



*Do well. Do right.®*

**Personal Plans**

**Your Group Accidental Death and  
Dismemberment Plan**

Underwritten by Unum Life Insurance Company of America

Guidestone Financial Resources of the Southern Baptist Convention



## CERTIFICATE OF COVERAGE

Unum Life Insurance Company of America (referred to as Unum) welcomes you as a client.

This is your certificate of coverage as long as you are eligible for coverage and you become insured. You will want to read it carefully and keep it in a safe place.

Unum has written your certificate of coverage in plain English. However, a few terms and provisions are written as required by insurance law. If you have any questions about any of the terms and provisions, please consult Unum's claims paying office. Unum will assist you in any way to help you understand your benefits.

If the terms and provisions of the certificate of coverage (issued to you) are different from the Summary of Benefits (issued to GuideStone Financial Resources of the Southern Baptist Convention), the Summary of Benefits will govern. The Summary of Benefits may be changed in whole or in part. Only an officer or registrar of Unum can approve a change. The approval must be in writing and endorsed on or attached to the Summary of Benefits. Any other person, including an agent, may not change the Summary of Benefits or waive any part of it.

The Summary of Benefits is delivered in and is governed by the laws of the governing jurisdiction.

For purposes of effective dates and ending dates under the group Summary of Benefits, all days begin at 12:01 a.m. and end at 12:00 midnight at GuideStone Financial Resources of the Southern Baptist Convention's address.

Unum Life Insurance Company of America  
2211 Congress Street  
Portland, Maine 04122

**The insurance Summary of Benefits under which this certificate is issued is not a policy of Workers' Compensation Insurance. You should consult your Employer to determine whether your Employer is a subscriber to the Workers' Compensation system.**

## IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Unum's toll-free telephone number for information or to make a complaint at:

**1-800-321-3889**

You may also write to Unum at:

Deborah J. Jewett, Manager  
Customer Relations  
Unum Life Insurance Company of America  
2211 Congress Street  
Portland, Maine 04122

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

**1-800-252-3439**

You may also write the Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
FAX: (512) 490-1007

Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)

E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance (TDI).

### ATTACH THIS NOTICE TO YOUR CERTIFICATE OF COVERAGE:

This notice is for information only and does not become a part or condition of the attached document.

## AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Unum's para obtener información o para presentar una queja al:

**1-800-321-3889**

Usted también puede escribir a Unum:

Deborah J. Jewett  
Gerente de Relaciones al  
Cliente  
Unum Life Insurance Company of America  
2211 Congress Street  
Portland, Maine 04122

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre de compañías, coberturas, derechos o quejas al:

**1-800-252-3439**

Usted puede escribir al Departamento de Seguros de Texas  
P.O. Box 149104  
Austin, TX 78714-9104  
FAX: (512) 490-1007

Web: [www.tdi.texas.gov](http://www.tdi.texas.gov)

E-mail: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

### DISPUTAS POR PRIMAS DE SUGUROS O RECLAMACIONES:

Si tiene una disputa relacionado con su prima de seguro con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa no es resuelta, puede comunicarse con el Departamento de Suguros de Texas(TDI).

### ADJUNTE ESTE AVISO A SU CERTIFICADO DE BENEFICIOS:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

## TABLE OF CONTENTS

BENEFITS AT A GLANCE -

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN .....B@G-AD&D-1

CLAIM INFORMATION -

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE.....AD&D-CLM-1

GENERAL PROVISIONS.....EMPLOYEE-1

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE -

BENEFIT INFORMATION .....AD&D-BEN-1

OTHER BENEFIT FEATURES.....AD&D-OTR-1

GLOSSARY .....GLOSSARY-1

# BENEFITS AT A GLANCE

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

This accidental death and dismemberment insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death or for you in the event of any other covered loss. The amount you or your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death or any other covered loss according to the terms and provisions of the plan. You also have the opportunity to have coverage for your dependents.

### ORIGINAL PLAN

**EFFECTIVE DATE:** April 1, 2014

### PLAN YEAR:

April 1, 2014 to January 1, 2015 and each following January 1 to January 1

### IDENTIFICATION

**NUMBER:** 552580 014 (Personal Plans)

### ELIGIBLE CLASS(ES):

#### Class 1

All full-time active employees earning wages from an Employer who has elected to participate in the Group Accidental Death & Dismemberment plan made available by or through GuideStone Financial Resources of the Southern Baptist Convention

#### Class 2

All Students in a Southern Baptist Seminary or Bible College in the United States affiliated or associated with the Southern Baptist Convention

#### Class 3

All Students in an approved Seminary or Bible College in the United States approved for participation in the Plan made available by or through GuideStone Financial Resources of the Southern Baptist Convention

#### Class 4

All Volunteers assigned by the North American Mission Board to serve in the Mission Service Corps in the United States

#### Class 5

All chaplains credentialed and endorsed by the North American Mission Board in the United States and not eligible for other group Accidental Death & Dismemberment coverage

#### Class 6

All Vocational Evangelists in the United States who meet the criteria for eligibility established by GuideStone Financial Resources of the Southern Baptist Convention

For Class 1 employees, certain terms and conditions apply if you are working outside of the United States:

- Subject to the terms and conditions in this accidental death and dismemberment insurance plan, Unum will continue accidental death and dismemberment coverage for all active full-time employees working outside the United States who are earning wages from an Employer who had elected to participate in the Group plan made available by or through GuideStone Financial Resources of the Southern Baptist Convention prior to January 1, 2008.
- Subject to the terms and conditions in this accidental death and dismemberment insurance plan, Unum will continue accidental death and dismemberment coverage for all active full-time employees working outside the United States who are earning wages from an Employer who had elected to participate in the Group plan made available by or through GuideStone Financial Resources of the Southern Baptist Convention on or after January 1, 2008, excluding employees working in Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor,

Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan, and Yemen. Coverage will not be extended in these locations.

**MINIMUM HOURS REQUIREMENT:**

You must be working at least 20 hours per week.

**WAITING PERIOD:**

As specified by your Employer

**REHIRE:**

As specified by your Employer

**WHO PAYS FOR THE COVERAGE:**

**For You:**

Your accidental death and dismemberment plan may be 100% contributory, 100% non-contributory or a combination as selected by your Employer.

**For Your Dependents:**

Your dependent accidental death and dismemberment plan may be 100% contributory, 100% non-contributory or a combination as selected by your Employer.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:**

**AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU (FULL AMOUNT)**

Amounts in \$25,000 benefit units as applied for by you

**AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED**

On January 1st, on or following your 65th birthday, your total amount of AD&D insurance will reduce to the greater of:

- 65% of your amount of AD&D insurance in force, rounded to the next higher multiple of \$1,000, if not already an exact multiple thereof; or
- \$25,000

If your total amount of AD&D insurance is less than \$25,000, your amount will not reduce.

Your coverage terminates at retirement.

**MINIMUM BENEFIT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU:**

\$25,000

**MAXIMUM BENEFIT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOU:**

As specified by your Employer, not to exceed \$500,000



**AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR YOUR DEPENDENTS (FULL AMOUNT)**

**Spouse:**

50% of your amount of insurance.

THE AMOUNT OF YOUR SPOUSE'S AD&D INSURANCE WILL REDUCE BY THE SAME PERCENTAGE AND AT THE SAME TIME YOUR AD&D INSURANCE REDUCES.

**REPATRIATION BENEFIT FOR YOU AND YOUR DEPENDENTS**

Maximum Benefit Amount:

Up to \$5,000

The Repatriation Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Repatriation Benefit, your or your dependent's accidental death benefit must be paid first.

**SEATBELT(S) AND AIR BAG BENEFIT FOR YOU AND YOUR DEPENDENTS**

Benefit Amount:

Seatbelt(s): 10% of the Full Amount of your or your dependent's accidental death and dismemberment insurance benefit.

Air Bag: 5% of the Full Amount of your or your dependent's accidental death and dismemberment insurance benefit.

Maximum Benefit Payment:

Seatbelt(s): \$25,000

Air bag: \$5,000

The Seatbelt(s) and Air Bag Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Seatbelt(s) and Air Bag Benefit, your or your dependents accidental death benefit must be paid first.

**EDUCATION BENEFIT**

Each Qualified Child

Benefit Amount per Academic Year for which a Qualified Child is enrolled:

6% of the Full Amount of the employee's accidental death and dismemberment insurance to a maximum of \$6,000.

Maximum Benefit Payments:

4 per lifetime

Maximum Benefit Amount:

\$24,000

Maximum Benefit Period:

6 years from the date the first benefit payment has been made.

The Education Benefit is separate from any accidental death and dismemberment benefit which may be payable. In order for your Qualified Child to receive the Education Benefit, your accidental death benefit must be paid first.

**EXPOSURE AND DISAPPEARANCE BENEFIT FOR YOU AND YOUR DEPENDENTS**

Maximum Benefit Amount:                      The Full Amount

**SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.**

Continuity of Coverage is available under this plan - refer to the **ACCIDENTAL DEATH AND DISMEMBERMENT OTHER BENEFIT FEATURES** for further details.

**The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.**

## CLAIM INFORMATION

### ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

#### ***WHEN DO YOU OR YOUR AUTHORIZED REPRESENTATIVE NOTIFY UNUM OF A CLAIM?***

We encourage you or your authorized representative to notify us as soon as possible, so that a claim decision can be made in a timely manner.

If a claim is based on death or other covered loss, written notice and proof of claim must be sent no later than 90 days after the date of death or the date of any other covered loss.

If a claim is based on the Education Benefit, written notice and proof of claim must be sent no later than 60 days after the date of your death.

If it is not possible to give proof within these time limits, it must be given no later than 1 year after the time proof is required as specified above. These time limits will not apply during any period you or your authorized representative lacks the legal capacity to give us proof of claim.

The claim form is available from GuideStone Financial Resources, or you or your authorized representative can request a claim form from us. If you or your authorized representative does not receive the form from Unum within 15 days of your request, send Unum written proof of claim without waiting for the form.

#### ***HOW DO YOU FILE A CLAIM FOR A COVERED LOSS?***

You or your authorized representative and your Employer must fill out your own sections of the claim form and then give it to your attending physician. Your physician should fill out his or her section of the form and send it directly to Unum.

#### ***WHAT INFORMATION IS NEEDED AS PROOF OF CLAIM?***

If claim is based on death or other covered loss, proof of claim for death or covered loss, provided at your or your authorized representative's expense, must show:

- the cause of death or covered loss;
- the extent of the covered loss;
- the date of covered loss; and
- the name and address of any **hospital or institution** where treatment was received, including all attending **physicians**.

Also, in case of death, a certified copy of the death certificate must be given to us.

In some cases, you will be required to give Unum authorization to obtain additional medical and non-medical information as part of your proof of claim. Unum will deny your claim if the appropriate information is not submitted.

If a claim is based on the Education Benefit, proof of claim, provided at your authorized representative's expense, must show:

- the date of enrollment of your qualified child in an accredited post-secondary institution of higher learning;
- the name of the institution;
- a list of courses for the current academic term; and
- the number of credit hours for the current academic term.

### **WHEN CAN UNUM REQUEST AN AUTOPSY?**

In the case of death, Unum will have the right and opportunity to request an autopsy where not forbidden by law.

### **HOW DO YOU DESIGNATE OR CHANGE A BENEFICIARY? (Beneficiary Designation)**

At the time you become insured, you should name a beneficiary on your enrollment form for your death benefits under your accidental death and dismemberment insurance. You may change your beneficiary at any time by filing a form approved by Unum with GuideStone Financial Resources. The new beneficiary designation will be effective as of the date you sign that form. However, if we have taken any action or made any payment before GuideStone Financial Resources receives that form, that change will not go into effect.

It is important that you name a beneficiary and keep your designation current. If more than one beneficiary is named and you do not designate their order or share of payments, the beneficiaries will share equally. The share of a beneficiary who dies before you, or the share of a beneficiary who is disqualified, will pass to any surviving beneficiaries in the order you designated.

If you do not name a beneficiary, or if all named beneficiaries do not survive you, or if your named beneficiary is disqualified, your death benefit will be paid to your estate.

Instead of making a death payment to your estate, Unum has the right to make payment to the first surviving family members of the family members in the order listed below:

- spouse;
- child or children;
- mother or father; or
- sisters or brothers.

If we are to make payments to a beneficiary who lacks the legal capacity to give us a release, Unum may pay up to \$2,000 to the person or institution that appears to have assumed the custody and main support of the beneficiary. Also at Unum's option, we may pay up to \$1,000 to the person or persons who, in our opinion, have incurred expenses for your last sickness and death. These payments made in good faith satisfy Unum's legal duty to the extent of any such payments and reduces the remaining benefit payable by Unum.

### **HOW WILL UNUM MAKE PAYMENTS?**

If your or your dependent's accidental death and dismemberment claim is at least \$10,000 and you or your beneficiary meet GuideStone's eligibility requirements for personal investment accounts, you or your beneficiary may elect to have Unum

make payment by making the funds available to a personal investment account through GuideStone Funds in the name of the beneficiary. Unum only guarantees that the funds will be paid to the personal investment account but does not manage or guarantee the investment performance of the account. The funds in the personal investment account may be accessed by writing a check in a single sum or checks in smaller sums.

If:

- the accidental death or dismemberment claim is less than \$10,000, or
- you or your beneficiary do not meet GuideStone's eligibility requirements for personal investment accounts, or
- you or your beneficiary elect not to have Unum make payment through a personal investment account,

Unum will pay in one lump sum to you or your beneficiary.

The Education Benefit will be paid to your qualified child or the qualified child's legal representative.

If you do not survive your spouse, and dependent accidental death and dismemberment coverage is continued, then your surviving spouse's death claim will be paid to your surviving spouse's beneficiary.

All other benefits will be paid to you.

#### ***WHAT HAPPENS IF UNUM OVERPAYS YOUR CLAIM?***

Unum has the right to recover any overpayments due to:

- fraud; and
- any error Unum makes in processing a claim.

You must reimburse us in full. We will determine the method by which the repayment is to be made.

Unum will not recover more money than the amount we paid you.

#### ***WHAT ARE YOUR ASSIGNABILITY RIGHTS FOR THE DEATH BENEFITS UNDER YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFITS? (Assignability Rights)***

The rights provided to you by the plan(s) for accidental death insurance benefits are owned by you, unless:

- you have previously assigned these rights to someone else (known as an "assignee"); or
- you assign your rights under the plan(s) to an assignee.

We will recognize an assignee as the owner of the rights assigned only if:

- the assignment is in writing, signed by you, and acceptable to us in form; and
- a signed or certified copy of the written assignment has been received and registered by us at our home office.

We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the plan(s) provisions before receiving and registering an assignment.

## **GENERAL PROVISIONS**

### ***WHAT IS THE CERTIFICATE OF COVERAGE?***

This certificate of coverage is a written statement prepared by Unum and may include attachments. It tells you:

- the coverage for which you may be entitled;
- to whom Unum will make a payment; and
- the limitations, exclusions and requirements that apply within a plan.

### ***WHEN ARE YOU ELIGIBLE FOR COVERAGE?***

The date you are eligible for coverage is the later of:

- the plan effective date; or
- the day after you complete your **waiting period**, if any.

### ***WHEN DOES YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE COVERAGE BEGIN?***

Your accidental death and dismemberment plan may be 100% contributory, 100% non-contributory or a combination as selected by your Employer.

When your Employer pays 100% of the cost of your coverage under a plan, you will be covered at 12:01 a.m. on the date you are eligible for coverage.

When you and your Employer share the cost of your coverage under a plan or when you pay 100% of the cost yourself, you will be covered at 12:01 a.m. on the date you apply for insurance.

### ***WHEN CAN YOU APPLY FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE COVERAGE IF YOU APPLY AFTER YOUR ELIGIBILITY DATE?***

You can apply for accidental death and dismemberment insurance coverage as specified by your Employer.

Coverage will begin at 12:01 a.m. on the date you apply for coverage.

### ***WHAT IF YOU ARE ABSENT FROM WORK ON THE DATE YOUR COVERAGE WOULD NORMALLY BEGIN?***

If you are absent from work due to **injury, sickness** or leave of absence, your coverage will begin on the date you return to **active employment**.

### ***ONCE YOUR COVERAGE BEGINS, WHAT HAPPENS IF YOU ARE NOT WORKING DUE TO INJURY OR SICKNESS?***

If you are not working due to injury or sickness, are not totally disabled, and if premium is paid, you may continue to be covered for up to nine (9) months.

## ***ONCE YOUR COVERAGE BEGINS, WHAT HAPPENS IF YOU BECOME "TOTALLY DISABLED"?***

If you become **totally disabled** prior to age 60, and have been unable to work for nine (9) months, you may qualify for continuation of coverage provided by GuideStone Financial Resources of the Southern Baptist Convention. Accidental death and dismemberment insurance coverage for you and your spouse would be continued during the period of total disability without cost to you. This coverage, provided by GuideStone Financial Resources of the Southern Baptist Convention, for which contributions are not required, would end on the January 1 following the date you reach age 70, unless you were approved for a premium waiver benefit for your GuideStone coverage prior to January 1, 1999. If your premium waiver benefit ceases and you want your coverage to continue, you must resume making monthly payments within 31 days of notification of intent to terminate coverage.

## ***ONCE YOUR COVERAGE BEGINS, WHAT HAPPENS IF YOU ARE TEMPORARILY NOT WORKING?***

If you are on a **leave of absence**, and if premium is paid, you will be covered through the end of the twelfth month that immediately follows the month in which your leave of absence begins.

## ***WHEN WILL CHANGES TO YOUR COVERAGE TAKE EFFECT?***

Once your coverage begins, any increased or additional coverage due to a plan change will take effect immediately.

If you are not in active employment, any increased or additional coverage will begin on the date you return to active employment.

Any decrease in coverage will take effect immediately but will not affect a **payable claim** that occurs prior to the decrease.

## ***WHEN DOES YOUR COVERAGE END?***

Your coverage under the Summary of Benefits or a plan ends on the earliest of:

- the date the Summary of Benefits or a plan is cancelled;
- the date you no longer are in an eligible class;
- the date you retire;
- the date your eligible class is no longer covered;
- the last day of the period for which any required contributions are made; or
- the last day you are in active employment unless continued due to a leave of absence or due to an injury or sickness, as described in this certificate of coverage.

Unum will provide coverage for a payable claim which occurs while you are covered under the Summary of Benefits or plan.

## ***WHEN ARE YOU ELIGIBLE TO ELECT DEPENDENT COVERAGE?***

If you elect coverage for yourself or are insured under the plan, you are eligible to elect dependent coverage for your spouse (to the extent available).



### ***WHEN IS YOUR DEPENDENT ELIGIBLE FOR COVERAGE?***

The date your dependent is eligible for coverage is the later of:

- the date your insurance begins; or
- the date you first acquire a dependent.

### ***WHAT DEPENDENTS ARE ELIGIBLE FOR COVERAGE?***

Your dependent spouse is eligible for coverage under the plan:

- Spouse is defined as a person of the opposite sex to whom you are married at the relevant time by a religious or civil ceremony effective under the laws of the state in which the marriage was contracted. You may not cover your spouse as a dependent if your spouse is enrolled for coverage as an employee through the same Employer.

### ***WHEN DOES YOUR DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE COVERAGE BEGIN?***

Your dependent accidental death and dismemberment plan may be 100% contributory, 100% non-contributory or a combination as selected by your Employer.

When your Employer pays 100% of the cost of your dependent coverage under a plan, your dependent will be covered at 12:01 a.m. on the date your dependent is eligible for coverage.

When you and your Employer share the cost of your dependent coverage under a plan or when you pay 100% of the cost yourself, your dependent will be covered at 12:01 a.m. on the date you apply for dependent insurance.

### ***WHEN CAN YOU APPLY FOR DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE COVERAGE IF YOU APPLY AFTER YOUR DEPENDENTS' ELIGIBILITY DATE?***

You can apply for dependent coverage as specified by your Employer. Dependent coverage will begin at 12:01 a.m. on the date you apply for dependent coverage.

### ***WHAT IF YOUR DEPENDENT IS TOTALLY DISABLED ON THE DATE YOUR DEPENDENT'S COVERAGE WOULD NORMALLY BEGIN?***

If your eligible dependent is **totally disabled**, your dependent's coverage will begin on the date your eligible dependent no longer is totally disabled.

### ***WHEN WILL CHANGES TO YOUR DEPENDENT'S COVERAGE TAKE EFFECT?***

Once your dependent's coverage begins, any increased or additional dependent coverage due to a plan change will take effect on the date the plan change occurs provided your dependent is not totally disabled. You must be in active employment or on a leave of absence.

If you are not in active employment, any increased or additional dependent coverage due to a plan change will begin on the date you return to active employment.

If your dependent is totally disabled, any increased or additional dependent coverage will begin on the date your dependent is no longer totally disabled.

Any decrease in coverage will take effect immediately but will not affect a payable claim that occurs prior to the decrease.

### ***WHEN DOES YOUR DEPENDENT'S COVERAGE END?***

Your dependent's coverage under the Summary of Benefits or a plan ends on the earliest of:

- the date the Summary of Benefits or a plan is cancelled;
- the date you no longer are in an eligible class;
- the date your eligible class is no longer covered;
- the date you retire.
- the date of your death;
- the last day of the period for which any required contributions are made; or
- the last day you are in active employment unless continued due to a leave of absence or due to an injury or sickness, as described in this certificate of coverage.

Coverage for your dependent will end on the earliest of:

- the date your coverage under a plan ends;
- the date your dependent ceases to be an eligible dependent;
- the date of divorce or annulment.

Unum will provide coverage for a payable claim which occurs while your dependent is covered under the Summary of Benefits or plan.

### ***WHAT ARE THE TIME LIMITS FOR LEGAL PROCEEDINGS?***

You or your authorized representative can start legal action regarding a claim 60 days after proof of claim has been given and up to 3 years from the time proof of claim is required, unless otherwise provided under federal law.

### ***HOW CAN STATEMENTS MADE IN YOUR APPLICATION FOR THIS COVERAGE BE USED?***

Unum considers any material statements you, your Employer or GuideStone Financial Resources of the Southern Baptist Convention make in signed application for coverage a representation and not a warranty. If any of the material statements you, your Employer or GuideStone Financial Resources of the Southern Baptist Convention make are not complete and/or not true at the time they are made, we can:

- reduce or deny any claim; or
- cancel your coverage from the original effective date.

As a basis for doing this, we will use only statements made in an application signed by the Employer or GuideStone Financial Resources of the Southern Baptist Convention, or an application signed by you, a copy of which has been given to you or your beneficiary, if any.

Except in the case of fraud, Unum can take action only in the first 2 years coverage is in force.

If the Employer or GuideStone Financial Resources of the Southern Baptist Convention gives us information about you that is incorrect, we will:

- use the facts to decide whether you have coverage under the plan and in what amounts; and
- make a fair adjustment of the premium.

***HOW WILL UNUM HANDLE INSURANCE FRAUD?***

Unum wants to ensure you, your Employer and GuideStone Financial Resources of the Southern Baptist Convention do not incur additional insurance costs as a result of the undermining effects of insurance fraud. Unum promises to focus on all means necessary to support fraud detection, investigation, and prosecution.

It is a crime if you knowingly, and with intent to injure, defraud or deceive Unum, or provide any information, including filing a claim, that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in denial of your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. Unum will pursue all appropriate legal remedies in the event of insurance fraud.

***DOES THE SUMMARY OF BENEFITS REPLACE OR AFFECT ANY WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE?***

The Summary of Benefits does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.

***DOES GUIDESTONE FINANCIAL RESOURCES OF THE SOUTHERN BAPTIST CONVENTION ACT AS UNUM'S AGENT?***

For the purposes of this Summary of Benefits, under no circumstances will GuideStone Financial Resources of the Southern Baptist Convention be deemed the agent of Unum.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## BENEFIT INFORMATION

### ***WHEN WILL YOUR BENEFICIARY RECEIVE PAYMENT IN THE EVENT OF YOUR DEATH IF YOUR DEATH IS THE DIRECT RESULT OF AN ACCIDENT?***

Your beneficiary(ies) will receive payment when Unum approves your death claim providing you meet certain conditions.

### ***WHEN WILL YOU RECEIVE PAYMENT IN THE EVENT OF YOUR DEPENDENT'S DEATH IF YOUR DEPENDENT'S DEATH IS THE DIRECT RESULT OF AN ACCIDENT?***

You will receive payment when Unum approves the death claim for your dependent providing certain conditions are met.

### ***WHAT DOCUMENTS ARE REQUIRED FOR PROOF OF ACCIDENTAL DEATH?***

Unum will require a certified copy of the death certificate, enrollment documents and a Notice and Proof of Claim form.

### ***WHEN WILL YOU RECEIVE PAYMENT IN THE EVENT OF CERTAIN OTHER COVERED LOSSES IF THE LOSS IS THE DIRECT RESULT OF AN ACCIDENT?***

You will receive payment when Unum approves the claim.

### ***HOW MUCH WILL UNUM PAY YOUR BENEFICIARY IN THE EVENT OF YOUR ACCIDENTAL DEATH OR YOU FOR YOUR DEPENDENT'S ACCIDENTAL DEATH OR FOR CERTAIN OTHER COVERED LOSSES?***

If Unum approves the claim, Unum will determine the payment according to the Covered Losses and Benefits List below. The benefit Unum will pay is listed opposite the corresponding covered loss.

The benefit will be paid only if an **accidental bodily injury** results in one or more of the covered losses listed below within 365 days from the date of the accident.

Also, the accident must occur while you or your dependent is insured under the plan.

<b><u>Covered Losses</u></b>	<b><u>Benefit Amounts</u></b>
Life	The Full Amount
Both Hands or Both Feet or Sight of Both Eyes	The Full Amount
One Hand and One Foot	The Full Amount
One Hand and Sight of One Eye	The Full Amount

One Foot and Sight of One Eye	The Full Amount
Speech and Hearing	The Full Amount
One Hand or One Foot	One Half The Full Amount
Sight of One Eye	One Half The Full Amount
Speech or Hearing	One Half The Full Amount
Thumb and Index Finger of Same Hand	One Quarter The Full Amount

The most Unum will pay for any combination of Covered Losses from any one accident is the full amount.

The Full Amount is the amount shown in the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE "**BENEFITS AT A GLANCE**" page.

#### ***WHAT REPATRIATION BENEFIT WILL UNUM PROVIDE?***

Unum will pay an additional benefit for the preparation and transportation of your or your dependent's body to a mortuary chosen by you or your authorized representative. Payment will be made if, as the result of a covered accident, you or your dependent suffers loss of life at least 100 miles away from your or your dependent's principal place of residence.

However, when combined with two or more Unum accidental death and dismemberment insurance plans, the combined overall maximum for these plans together cannot exceed the actual expenses for the preparation and transportation of your or your dependent's body to a mortuary.

The maximum benefit amount is shown in the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE "**BENEFITS AT A GLANCE**" page.

#### ***WHAT SEATBELT(S) AND AIR BAG BENEFIT WILL UNUM PROVIDE?***

Unum will pay you or your authorized representative an additional benefit if you or your dependent sustains an accidental bodily injury which causes your or your dependent's death while you or your dependent is driving or riding in a **Private Passenger Car**, provided:

For Seatbelt(s):

- the Private Passenger Car is equipped with seatbelt(s); and
- the seatbelt(s) were in actual use and properly fastened at the time of the covered accident; and
- the position of the seatbelt(s) are certified in the official report of the covered accident, or by the investigating officer. A copy of the police accident report must be submitted with the claim.

Also, if such certification is not available, and it is clear that you or your dependent was properly wearing seatbelt(s), then we will pay the additional seatbelt benefit.

However, if such certification is not available, and it is unclear whether you or your dependent was properly wearing seatbelt(s), then we will pay a fixed benefit of \$1,000.

An automatic harness seatbelt will not be considered properly fastened unless a lap belt is also used.

For Air Bag:

- the Private Passenger Car is equipped with an air bag for the seat in which you or your dependents are seated; and
- the seatbelt(s) must be in actual use and properly fastened at the time of the covered accident.

No benefit will be paid if you or your dependent is the driver of the Private Passenger Car and does not hold a current and valid driver's license.

No benefit will be paid if Unum is able to verify that the air bag(s) had been disengaged prior to the accident.

The accident causing your or your dependent's death must occur while you or your dependent is insured under the plan.

The maximum benefit amount is shown in the ACCIDENTAL DEATH AND DISMEMBERMENT "**BENEFITS AT A GLANCE**" page.

### ***WHAT EDUCATION BENEFIT WILL UNUM PROVIDE FOR YOUR QUALIFIED CHILDREN?***

Unum will pay your authorized representative on behalf of each of your qualified children a lump sum payment if:

- you lose your life:
  - as a result of an accidental bodily injury; and
  - within 365 days after the date of the accident causing the accidental bodily injury;
- the accident causing your accidental bodily injury occurred while you were insured under the plan;
- proof is furnished to Unum that the child is a **qualified child**; and
- the qualified child continues to be enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level.

The benefit amount per academic year, maximum benefit payments, maximum benefit amount and maximum benefit period are shown in the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE "**BENEFITS AT A GLANCE**" page.

### ***WHEN WILL THE EDUCATION BENEFIT END FOR EACH QUALIFIED CHILD?***

The education benefit will terminate for each qualified child on the earliest of the following dates:

- the date your qualified child fails to furnish proof as required by us;

- the date your qualified child no longer qualifies as a dependent child for any reason except your death; or
- the end of the maximum benefit period.

***WHAT COVERAGE FOR EXPOSURE AND DISAPPEARANCE BENEFIT WILL UNUM PROVIDE?***

Unum will pay a benefit if you or your dependent sustains an accidental bodily injury and are unavoidably exposed to the elements and suffer a loss.

We will presume you or your dependent suffered loss of life due to an accident if:

- you or your dependent are riding in a common public passenger carrier that is involved in an accident covered under the Summary of Benefits; and
- as a result of the accident, the common public passenger carrier is wrecked, sinks, is stranded, or disappears; and
- your or your dependent's body is not found within 1 year of the accident.

Also, the accident must occur while you or your dependent is insured under the plan.

The maximum benefit amount is shown in the ACCIDENTAL DEATH AND DISMEMBERMENT "**BENEFITS AT A GLANCE**" page.

***WHAT ACCIDENTAL LOSSES ARE NOT COVERED UNDER YOUR PLAN?***

Your plan does not cover any accidental losses caused by, contributed to by, or resulting from:

- suicide, self destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while sane, or self-inflicted injury while insane.
- active participation in a riot.
- an attempt to commit or commission of a crime.
- the use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's physician. This exclusion will not apply to you or your dependent if the chemical substance is ethanol.
- disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.
- being **intoxicated**.
- bacterial infection. This exclusion does not apply to you or your dependent when the bacterial infection is due directly to an accidental cut or wound.
- war, declared or undeclared, or any act of war.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### OTHER BENEFIT FEATURES

#### ***WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT WHEN YOUR EMPLOYER CHANGES GROUP INSURANCE CARRIERS TO UNUM? (CONTINUITY OF COVERAGE)***

Unum will provide coverage for you and your dependent(s) if you and your dependent(s) are covered by the prior policy on the day before the effective date of this Summary of Benefits, and if you would be eligible for coverage under this Summary of Benefits if you were in active employment on the effective date of this Summary of Benefits.

If you are on a covered leave of absence on the effective date of this Summary of Benefits, we will consider your leave of absence to have started on that date, and coverage for you and your dependent(s) under this provision will continue for the leave of absence period provided in this Summary of Benefits, or the leave of absence period remaining under the prior policy on the effective date of this Summary of Benefits, whichever period is shorter

If you are absent from work due to injury or sickness on the effective date of this Summary of Benefits, then coverage under this provision will continue until the earliest of the date:

- you are no longer injured or sick,
- you return to active employment,
- you are approved for a disability extension of benefits or accrued liability under the prior policy, including premium waiver, or
- your employment ends.

Also, if you incur a covered loss but are not in active employment under this Summary of Benefits, any benefits payable under this Summary of Benefits will be limited to the amount that would have been paid by the prior carrier. Unum will reduce your payment by any amount for which the prior carrier is liable.

Coverage for you and your dependent(s) are subject to payment of required premium and all other terms of this Summary of Benefits.



## GLOSSARY

**ACCIDENTAL BODILY INJURY** means bodily harm caused solely by external, violent and accidental means and not contributed to by any other cause.

**ACTIVE EMPLOYMENT** means you are working for your Employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation or you are in Southern Baptist Service. You must be working at least the minimum number of hours as described under Eligible Class(es) in each plan.

Your work site must be:

- your Employer's usual place of business;
- an alternative work site at the direction of your Employer, including your home; or
- a location to which your job requires you to travel.

Normal vacation is considered active employment.  
Temporary and seasonal workers are excluded from coverage.

**ACTIVITIES OF DAILY LIVING** means:

- Bathing - the ability to wash oneself either in the tub or shower or by sponge bath with or without equipment or adaptive devices.
- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
- Toileting - the ability to get to and from and on and off the toilet; to maintain a reasonable level of personal hygiene, and to care for clothing.
- Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- Continence - the ability to either:
  - voluntarily control bowel and bladder function; or
  - if incontinent, be able to maintain a reasonable level of personal hygiene.
- Eating - the ability to get nourishment into the body.

A person is considered unable to perform an activity of daily living if the task cannot be performed safely without another person's stand-by assistance or verbal cueing.

**COGNITIVELY IMPAIRED** means a person has a deterioration or loss in intellectual capacity resulting from injury, sickness, advanced age, Alzheimer's disease or similar forms of irreversible dementia and needs another person's assistance or verbal cueing for his or her own protection or for the protection of others.

**EMPLOYEE** means a person who regularly provides personal services at the Employee's usual and customary place of employment with the Employer or at any other place that the Employer's business requires the Employee to go. The person must be duly recorded as an Employee on the payroll records of the Employer and is compensated for such services by salary or wages.

**EMPLOYER** means a church or ministry organization that is eligible to utilize products and services made available by or through GuideStone Financial Resources of the Southern Baptist Convention or its successor.

**GRACE PERIOD** means the period of time following the premium due date during which premium payment may be made.

**GUIDESTONE FINANCIAL RESOURCES OF THE SOUTHERN BAPTIST CONVENTION** means the Applicant named in the Application for Participation in the Select Group Insurance Trust, on the first page of this Summary of Benefits and in all amendments.

**HOSPITAL OR INSTITUTION** means an accredited facility licensed to provide care and treatment for the condition causing your disability.

**INJURY** means a bodily injury that is the direct result of an accident and not related to any other cause.

**INSURED** means any person covered under a plan.

**INTOXICATED** means that your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state where the accident occurred.

**LEAVE OF ABSENCE** means you are temporarily absent from active employment for a period of time that has been agreed to in advance in writing by your Employer.

Your normal vacation time or any period of disability is not considered a leave of absence.

**LIFE THREATENING CONDITION** is a critical health condition that possibly could result in your or your dependent's loss of life.

**LOSS OF A FOOT** means that all of the foot is cut off at or above the ankle joint.

**LOSS OF A HAND** means that all four fingers are cut off at or above the knuckles joining each to the hand.

**LOSS OF HEARING** means the total and irrecoverable loss of hearing in both ears.

**LOSS OF SIGHT** means the eye is totally blind and that no sight can be restored in that eye.

**LOSS OF SPEECH** means the total and irrecoverable loss of speech.

**LOSS OF THUMB AND INDEX FINGER** means that all of the thumb and index finger are cut off at or above the joint closest to the wrist.

**PARTICIPANT** means a person who meets the eligibility requirements of an eligible class listed in this Summary of Benefits and is participating in the group accidental death and dismemberment insurance plan of GuideStone Financial Resources of the Southern Baptist Convention.

**PAYABLE CLAIM** means a claim for which Unum is liable under the terms of the Summary of Benefits.

**PERSONAL INVESTMENT ACCOUNT** means a retail investment account of an eligible person (such as your eligible beneficiary) holding one or more mutual funds within GuideStone Funds.

**PERSONAL PLANS** means the portion of the accidental death and dismemberment plan which is available by or through GuideStone Financial Resources of the Southern Baptist Convention.

**PHYSICIAN** means:

- a person performing tasks that are within the limits of his or her medical license; and
- a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients; or
- a person who is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

Unum will not recognize you, or your spouse, children, parents or siblings as a physician for a claim that you send to us.

**PLAN** means a line of coverage under the Summary of Benefits.

**PRIVATE PASSENGER CAR** means a validly registered four-wheel private passenger car (including Employer-owned cars), station wagons, jeeps, pick-up trucks, and vans that are used only as private passenger cars.

**QUALIFIED CHILD** is any of your unmarried dependent children under age 26 who, on the date of your death as a result of an accidental bodily injury, was either:

- enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level; or
- at the 12th grade level and enrolls as a full-time student in an accredited post-secondary institution of higher learning beyond the 12th grade level within 365 days following the date of your death.

Children include your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on you for main support and living with you in a regular parent-child relationship. A child will be considered adopted on the date of placement in your home.

**SICKNESS** means an illness or disease.

**SOUTHERN BAPTIST SERVICE** means the performance of services or other activities as a volunteer, student or other eligible capacity described in the eligibility rules of this Summary of Benefits.

**TOTALLY DISABLED** for your dependent, means that, as a result of an injury, a sickness or a disorder, your dependent:

- is confined in a hospital or similar institution;
- is unable to perform two or more **activities of daily living** (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness;
- is **cognitively impaired**; or

- has a **life threatening condition**.

**TOTALLY DISABLED** for you, means that, you are prevented from performing the usual tasks of any occupation for which you are reasonably suited by training and education in such a way as to procure and retain employment.

**TRUST** means the policyholder trust named on the first page of the Summary of Benefits and all amendments to the policy.

**WAITING PERIOD** means the continuous period of time (shown in each plan) that you must be in active employment in an eligible class before you are eligible for coverage under a plan.

**WE, US** and **OUR** means Unum Life Insurance Company of America.

**YOU** means a participant who is eligible for Unum coverage.

**THE FOLLOWING NOTICES AND CHANGES TO YOUR COVERAGE ARE REQUIRED BY THE STATE OF WASHINGTON. PLEASE READ CAREFULLY.**

If you have a complaint about your insurance you may contact Unum at 1-800-321-3889, or the department of insurance in your state of residence. Links to the websites of each state department of insurance can be found at [www.naic.org](http://www.naic.org).

Si usted tiene alguna queja acerca de su seguro puede comunicarse con Unum al 1-800-321-3889, o al departamento de seguros de su estado de residencia. Puede encontrar enlaces a los sitios web de los departamentos de seguros de cada estado en [www.naic.org](http://www.naic.org).

**If you are a resident of one of the states noted below, and the provisions referenced below appear in your Certificate in a form less favorable to you as an insured, they are amended as follows:**

If you had group life coverage in place with your employer through another carrier when your employer changed carriers to Unum, your prior coverage may be continued under the Unum plan to the extent the laws of your resident state require such right to continue and within the design limits of the Unum plan.

**For residents of Washington**

The definition for **ACTIVE EMPLOYMENT** in the **GLOSSARY** section is amended to include the following:

A period of up to 6 months during which you are not working due to a strike, lockout or other labor dispute is considered active employment. Your employer may require you to pay premium during this period of time.

The ***WILL UNUM ACCELERATE YOUR OR YOUR DEPENDENT'S DEATH BENEFIT FOR THE PLAN IF YOU OR YOUR DEPENDENT BECOMES TERMINALLY ILL?*** (Accelerated Benefit) in the **Life Insurance Benefit Information** section is amended by changing the life expectancy requirement to 24 months or less, or such longer period as stated in the policy.

The ***WHAT LOSSES ARE NOT COVERED UNDER YOUR PLAN?*** provision in the **Life Insurance Benefit Information** section is amended to remove any exclusion for death caused by suicide.

## **Additional Claim and Appeal Information**

### **APPLICABILITY OF ERISA**

If this Summary of Benefits provides benefits under a Plan which is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the following provisions apply. Whether a Plan is governed by ERISA is determined by a court, however, your Employer may have information related to ERISA applicability. If ERISA applies, the following items constitute the Plan: the additional information contained in this document, the Summary of Benefits, including your certificate of coverage, and any additional summary plan description information provided by the Plan Administrator. Benefit determinations are controlled exclusively by the Summary of Benefits, your certificate of coverage, and the information in this document.

### **HOW TO FILE A CLAIM**

If you wish to file a claim for benefits, you should follow the claim procedures described in your insurance certificate. To complete your claim filing, Unum must receive the claim information it requests from you (or your authorized representative), your attending physician and your Employer. If you or your authorized representative has any questions about what to do, you or your authorized representative should contact Unum directly.

### **CLAIMS PROCEDURES**

In the event that your claim is denied, either in full or in part, Unum will notify you in writing within 90 days after your claim was filed. Under special circumstances, Unum is allowed an additional period of not more than 90 days (180 days in total) within which to notify you of its decision. If such an extension is required, you will receive a written notice from Unum indicating the reason for the delay and the date you may expect a final decision. Unum's notice of denial shall include:

- the specific reason or reasons for denial with reference to those Plan provisions on which the denial is based;
- a description of any additional material or information necessary to complete the claim and why that material or information is necessary; and
- a description of the Plan's procedures and applicable time limits for appealing the determination, including a statement of your right to bring a lawsuit under Section 502(a) of ERISA following an adverse determination from Unum on appeal.

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

### **APPEAL PROCEDURES**

If you or your authorized representative appeal a denied claim, it must be submitted within 90 days after you receive Unum's notice of denial. You have the right to:

- submit a request for review, in writing, to Unum;
- upon request and free of charge, reasonable access to and copies of, all relevant documents as defined by applicable U.S. Department of Labor regulations; and

- submit written comments, documents, records and other information relating to the claim to Unum.

Unum will make a full and fair review of the claim and all new information submitted whether or not presented or available at the initial determination, and may require additional documents as it deems necessary or desirable in making such a review. A final decision on the review shall be made not later than 60 days following receipt of the written request for review. If special circumstances require an extension of time for processing, you will be notified of the reasons for the extension and the date by which the Plan expects to make a decision. If an extension is required due to your failure to submit the information necessary to decide the claim, the notice of extension will specifically describe the necessary information and the date by which you need to provide it to us. The 60-day extension of the appeal review period will begin after you have provided that information.

The final decision on review shall be furnished in writing and shall include the reasons for the decision with reference, again, to those Summary of Benefits' provisions upon which the final decision is based. It will also include a statement describing your access to documents and describing your right to bring a lawsuit under Section 502(a) of ERISA if you disagree with the determination.

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Unless there are special circumstances, this administrative appeal process must be completed before you begin any legal action regarding your claim.

## **OTHER RIGHTS**

Unum, for itself and as claims fiduciary for the Plan, is entitled to legal and equitable relief to enforce its right to recover any benefit overpayments caused by your receipt of deductible sources of income from a third party. This right of recovery is enforceable even if the amount you receive from the third party is less than the actual loss suffered by you but will not exceed the benefits paid you under the Summary of Benefits. You agree that Unum and the Plan have an equitable lien over such sources of income until any benefit overpayments have been recovered in full.

## **DISCRETIONARY ACTS**

The Plan, acting through the Plan Administrator, delegates to Unum and its affiliate Unum Group discretionary authority to make benefit determinations under the Plan. Unum and Unum Group may act directly or through their employees and agents or further delegate their authority through contracts, letters or other documentation or procedures to other affiliates, persons or entities. Benefit determinations include determining eligibility for benefits and the amount of any benefits, resolving factual disputes, and interpreting and enforcing the provisions of the Plan. All benefit determinations must be reasonable and based on the terms of the Plan and the facts and circumstances of each claim.

Once you are deemed to have exhausted your appeal rights under the Plan, you have the right to seek court review under Section 502(a) of ERISA of any benefit

determinations with which you disagree. The court will determine the standard of review it will apply in evaluating those decisions.



**IMPORTANT INFORMATION ABOUT COVERAGE UNDER  
THE TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION  
(For Insurers declared insolvent or impaired on or after September 1, 2011)**

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

**It is possible that the Association may not protect all or part of your policy because of statutory limitations.**

**Eligibility for Protection by the Association**

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, ONLY if the following conditions are met:
  - The policyholder has a policy with a company domiciled in Texas;
  - The policyholder's state of residence has a similar guaranty association; and
  - The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

**Limits of Protection by the Association**

**Accident, Accident and Health, or Health Insurance:**

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

**Life Insurance:**

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

**Individual Annuities:**

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

**Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.**

Texas Life and Health  
Insurance Guaranty Association  
515 Congress Avenue, Suite 1875  
Austin, TX 78701  
800-982-6362 or [www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, TX 78714-9104  
800-252-3439 or  
[www.tdi.texas.gov](http://www.tdi.texas.gov)