

GROUP TERM LIFE CERTIFICATE SUMMARY



This summary describes the terms and conditions of the Policy. For a complete description of the terms and conditions of the Policy, refer to the appropriate section of the Certificate, available from the Policyholder. The capitalization of a term not normally capitalized according to standard punctuation rules indicates a word or phrase that is a defined term in the Certificate. A person is not necessarily entitled to insurance because he or she received this summary. A person is only entitled to insurance if he or she is eligible in accordance with the terms of the Policy. This summary was published on December 29, 2020.

POLICY INFORMATION

Policyholder: City of Fort Smith

Policy Effective Date: January 1, 2021

Policy Number: GLUG-BSH2

Class(es): All Eligible Employees

Policy Anniversary: January 1

Group Number: G000BSH2

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of an Eligibility Waiting Period of 60 days.

WHEN INSURANCE BEGINS

An eligible Employee will become insured on the first day of the month that follows the day the Employee becomes eligible, subject to certain conditions (as described in the When Insurance Begins provision in the Certificate).

An eligible Dependent will become insured on the latest of the day the Employee becomes insured, the Employee acquires the eligible Dependent, or the Employee submits a Written Request to enroll the Dependent for insurance (if required), subject to certain conditions (as described in the Exceptions to When Insurance Begins provision in the Certificate).

Additional eligibility conditions apply as described in the Certificate.

BENEFIT AMOUNT(S)

Insurance for You (The Employee)

Your amount of life insurance is \$100,000.

Your amount of accidental death and dismemberment (AD&D) insurance is equal to Your amount of life insurance.

Your Guarantee Issue Amount is \$100,000. If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

Insurance for Your Dependent(s)

Your Spouse's amount of life insurance is \$10,000.

The amount of life insurance for Your eligible Dependent child(ren) is based on the age of the Dependent, as follows:

Age of Dependent Child	Amount of Life Insurance
Six months and older	\$10,000
14 days to less than six months.....	\$10,000
Less than 14 days	\$0

The Guarantee Issue Amount for Your Spouse is 100% of Your elected amount of life insurance or \$10,000, whichever is less. The Guarantee Issue Amount for Your Dependent child(ren) is 100% of Your elected amount of life insurance or

