding Child will automatically be insured for such insurance on the date he qualifies as a Dependent.

If You are not Actively at Work on the date the Contributory Dependent Insurance would otherwise take effect, the insurance will take effect on the day You resume Active Work and the Additional Requirement stated below is satisfied.
ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS (continued)

Additional Requirement

On the date the Dependent insurance is scheduled to take effect, the Dependent must not be:

- confined at home under a Physician’s care;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

If the Dependent does not meet this requirement on such date, insurance for the Dependent will take effect on the date that Dependent is no longer:

- confined;
- receiving or applying to receive disability benefits from any source; or
- Hospitalized.

Increase in Insurance for Your Dependent Spouse

For an increase in Your Dependent Spouse insurance, Your Dependent Spouse must give evidence of insurability for the entire increase and We approve the evidence of insurability, the increase will take effect on the date We state in Writing. If We do not approve the evidence of insurability, or You do not submit evidence of insurability for Your Dependent Spouse, the increase in insurance for Your Dependent Spouse will not take effect.

You must be Actively at Work on that date. If You are not Actively at Work on the date the increase would otherwise take effect, the increase will take effect on the day You resume Active Work.

Decrease in Insurance for Your Dependents

A decrease in insurance for Your Dependents will take effect on the day following the date through which the premium for higher amount of insurance has been paid. However, if You paid for such insurance in one annual installment, the decrease will take effect on the last day of the month in which You made the request and any excess premium will be refunded to You.

DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS

A Dependent’s insurance will end on the earliest of:

1. for Optional Dependent Life Insurance, the date all of the Optional Dependent Life Insurance under the Group Policy ends;

2. if You die, Dependent Voluntary Accidental Death and Dismemberment Insurance will continue for 24 months from the date of Your death, at no cost to the Member, provided the Dependent Spouse maintains Optional Dependent Life Insurance;

3. if You die, Your Optional Dependent Life Insurance will continue provided the required premium is paid;

4. if You die, Your Optional Dependent Life Insurance will end on the date the Spouse remarries and the end of the period for which the last premium is paid;

5. the date Insurance for Your Dependents ends under the Group Policy;

6. the date Insurance for Your Dependents ends for Your class;
7. the date the person ceases to be a Dependent;

8. the end of the period for which the last premium has been paid for the Dependent; or

9. for Utah residents, with respect to Voluntary Accidental Death and Dismemberment Insurance, the last day of the calendar month the Child ceases to be a Dependent; or

10. for Dependent Voluntary Accidental Death and Dismemberment Insurance, the date Your employment ends; Your employment will end if You cease to be Actively at Work in any eligible class, except as stated in the section entitled CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT; or

11. when a Member's membership with Allied Pilots Association ends (see below).

End of Allied Pilots Association membership means a Member’s membership with Allied Pilots Association will end when the Member is no longer a Member under the rules of Allied Pilots Association.

Please refer to the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS for information concerning the option to convert to an individual policy of life insurance if Optional Dependent Life Insurance for a Dependent ends.
CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT (For MN Residents see Minnesota Notice Page)

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Child attains the age limit and at reasonable intervals after such date, but not more frequently than once a year after the two-year period following the child’s attainment of the limiting age.

Subject to the DATE YOUR INSURANCE FOR YOUR DEPENDENTS ENDS subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS, insurance will continue while such Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Child, except for the age limit.

AT THE POLICYHOLDER’S OPTION

The Policyholder has elected to continue insurance by collecting premiums from his Members who cease Active Work in an eligible class for any of the reasons specified below.

1. if You cease Active Work due to retirement, there is no time limit;
2. if You cease Active Work due to disability, there is no time limit;
3. if You cease Active Work due to a leave of absence, there is no time limit; and
4. If You cease Active Work due to a furlough, the time limit is the later of 24 months from the date of furlough or December 31, 2004.

If You cease Active Work for any reason, You should contact Allied Pilots Association immediately to determine what arrangements, if any, have been made to continue any of Your insurance.

At the end of any of the continuation periods listed above, Your insurance will be affected as follows:

- if You resume Active Work in an eligible class at that time, You will continue to be insured under the Group Policy;
- if You do not resume Active Work in an eligible class at that time, Your employment will be considered to end and Your insurance will end in accordance with the Date Your Insurance Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOU.

If Your insurance ends, Your Dependents’ insurance will also end in accordance with the Date Insurance For Your Dependents Ends subsection of the section entitled ELIGIBILITY PROVISIONS: INSURANCE FOR YOUR DEPENDENTS.

Option To Convert

In addition to the section entitled Continuation of Insurance options described above, You may have the right to convert to a policy of individual life insurance. We urge You to read the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU and LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS.
EVIDENCE OF INSURABILITY

We require evidence of insurability satisfactory to Us as follows:

1. In order to become covered for an amount of Optional Life Insurance greater than the Non-Medical Issue Amount as shown in the SCHEDULE OF BENEFITS.

   If You do not give Us evidence of Your insurability, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Your Optional Life Insurance will be limited to the Non-Medical Issue Amount.

2. If You make a late request for Optional Life Insurance. A late request is one made more than 12 months after the date You first become eligible.

   If You do not give Us evidence of insurability or the evidence of insurability is not accepted by Us as satisfactory, You will not be covered for Optional Life Insurance.

3. In order to become covered for any amount of Optional Dependent Life Insurance for Your Dependent Spouse.

   If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, Your Dependent Spouse will not be covered for Optional Dependent Life Insurance.

4. If You make a request to increase the amount of Optional Dependent Life Insurance for Your Dependent Spouse.

   If You do not give Us evidence of the insurability of Your Dependent Spouse, or if such evidence of insurability is not accepted by Us as satisfactory, the amount of Optional Dependent Life Insurance for Your Dependent Spouse will not be increased.

The evidence of insurability is to be given at Your expense.
LIFE INSURANCE: FOR YOU

If You die, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Optional Life Insurance in effect on the date of Your death.

PAYMENT OPTIONS

We will pay the Optional Life Insurance in one sum. Other modes of payment may be available upon request. For details, call the toll free number shown on the Certificate of Insurance on page 1.

PAYMENT OF FUNERAL EXPENSES

We may, at Our option, deduct part of the Optional Life Insurance payable to the Beneficiary for the purpose of reimbursing any person who incurred funeral expenses for Your death. We may make such payment after We receive Proof that such expenses were incurred. The payment will be equal to the expense incurred, up to the maximum $250.
LIFE INSURANCE: FOR YOUR DEPENDENTS

If a Dependent dies, Proof of the Dependent’s death must be sent to Us. When We receive such Proof with the claim, We will review the claim and, if We approve it, will pay the Beneficiary the Optional Dependent Life Insurance in effect on the life of such Dependent on the date of death.

PAYMENT OPTIONS

We will pay the Optional Dependent Life Insurance in one sum. Other modes of payment may be available upon request. For details, call the toll free number shown on the Certificate of Insurance on page 1.
LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU

For purposes of this section, the term “ABO Eligible Optional Life Insurance” refers to each of Your Optional Life Insurance benefits for which the Accelerated Benefit Option is shown as available in the SCHEDULE OF BENEFITS.

If You become Terminally Ill, You or Your legal representative have the option to request Us to pay ABO Eligible Optional Life Insurance before Your death. This is called an accelerated benefit. The request must be made while ABO Eligible Optional Life Insurance is in effect.

**Terminally Ill or Terminal Illness** means that due to injury or sickness, You are expected to die within 24 months.

**Requirements For Payment of an Accelerated Benefit**

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of each ABO Eligible Optional Life Insurance benefit to be accelerated equals or exceeds $10,000; and
- the ABO Eligible Optional Life Insurance to be accelerated has not been assigned; and
- We have received Proof that You are Terminally Ill.

We will only pay an accelerated benefit for each ABO Eligible Optional Life Insurance benefit once.

**Proof of Your Terminal Illness**

We will require the following Proof of Your Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician’s certification that You are Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it. If there is a conflicting opinion between Your Physician and Our Physician, we reserve the right to have a third Physician of Our choice make the determination.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Optional Life Insurance remaining after the accelerated benefit is paid.

**Financing for the Accelerated Benefit Option**

The cost of the Accelerated Benefit Option is part of the premium paid for Group Life Insurance under the plan. No more than 1.5% of the premium for Group Life Insurance is attributable to the financing of the Accelerated Benefit Option.

**Accelerated Benefit Amount**

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for each ABO Eligible Optional Life Insurance benefit in effect for You, subject to the following:

**Maximum Accelerated Benefit Amount.** The maximum amount We will pay for each ABO Eligible Optional Life Insurance benefit is shown in the SCHEDULE OF BENEFITS.
LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOU (continued)

Scheduled Reduction of an ABO Eligible Life Insurance Benefit. If an ABO Eligible Optional Life Insurance benefit is scheduled to reduce within the 24 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of such ABO Eligible Optional Life Insurance that will be in effect immediately after the reduction(s) scheduled for such period.

Scheduled End of an ABO Eligible Optional Life Insurance Benefit. If an ABO Eligible Optional Life Insurance benefit is scheduled to end within 24 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit for such ABO Eligible Optional Life Insurance benefit.

Previous Conversion of an ABO Eligible Optional Life Insurance Benefit. We will not pay an accelerated benefit for any amount of ABO Eligible Life Insurance which You previously converted under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

Effect of Payment of an Accelerated Benefit

On Contribution for Your Optional Life Insurance. After We pay the accelerated benefit, any future contributions for Life Insurance You are required to pay will be waived.

On Your Optional Life Insurance at Your death. We will pay the amount of Optional Life Insurance in effect at Your death reduced by the amount of the accelerated benefit paid by Us.

Such payment shall constitute full settlement of Your Life Insurance under the Group Policy.

On Your Optional Life Insurance at conversion. The amount to which You are entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU will be decreased by the amount of the accelerated benefit paid by Us.

On Your Voluntary Accidental Death and Dismemberment Insurance. Payment of an accelerated benefit will not affect Your Voluntary Accidental Death and Dismemberment Insurance.

Date Your Option to Accelerate Benefits Ends

The accelerated benefit option will end on the earliest of:

- the date the ABO Eligible Optional Life Insurance ends;
- the date You or Your legal representative assign all ABO Eligible Optional Life Insurance; or
- the date You or Your legal representative have accelerated all ABO Eligible Optional Life Insurance benefits.
LIFE INSURANCE: ACCELERATED BENEFIT OPTION (ABO) FOR YOUR SPOUSE

If Your Spouse becomes Terminally Ill, You or Your legal representative have the option to request Us to pay Optional Dependent Life Insurance for Your Spouse before their death. This is called an accelerated benefit. The request must be made while Life Insurance for Your Spouse is in effect.

**Terminally Ill or Terminal Illness** means that due to injury or sickness, Your Spouse is expected to die within 24 months.

**Requirements For Payment of an Accelerated Benefit**

Subject to the conditions and requirements of this section, We will pay an accelerated benefit to You or Your legal representative if:

- the amount of Optional Dependent Life Insurance for the Terminally Ill Spouse equals or exceeds $10,000; and
- the ABO Eligible Optional Dependent Life Insurance to be accelerated has not been assigned; and
- We have received Proof that Your Spouse is Terminally Ill. If there is a conflicting opinion between the Dependent’s Physician and Our Physician, We reserve the right to have a third Physician of Our choice make the determination.

We will only pay an accelerated benefit for Optional Dependent Life Insurance for Your Spouse once.

**Proof of Your Spouse’s Terminal Illness**

We will require the following Proof of Your Spouse’s Terminal Illness:

- a completed accelerated benefit claim form;
- a signed Physician’s certification that Your Spouse is Terminally Ill; and
- an examination by a Physician of Our choice, at Our expense, if We request it.

You or Your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit.

Upon Our receipt of Your request to accelerate benefits, We will send You a letter with information about the accelerated benefit payment You requested. Our letter will describe the amount of the accelerated benefits We will pay and the amount of Optional Dependent Life Insurance remaining after the accelerated benefit is paid.

**Financing for the Accelerated Benefit Option**

The cost of the Accelerated Benefit Option is part of the premium paid for Group Life Insurance under the plan. No more than 1.5% of the premium for Group Life Insurance is attributable to the financing of the Accelerated Benefit Option.

**Accelerated Benefit Amount**

We will pay an accelerated benefit up to the percentage shown in the SCHEDULE OF BENEFITS for the amount of Life Insurance in effect for a Terminally Ill Spouse, subject to the following:

- **Maximum Accelerated Benefit Amount.** The maximum amount We will pay is shown in the SCHEDULE OF BENEFITS.
Scheduled Reduction of Optional Dependent Life Insurance for a Terminally Ill Spouse. If the Optional Dependent Life Insurance in effect for a Terminally Ill Spouse is scheduled to reduce within the 24 month period after the date You or Your legal representative request an accelerated benefit, We will calculate the accelerated benefit using the amount of Optional Dependent Life Insurance that will be in effect for Your Spouse immediately after the reduction(s) scheduled for such period.

Scheduled end of Optional Dependent Life Insurance for a Terminally Ill Spouse. If the Optional Dependent Life Insurance in effect for a Terminally Ill Spouse is scheduled to end within 24 months after the date You or Your legal representative request an accelerated benefit, We will not pay an accelerated benefit.

We will pay the accelerated benefit in one sum unless You or Your legal representative select another payment mode.

Effect of Payment of an Accelerated Benefit.

On Contribution for Optional Dependent Life Insurance. After We pay the accelerated benefit, any future contributions for Optional Dependent Life Insurance You are required to pay for Life Insurance for Your Spouse will be waived.

On Payment of Optional Dependent Life Insurance at a Dependent’s death. Upon the death of a Dependent for whom We paid an accelerated benefit, we will pay the amount of Optional Dependent Life Insurance in effect on the life of such Dependent reduced by the amount of the accelerated benefit paid by Us for such Dependent.

Such payment shall constitute full settlement of the Optional Dependent Life Insurance on the life of the Dependent under the Group Policy.

On Optional Dependent Life Insurance at conversion. The amount to which Your Spouse for whom We paid an accelerated benefit is entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS provision will be decreased by the amount of the accelerated benefit paid by Us for Your Spouse.

On Your Dependents’ Accidental Death and Dismemberment Insurance. Payment of an accelerated benefit will not affect Your Dependents’ Accidental Death and Dismemberment Insurance.

Date Your Option to Accelerate Benefits Ends

The accelerated benefit option for Your Spouse will end on the earliest of:

- the date Optional Dependent Life Insurance for Your Spouse ends;
- the date Your rights in Optional Dependent Life Insurance for Your Spouse are assigned; or
- the date You or Your legal representative have accelerated all Optional Dependent Life Insurance benefits.
LIFE INSURANCE: CONVERSION OPTION FOR YOU

If Your Optional Life Insurance ends or is reduced for any of the reasons stated below, You have the option to buy an individual policy of life insurance (“new policy”) from Us during the Application Period in accordance with the conditions and requirements of this section. This is referred to as the “option to convert”. Evidence of Your insurability will not be required.

When You Will Have the Option to Convert

You will have the option to convert when:

A. Your Optional Life Insurance ends because:
   • You cease to be in an eligible class;
   • this Group Policy ends, provided You have been insured for Optional Life Insurance for at least 5 continuous years; or
   • this Group Policy is amended to end all Optional Life Insurance for an eligible class of which You are a member, provided You have been insured for at least 5 continuous years; or

B. Your Optional Life Insurance is reduced:
   • on or after the date You attain age 60;
   • because You change from one eligible class to another; or
   • due to an amendment of this Group Policy.

If You opt not to convert a reduction in the amount of Your Optional Life Insurance as described above, You will not have the option to convert that amount at a later date.

A reduction in the amount of Your Optional Life Insurance as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

Application Period

If You opt to convert Your Optional Life Insurance for any of the reasons stated above, We must receive a completed conversion application form from You within 31 days after the date Your Optional Life Insurance ends or is reduced.

Option Conditions

The option to convert is subject to the following:

A. Our receipt within the Application Period of:
   • Your Written application for the new policy; and
   • the premium due for such new policy;

B. the premium rates for the new policy will be based on:
   • Our rates then in use;
   • the form and amount of insurance for which you apply;
   • Your class of risk; and
   • Your age;

C. the new policy may be on any form then customarily offered by Us excluding term insurance;

D. the new policy will be issued without an accidental death and dismemberment benefit, an accelerated benefit option, a waiver of premium benefit or any other rider or additional benefit; and

E. the new policy will take effect on the 32nd day after the date Your life insurance ends or is reduced; this will be the case regardless of the duration of the Application Period.
Maximum Amount of the New Policy

If Your Optional Life Insurance ends due to the end of this Group Policy or the amendment of this Group Policy to end all Optional Life Insurance for an eligible class of which You are a member, the maximum amount of insurance that You may elect for the new policy is the lesser of:

- the amount of Your Optional Life Insurance that ends under this Group Policy less the amount of Optional Life Insurance for which You become eligible under any group policy within 31 days after the date insurance ends under this Group Policy; or
- $10,000.

If Your Optional Life Insurance ends or is reduced due to the Policyholder’s organizational restructuring, the maximum amount of insurance that You may elect for the new policy is the amount of Your Optional Life Insurance that ends under this Group Policy less the amount of Optional Life Insurance for which You become eligible under any other group policy within 31 days after the date insurance ends under this Group Policy.

If Your Optional Life Insurance ends or is reduced for any other reason, the maximum amount of insurance that You may elect for the new policy is the amount of Your Optional Life Insurance which ends under this Group Policy.

ADDITIONAL PROVISIONS IF YOU DIE

If You Die Within 31 Days After Your Optional Life Insurance Ends Or Is Reduced

If You die within 31 days after Your Optional Life Insurance ends or is reduced by an amount You are entitled to convert, Proof of Your death must be sent to Us. When We receive such Proof with the claim, We will review the claim and if We approve it will pay the Beneficiary. The amount We will pay is the amount You were entitled to convert.

The amount You were entitled to convert will not be paid as insurance under both a new individual conversion policy and the Group Policy.
LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS

If Optional Dependent Life Insurance for a Dependent ends or is reduced for any of the reasons stated below, You or that Dependent will have the option to buy from Us an individual policy of life insurance on the life of the Dependent (“new policy”) during the Application Period in accordance with the conditions and requirements of this section. This is referred to as “the option to convert”. Evidence of the Dependent’s insurability will not be required.

When You or a Dependent Will Have the Option to Convert

You will have the option to convert Optional Dependent Life Insurance for a Dependent when:

A. Optional Dependent Life Insurance for the Dependent ends because:
   • You cease to be in an eligible class;
   • this Group Policy ends, provided You have been insured for Optional Dependent Life Insurance for the Dependent for at least 5 continuous years; or
   • this Group Policy is amended to end all Optional Dependent Life Insurance for Dependents for an eligible class of which You are a member, provided You have been insured for Optional Dependent Life Insurance for the Dependent for at least 5 continuous years; or

B. Optional Dependent Life Insurance for the Dependent is reduced:
   • on or after the date You attain age 60;
   • because You change from one eligible class to another; or
   • due to an amendment of this Group Policy.

A Dependent will have the option to convert when:

• Optional Dependent Life Insurance for such Dependent ends because that Dependent ceases to qualify as a Dependent as defined in this certificate, or
• You die.

If You opt not to convert a reduction in the amount of Optional Dependent Life Insurance for a Dependent, You will not have the option to convert that amount at a later date.

A reduction in the amount of Optional Dependent Life Insurance for a Dependent as a result of the payment of an accelerated benefit will not give rise to a right to convert under this section.

You must notify the Policyholder in the event that a Dependent ceases to qualify as a Dependent as defined in this certificate.

Application Period

If You or a Dependent opt to convert as stated above, We must receive a completed conversion application form within 31 days of the date Optional Dependent Life Insurance for the Dependent ends or is reduced.

Option Conditions

The option to convert is subject to the following:

A. Our receipt within the Application Period of:
   • a Written application for the new policy for the Dependent; and
   • the premium due for such new policy;
LIFE INSURANCE: CONVERSION OPTION FOR YOUR DEPENDENTS (continued)

B. the premium rates for the new policy will be based on:
   - Our rates then in use;
   - the form and amount of insurance which is applied for;
   - the Dependent’s class of risk; and
   - the Dependent's age;

C. the new policy may be on any form then customarily offered by Us excluding term insurance;

D. the new policy will be issued without an accidental death and dismemberment benefit, an accelerated benefit option, waiver of premium benefit or any other rider or additional benefit; and

E. the new policy will take effect on the 32nd day after the date Optional Dependent Life Insurance for the Dependent ends or is reduced; this will be the case regardless of the duration of the Application Period.

Maximum Amount of the New Policy

If Optional Dependent Life Insurance for a Dependent ends due to the end of this Group Policy or the amendment of this Group Policy to end all life insurance for Dependents for an eligible class of which You are a member, the maximum amount of insurance that may be elected for the new policy is the lesser of:

- the amount of Optional Dependent Life Insurance for the Dependent that ends under this Group Policy less the amount of Optional Dependent Life Insurance for Dependents for which You become eligible under any group policy within 31 days after the date insurance ends under this Group Policy; or
- $10,000.

If Optional Dependent Life Insurance for a Dependent ends or is reduced due to the Policyholder’s organizational restructuring, the maximum amount of insurance that may be elected for the new policy is the amount of Optional Dependent Life Insurance for the Dependent that ends under this Group Policy less the amount of life insurance for dependents for which You become eligible under any other group policy within 31 days after the date insurance ends under this Group Policy.

If Your Optional Life Insurance for a Dependent ends or is reduced for any other reason, the maximum amount of insurance that You may elect for the new policy is the amount of Your Optional Dependent Life Insurance for a Dependent that ends under this Group Policy.

ADDITIONAL PROVISIONS IF A DEPENDENT DIES

If a Dependent Dies Within the 31 Days After Optional Dependent Life Insurance for a Dependent Ends Or Is Reduced

If a Dependent dies within 31 days after the date Optional Life Insurance for the Dependent ends or is reduced by an amount eligible for conversion, Proof of the Dependent’s death must be sent to Us. When we receive such Proof with the claim, We will review the claim and if We approve it, will pay the Beneficiary. The amount We will pay is the amount that could have been converted.

The amount that could have been converted will not be paid as insurance under both a new individual conversion policy and the Group Policy.
You must pay the life insurance premium to be eligible for Voluntary Accidental Death and Dismemberment Insurance. An additional premium is required for Voluntary Accidental Death and Dismemberment Insurance.

If You or a Dependent sustain an accidental injury that is the Direct and Sole Cause of a Covered Loss described in the SCHEDULE OF BENEFITS, Proof of the accidental injury and Covered Loss must be sent to Us. When We receive such Proof We will review the claim. If We approve the claim, We will pay the insurance in effect on the date of the injury within 60 days of Our receipt of such proof.

**Direct and Sole Cause** means that the Covered Loss occurs within 90 days of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes. However, if the loss is due to quadriplegia, paraplegia, or hemiplegia, the Direct and Sole Cause means that the Covered Loss occurs within 365 days of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes.

We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

**PRESUMPTION OF DEATH**

You and/or a Dependent will be presumed to have died as a result of an accidental injury if the aircraft or other vehicle in which You and/or a Dependent were traveling disappears, sinks, or is wrecked and the body of the person who has disappeared is not found within 1 year.

**EXCLUSIONS (See notice page for residents of Missouri)**

We will not pay benefits under this section for any loss caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. infection, other than infection occurring in an external accidental wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury or any attempt to inflict such injuries;
5. full-time active duty is the armed forces of any country or international authority for more than 30 days, except the United States National Guard or Reserves active duty for training;
6. committing or attempting to commit a felony;
7. the voluntary intake or use by any means of:
   - any drug, medication or sedative, unless it is:
     - taken or used as prescribed by a Physician; or
     - an "over the counter" drug, medication or sedative taken as directed;
   - alcohol in combination with any drug, medication, or sedative; or
   - poison, gas, or fumes; or
8. war, whether declared or undeclared; or act of war, insurrection, rebellion; or
9. travel or flight in any vehicle or device for aerial navigation including boarding or alighting there from, while being used for experimental purposes (performing test flights as a pilot for or on behalf of American Airlines are covered under this Voluntary Accidental Death and Dismemberment coverage); or
   - while operating, learning to operate, or serving as a crewmember in an aircraft other than an aircraft owned or operated by or on behalf of American Airlines.
COMMON DISASTER

If You and Your Spouse are injured in the same accident and die within 365 days as a result of injuries in such accident, the Full Amount that we will pay for Your Spouse’s loss of life will be increased to equal the Full Amount payable for Your loss of life.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

For any other loss sustained by You, or for any loss sustained by a Dependent, We will pay benefits to You.

If You or a Dependent sustain more than one Covered Loss due to an accidental injury, the amount We will pay, on behalf of any such injured person, will not exceed the Full Amount.

We will pay benefits in one sum. Other modes of payment may be available upon request. For details call the toll free number shown on the Certificate of Insurance on page 1.

If You and any Dependent die within a 24 hour period, We will pay the Dependent’s Accidental Death and Dismemberment Insurance to the Beneficiary receiving payment of Your Accidental Death and Dismemberment Insurance including payment of any Additional Benefits, or We may pay Your estate. If a Beneficiary is a minor or is incompetent to receive payment, We will pay that person’s guardian.

APPLICABILITY OF PROVISIONS

The provisions set forth in this ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section apply to all Accidental Death and Dismemberment Insurance – Additional Benefit sections included in this certificate except as may otherwise be provided in such Additional Benefit sections.
VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: SEAT BELT USE

If You or a Dependent die as a result of an accidental injury, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit for loss of life under the VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
   - was in an accident while driving or riding as a passenger in a Passenger Car;
   - was wearing a Seat Belt which was properly fastened at the time of the accident; and
   - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

Passenger Car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

Seat Belt means any restraint device that:

- meets published United States Government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

BENEFIT AMOUNT

The Seat Belt Use benefit is an additional benefit equal to 20% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than $1,000 or more than $25,000.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

For loss of a Dependent’s life, We will pay benefits to You.

If no Beneficiary is available, We will pay according to the Beneficiary guidelines on pages 65 and 66.
ADDITIONAL BENEFIT: AIR BAG USE

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
   • was in an accident while driving or riding as a passenger in a Passenger Car equipped with an Air Bag(s);
   • was riding in a seat protected by an Air Bag;
   • was wearing a Seat Belt which was properly fastened at the time of the accident; and
   • died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the Passenger Car in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

Passenger Car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing.

Seat Belt means any restraint device that:
   • meets published United States government safety standards;
   • is properly installed by the car manufacturer; and
   • is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

Air Bag means an inflatable restraint device that:
   • meets published United States government safety standards;
   • is properly installed by the car manufacturer; and
   • is not altered after the installation.

BENEFIT AMOUNT

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than $1,000 or more than $10,000.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

For a loss of a Dependent's life, We will pay benefits to You.
ADDITIONAL BENEFIT: CHILD CARE

If You die as a result of an accidental injury, We will pay this additional Child Care benefit if:

1. We pay a benefit for loss of such person's life under the VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
   • on the date of death a Child was enrolled in a Child Care Center; or
   • within 12 months after the date of death a Child was enrolled in a Child Care Center.

Child Care Center means a facility that:

• is operated and licensed according to the law of the jurisdiction where it is located; and
• provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

BENEFIT AMOUNT

For each Child who qualifies for this benefit, We will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed:

• an annual maximum of $5,000; and
• an overall maximum of 12% of the Full Amount shown in the SCHEDULE OF BENEFITS.

In the event that both You and Your Spouse die such that each death would cause a payment to be made for a Child under this Additional Benefit, the following rules apply:

• the annual maximum will be 2 times the amount stated above;
• the overall maximum will be equal to the stated percentage applied to the sum of the Full Amounts shown in the SCHEDULE OF BENEFITS for both You and Your Spouse; and
• in no event will the amount paid under all Child Care benefits exceed the amount of Child Care charges incurred.

We will not pay for Child Care Center charges incurred after the date a Child attains age 12.

We may require Proof of the Child’s continued enrollment in a Child Care Center during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit quarterly when We receive Proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date You or Your Spouse die and there is no Child who could qualify for it, We will pay $1,000 to Your Beneficiary in one sum.
VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: CHILD EDUCATION

If You or Your Spouse die as a result of an accidental injury, We will pay this additional Child Education benefit if:

1. We pay a benefit for loss of such person's life under the VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that on the date of death a Child was:
   • enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or
   • at the 12th grade level and, within one year after the date of death, enrolls as a full-time student in an accredited college, university or vocational school.

BENEFIT AMOUNT

For each Child who qualifies for this benefit, We will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed:

- an academic year maximum of $10,000; and
- an overall maximum of 20% of the Full Amount shown in the SCHEDULE OF BENEFITS.

In the event that both You and Your Spouse die such that each death would cause a payment to be made for a Child under this Additional Benefit, the following rules apply:

- the academic year maximum will be 2 times the amount stated above;
- the overall maximum will be equal to the stated percentage applied to the sum of the Full Amounts shown in the SCHEDULE OF BENEFITS for both You and Your Spouse; and
- in no event will the amount paid under all Child Education benefits exceed the amount of tuition incurred.

We may require Proof of the Child’s continued enrollment as a full-time student during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

If this benefit is in effect on the date of death and there is no Child who could qualify for it, We will pay $1,000 to Your Beneficiary in one sum.
VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (continued)

ADDITIONAL BENEFIT: SPOUSE EDUCATION

If You die as a result of an accidental injury, We will pay this additional Spouse Education benefit if:

1. We pay a benefit for loss of life under the VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that:
   • on the date of Your death, Your Spouse was enrolled as a full-time student in an accredited school; or
   • within 12 months after the date of Your death, Your Spouse enrolls as a full-time student in an accredited school.

BENEFIT AMOUNT

We will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed:

• an academic year maximum of $5,000; and
• an overall maximum of 3% of the Full Amount shown in the SCHEDULE OF BENEFITS.

We may require Proof of the Spouse's continued enrollment as a full-time student during the period for which a benefit is claimed.

BENEFIT PAYMENT

We will pay this benefit semi-annually when We receive Proof that tuition charges have been paid. Payment will be made to the Spouse.

If this benefit is in effect on the date You die and there is no Spouse who could qualify for it, We will pay $1,000 to Your Beneficiary in one sum.
ADDITIONAL BENEFIT: HOSPITAL CONFINEMENT

Subject to the provisions of the VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, We will pay this additional benefit if:

1. We receive Proof that You or a Dependent are confined in a Hospital as a result of an accidental injury which is the Direct and Sole Cause of such confinement; and
2. this benefit is in effect on the date of the injury.

BENEFIT AMOUNT

We will pay an amount for each full month of Hospital Confinement equal to the lesser of:

- 1% of the Full Amount shown in the SCHEDULE OF BENEFITS; and
- $2,500.

We will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.

We will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

BENEFIT PAYMENT

Benefit payments will be made monthly. Payment will be made to You.
ADDITIONAL BENEFIT: COMMON CARRIER

If You or a Dependent die as a result of an accidental injury, We will pay this additional benefit if:

1. We pay a benefit for loss of life under the VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE section;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the injury resulting in the deceased’s death occurred while traveling in a Common Carrier.

BENEFIT AMOUNT

The Common Carrier Benefit is an amount equal to the Full Amount shown in the SCHEDULE OF BENEFITS.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

For a loss of a Dependent’s life, We will pay benefits to You.
FILING A CLAIM

CLAIMS FOR LIFE INSURANCE BENEFITS

When there has been the death of an insured person, notify the Benefits Department of the Allied Pilots Association or the Administrator to obtain a claimant statement form. For the purpose of this section, the Administrator is the party designated by the Policyholder to maintain certain records needed to administer the insurance provided under this certificate. Return the completed claimant statement form with the required Proof to the Administrator. The Administrator will certify Your insurance under the Group Policy and send the certified claimant statement form and Proof to Us.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time We make payment.
FILING A CLAIM

CLAIMS FOR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

When there has been a Covered Loss, notify the Benefits Department of the Allied Pilots Association or the Administrator. For the purpose of this section, the Administrator is the party designated by the Policyholder to maintain certain records needed to administer the insurance provided under this certificate. This notice should be given to the Administrator as soon as is reasonably possible but in any case within 20 days of the Covered Loss. The claim form will be sent to You or the beneficiary or beneficiaries of record.

The claim form should be completed and sent along with Proof of the Covered Loss to Us as instructed on the claim form. If You or the beneficiary have not received a claim form within 15 days of giving notice of the claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

The claimant must give us Proof no later than 90 days after the date of the Covered Loss.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice or Proof are given as soon as is reasonably possible.

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time We make payment.

Time Limit on Legal Actions. A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.
GENERAL PROVISIONS

Assignment

You may assign Your Optional Life Insurance rights and benefits under the Group Policy as a gift or as a viatical assignment. We will recognize the assignee(s) under such assignment as owner(s) of Your right, title and interest in the Group Policy if:

1. a Written form satisfactory to Us, affirming this assignment, has been completed;
2. the Written form has been Signed by You and the assignee(s);
3. the Policyholder acknowledges that Your Optional Life Insurance being assigned is in force on the life of the assignor; and
4. the Written form is delivered to Us for recording.

Viatical assignments may only be made after Your Life Insurance has been in effect under this certificate for 2 years. However, You may make a viatical assignment before the end of the 2 year period if You are Terminally Ill.

**Terminally Ill** means that You are expected to die within 24 months. As Proof of Your Terminal Illness You or Your legal representative must send Us a Signed Physician’s certification that You are Terminally Ill. We may also request an exam by a Physician of Our choice, at Our expense.

All other insurance under the Group Policy may not be assigned prior to a claim for benefits, except as required by law. We are not responsible for the validity of an assignment.

Beneficiary

You may designate a Beneficiary in Your application or enrollment form. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated, Written request to the Administrator using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to the Claims processor within 30 days of the date You Sign such request.

You do not need the Beneficiary’s consent to make a change. When the Administrator receives the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us before the change request was recorded.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If there is no Beneficiary designated or no surviving Beneficiary at Your death, We will determine the Beneficiary according to the following order:

1. Your Spouse, if alive;
2. Your child(ren), if there is no surviving Spouse;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

If no survivor, We will pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment.
GENERAL PROVISIONS (continued)

If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

For Your Life Insurance for Your Dependents, We will pay You as the Beneficiary if alive. If you are not alive, We will determine the Beneficiary according to the following order:

1. Your Spouse, if alive;
2. Your child(ren), if there is no surviving Spouse;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Any payment made in good faith will discharge our liability to the extent of such payment.

If You and any Dependent die within a 24 hour period, We will pay the Dependent's Life Insurance to the Beneficiary receiving payment of your Life Insurance or We may pay Your estate. If a Beneficiary or a payee is a minor or incompetent to receive payment, We will pay that person's guardian.

Suicide

For Optional Life Insurance

If You commit suicide within 2 years from the date Optional Life Insurance for You takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

If You commit suicide within 2 years from the date an increase in Your Optional Life Insurance takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

For Optional Dependent Life Insurance

If a Dependent commits suicide within 2 years from the date Optional Dependent Life Insurance for such Dependent takes effect, We will not pay such insurance and Our liability will be limited as follows:

- any premium paid by You will be returned to the Beneficiary; and
- any premium paid by the Policyholder will be returned to the Policyholder.

If a Dependent commits suicide within 2 years from the date an increase in Optional Dependent Life Insurance for such Dependent takes effect, We will pay to the Beneficiary the amount of Insurance in effect on the day before the increase. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the Policyholder for the increase will be returned to the Policyholder.

Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

1. the Group Policy and its Exhibits, which include the certificate(s);
2. the Policyholder's application; and
3. any amendments and/or endorsements to the Group Policy.
GENERAL PROVISIONS (continued)

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to contest insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. You have Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to You or Your Beneficiary.

For Life Insurance:

We will not use Your statements which relate to insurability to contest insurance after it has been in force for 2 years during Your life. In addition, We will not use such statements to contest a Life Insurance increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life.

For Accidental Death and Dismemberment Insurance:

We will not use Your statements which relate to insurability to contest Accidental Death and Dismemberment Insurance after it has been in force for 2 years during Your life, unless the statement is fraudulent. In addition, We will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years during Your life, unless the statement is fraudulent.

Misstatement of Age

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or premiums.

Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to so conform.

Physical Exams

If a claim is submitted for insurance benefits, We have the right to ask the insured to be examined as often as is reasonably necessary to process the claim and to

- be examined by a Physician(s) of Our choice; or
- undergo a functional capacity examination or any type of examination that would assist Us in the evaluation of Your claim.

We will pay the cost of such exam.

A functional capacity examination means a set of tests, practices and observations that are combined to determine Your ability to function in a variety of circumstances in an objective manner.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy.
THIS THE END OF THE CERTIFICATE.
THE FOLLOWING IS ADDITIONAL INFORMATION.
SUMMARY PLAN DESCRIPTION

THIS SUMMARY PLAN DESCRIPTION IS EXPRESSLY MADE PART OF THE ALLIED PILOTS ASSOCIATION TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN AND IS LEGALLY ENFORCEABLE AS PART OF THE PLAN WITH RESPECT TO ITS TERMS AND CONDITIONS. IN THE EVENT THERE IS NO OTHER PLAN DOCUMENT, THIS DOCUMENT SHALL SERVE AS A SUMMARY PLAN DESCRIPTION AND SHALL ALSO CONSTITUTE THE PLAN.

Required by the Employee Retirement Income Security Act of 1974, as amended.

Plan Name: ALLIED PILOTS ASSOCIATION GROUP TERM LIFE INSURANCE PLAN FOR EMPLOYEES AND RETIRED EMPLOYEES

Employer Identification Number: 13-1982245

Plan Number: 507

Plan Sponsor/Administrator:
Allied Pilots Association
O'Connell Building
14600 Trinity Boulevard, Suite 500
Fort Worth, TX 76155-2512
(800) 323-1470
(817) 302-2272

Administrator:
NGS Insurance Agency, Inc.
P.O. Box 830846
Richardson, TX 75083-0846
(800) 298-8793

Type, Administration and Funding Medium of Plan:
Welfare plan providing Life and Accidental Death and Dismemberment Insurance Coverage through a group insurance contract with MetLife.

Plan Year Ends: December 31

Plan Contributions: You pay the full cost of this Plan.
Agent for Services of Legal Process:
- For disputes arising under the Plan, services of legal process may be made upon the Plan sponsor:
  
  Allied Pilots Association
  O’Connell Building
  14600 Trinity Boulevard, Suite 500
  Fort Worth, TX  76155-2512

- For disputes arising under those portions of the Plan insured by MetLife, service of legal process may be made upon MetLife at one of its local offices or upon the supervisory office of the Insurance Department in the state in which You live.

Collective Bargaining Agent:
This Plan is maintained pursuant to an agreement between APA and the Allied Pilots Staff Employee Association.

Eligibility for Insurance; Description or Summary of Events:
Your MetLife certificate describes the eligibility requirement for insurance provided by MetLife under the Plan. It also includes a detailed description of the insurance provided by MetLife under the Plan.

Plan Benefits Provided by:
MetLife
1 Madison Avenue
New York, New York  10010

How to File a Claim:
See section entitled CLAIMS INFORMATION of this booklet.

CLAIMS INFORMATION
Procedures for Presenting Claims for Life and Accidental Death and Dismemberment Benefits
All claim forms needed to file for benefits under the Plan can be obtained from APA who will also be ready to answer questions about the insurance benefits and to assist You or, if applicable, the claimant in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully and please retain a copy of the information that You submit.

Routine Questions
If there is any question about a claim payment, an explanation may be requested from the Administrator who is usually able to provide the necessary information.

CLAIM SUBMISSION
In submitting claims for life and accidental death and dismemberment benefits (“Benefits”), the claimant must complete the appropriate claim form and submit the required proof as described in the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination
After MetLife receives Your claim for Benefits, MetLife will review Your claim and notify You of its decision to approve or deny Your claim.

Such notification will be provided to You within a reasonable period, not to exceed 30 days from the date We received Your claim, unless MetLife notifies You within that period that there are special circumstances requiring an extension of time of up to 30 additional days.
If MetLife denies Your claim in whole or in part, the notification of the claims decision will state the reason why Your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of Your right to bring a civil action if Your claim is denied after an appeal.

**Appeal Process for Denied Claims**

If a claim has been denied in whole or in part, You or, if applicable, Your Beneficiary can request a review of Your claim by MetLife. This request for review should be sent in Writing to Group Insurance Claims Review at the address of MetLife's office which processed the claim within 30 days after You or, if applicable, Your Beneficiary received notice of denial of the claim. When requesting a review, please state the reason You or, if applicable, Your Beneficiary believe the claim was improperly denied and submit in Writing any Written comments, documents, records or other information You or, if applicable, Your Beneficiary deem appropriate. Upon Your or, if applicable, Your Beneficiary's Written request, MetLife will provide You or, if applicable, Your Beneficiary free of charge with copies of relevant documents, records and other information.

MetLife will re-evaluate all the information, will conduct a full and fair review of the claim, and You or, if applicable, Your Beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date We received Your or, if applicable, Your Beneficiary's request for review, unless MetLife notifies You or, if applicable, Your Beneficiary within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send You or, if applicable, Your Beneficiary a final Written decision that states the reason(s) why the claim You or, if applicable, Your Beneficiary appealed is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of Your or, if applicable, Your Beneficiary’s right to bring a civil action if Your or, if applicable, Your Beneficiary’s claim is denied after an appeal. Upon Written request, MetLife will provide You or, if applicable, Your Beneficiary free of charge with copies of documents, records and other information relevant to Your claim.

Although the Plan does not have any voluntary alternative dispute resolution options, Federal regulations require the following statement:

“You and Your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact Your local U.S. Department of Labor office, or Your state insurance regulatory agency.”

After exhausting the Plan’s administrative claims and appeals process as contained in this section, You or Your authorized representative may bring a civil action under section 502(a) of ERISA for any benefit that is denied in whole or in part.

Nothing in this section shall preclude Your authorized representative from acting on Your behalf in pursuing a benefit claim or appeal of an adverse benefit determination. If Your authorized representative is not a lawyer, You will be required to provide Written confirmation that the representative is authorized to act on Your behalf.

**Return of Dividends, Premiums, or Reserves:**

Any dividends, and return of premiums or reserves, credited under the insurance are the property of the Contract Holder to the extent that aggregate dividends, and return of premiums or reserves, do not exceed aggregate contributions to the cost of the plan made by the Contract Holder from its own funds. The Contract Holder will see that an amount equal to the amount of the aggregate dividends under the group contract is applied for the benefit of insured persons.

**ERISA Rights:**

This section contains statements of Your rights under the Employee Retirement Income Security Act of 1974, as amended from time to time (ERISA). This legal notice follows the format provided by federal regulations and summarizes Your rights under the law.
As a Plan participant, You are entitled to certain rights and protections under ERISA. ERISA reaffirms Your right to receive this information.

All Plan participants in ERISA plans may:

(A) Examine all Plan documents, including insurance contracts, and copies of all documents filed with the U.S. Department of Labor, such as the annual report. These documents can be examined without charge in APA's office.

(B) Request in Writing from APA all Plan documents and other Plan information required to be provided to Plan participant under ERISA. APA may make a reasonable charge for the copies.

(C) Receive a summary of the Plan’s annual financial report. APA is required by law to furnish each Plan participant a copy of the summary annual report.

APA makes available for inspection, at no charge, all documents required by law, including a summary of the Plan's annual financial report. Additional information is also provided which may be helpful to You in making the best use of Your benefits.

No one, including Your employer, APA, or any other person, may fire You or otherwise discriminate against You in any way to prevent You from obtaining a benefit or exercising Your rights under ERISA. If Your claim for a benefit is denied in whole or in part, You must receive a Written explanation of the reason for the denial. You have the right to have the Plan review and reconsider Your claim. Under ERISA, there are steps You can take to enforce the above rights. For instance, if You request materials from the Plan and do not receive them within 30 days, You may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay You up to $110 per day until You receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If You have a claim for benefits that is denied or ignored, in whole or in part, You may file suit under ERISA. If it should happen that Plan Fiduciaries misuse the Plan's money or if You are discriminated against for asserting Your rights, You may seek assistance from the U.S. Department of Labor or You may file suit in a federal court. The court will decide who should pay court costs and legal fees. If You are successful, the court may order the person You have sued to pay these costs and fees, for example, if it finds Your claim is frivolous. If You have any questions about Your Plan, You should contact the Plan Administrator. If You have any questions about this statement or about Your rights under ERISA, You should contact the nearest Area Office of the Employee Benefits Services Administration of the U.S. Department of Labor-Management Services Administration, Department of Labor.

PLAN INTERPRETATION

In carrying out their respective responsibilities under the Plan, the APA and certain other Plan Fiduciaries, including, as applicable, the BRAB, shall have the discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to any Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious. Benefits under this Plan will be paid only if a Plan Fiduciary (e.g., the BRAB regarding benefit claim appeals) decides in its discretion, that the Plan Participant is entitled to them.

Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “Fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Fiduciary or Fiduciaries

The term “Fiduciary” or “Fiduciaries” means person(s) responsible for the operation of the Plan. A Plan Fiduciary may serve in more than one Fiduciary capacity with respect to the Plan. In addition, Plan Fiduciaries may delegate Fiduciary responsibilities (other than trustee responsibilities) to persons other than named Fiduciaries by a written instrument signed by the delegating Fiduciary and the delegatee. For example, the BRAB is a Plan Fiduciary.
Plan Termination or Changes:
Your certificate and the Group Policy set forth the situations in which APA and/or MetLife have the right to end the policy.

APA expects to continue this Plan indefinitely, but an unqualified commitment to continue this Plan without modification is not possible. Therefore, APA reserves the right to change, amend, or discontinue it any time, by Written action signed by the President of the Allied Pilots Association; provided, however that any termination or any amendment not required by law, must be approved, in Writing, by APA’s Board of Directors.

In the event Your Insurance ends in accord with the “Date Your Insurance Ends” and “Date Insurance For Your Dependent Ends” subsections of Your certificate, You may still be eligible to receive benefits. The circumstances under which benefits are available are described in Your MetLife certificate.

Plan Not A Contract:
The Plan shall not be deemed to constitute a contract between APA and any Plan participant or to be consideration or an inducement for the employment or membership of any Plan participant. Nothing contained in the Plan shall be deemed to give any Plan participant the right to be retained in the service or membership of APA, or to interfere with the right of APA to discharge or expel a Plan participant at any time, regardless of the effect which such discharge or expulsion shall have upon him as a Plan Participant.

Plan Funding Policy:
The Plan is funded entirely by participants’ contributions. Participants’ contributions are used to pay premiums to MetLife who pays benefits when they become due.

Management of Plan:
The Plan must be managed fairly and in the interest of the Plan participants. Whenever any discretionary action is required in administering the Plan, Plan Fiduciaries shall exercise their authority in a non-discriminatory manner so that all Plan participants similarly situated receive substantially the same treatment and so that no discretionary acts are taken that would be discriminatory under the Internal Revenue Code of 1986, as amended from time to time. No one may be discriminated against because of a disputed claim or due to the exercise of any rights under the law.

Currency:
All benefit payment from this Plan shall be made in the lawful currency of the United States of America.

Governing Law, Etc.:
The Plan shall be construed according to the laws of the State of Texas, except as otherwise provided by ERISA or other applicable Federal legislation. Headings of sections and subsections contained in this booklet are included solely for convenience of reference, and if there be any conflict between such headings and the text, the text shall control.

Address For Notices:
APA may give any notice required to be given to a Plan participant or any other person entitled to benefits under this Plan, by mailing or otherwise delivering such notice to such person at the address last furnished to APA.

Plan Expenses:
All eligible expenses of the Plan, unless paid by APA in its sole discretion, shall be paid out of the life insurance retention.

Reliance On Other Professionals:
APA may employ accountants, attorneys, consultants or other experts to render advise with respect to their Fiduciary responsibilities. MetLife may also do so at the direction of APA. APA may rely exclusively on all reports, valuations, tables, certifications, and opinions furnished by, or in accordance with the instructions of accountants, counsel, consultants, or other experts employed or engaged by APA.
**Obligations Of APA:**
The obligations of APA under the Plan shall be limited to those obligations specifically assumed by it under the terms of this booklet, together with such additional obligations, if any, as may be imposed upon APA by applicable law.

**Need Help?**
If You need further assistance, please contact:

**General Information:**
Allied Pilots Association
O’Connell Building
14600 Trinity Boulevard, Ste 500
Fort Worth Texas 76155-2512
(800) 323-1470
(817) 302-2272

**Specific Claims Information:**
NGS Insurance Agency, Inc.
P. O. Box 830846
Richardson, TX  75083-0846
(800) 298-8793
Supplementary ERISA Information For Legal Services

The ERISA information set forth above which pertains to Group Optional Life Insurance also applies to Legal Services – Will Preparation Benefit and Estate Resolution Benefit, except as noted below:

**Coverage**

Legal Services – Will Preparation Benefit and Estate Resolution Benefit

**Type of Administration**

Legal Services – Will Preparation Benefit and Estate Resolution Benefit is administered by Hyatt Legal Plans, Inc.

**Agent for Service of Legal Process**

For disputes arising under those portions of the Plan administered by Hyatt Legal Plans, Inc., service of legal process may be made upon Hyatt Legal Plans, Inc.

**Eligibility For Will Preparation Benefit and Estate Resolution Benefit - Description or Summary of Benefits**

Your MetLife Group Optional Life Insurance certificate describes the eligibility requirements for the Legal Services - Will Preparation Benefit and Estate Resolution Benefit under the Plan. It also includes a summary description of the benefit. For more detailed information, you may contact the provider, Hyatt Legal Plans, Inc. by phone at 1-800-821-6400.

**Plan Termination or Changes**

The Will Preparation Benefit and Estate Resolution Benefit is being provided by Hyatt Legal Plans, Inc. through an agreement between MetLife and Hyatt Legal Plans, Inc. and may be terminated at any time.

**Contributions**

No contribution is required for Legal Services – Will Preparation Benefit and Estate Resolution Benefit.

**Claims Information**

Claims information for Legal Services – Will Preparation Benefit and Estate Resolution Benefit may be obtained by contacting the provider, Hyatt Legal Plans, Inc.
For information about the Will Preparation Service and Estate Resolution Service, you may contact the provider, Hyatt Legal Plans, Inc. by phone.

Phone: 1-800-821-6400