UNIVERSITY OF MISSOURI SYSTEM
Dependent Life Insurance SPD

Effective date January 1, 2019
This summary plan description (SPD) is designed to provide an overview of the University of Missouri System’s Dependent Life Insurance Plan (Plan). While the University hopes to offer participation in these Plans indefinitely, it has the right to amend or terminate any benefit plan. In addition to this SPD, the University plans to continue to use other methods of communication such as memos, meetings, newsletter articles, or electronic media to help you stay informed. In this document, we will refer to Plan when referencing the University of Missouri’s Dependent Life Insurance Plan.

This SPD is designed to meet your information needs. It supersedes any previous printed or electronic SPD for this Plan. The terms of this Plan may not be amended by oral statements made by the Plan Sponsor, the Claims Administrator, or any other person. In the event an oral statement conflicts with any term of the Plan, the Plan terms will control.

It’s important for you to have a good understanding of all this Plan has to offer. Please review this SPD carefully. If you have questions, contact your HR Generalist or HR Service Center at the appropriate address or phone number shown below.

<table>
<thead>
<tr>
<th>Columbia, Extension, System, Health Care and Retirees</th>
<th>Kansas City</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mailing Address:</strong></td>
<td><strong>Mailing Address:</strong></td>
</tr>
<tr>
<td>Total Rewards Department Office of Human Resources Woodrail Centre 1000 West Nifong Boulevard Building 7, Suite 210 Columbia, MO 65211</td>
<td>University of Missouri Kansas City Human Resources Department 226 Administrative Center 5115 Oak Street Kansas City, MO 64110</td>
</tr>
<tr>
<td><strong>Office Address:</strong></td>
<td><strong>Office Address:</strong></td>
</tr>
<tr>
<td>Woodrail Centre 1000 West Nifong Boulevard Building 7, Suite 210 Columbia, MO 65211</td>
<td>University of Missouri Kansas City Human Resources Department 226 Administrative Center 5115 Oak Street Kansas City, MO 64112</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td>(573) 882-2146</td>
<td>(816) 235-1621</td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td><strong>Fax:</strong></td>
</tr>
<tr>
<td>(573) 882-9603</td>
<td>(816) 235-5515</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><strong>E-mail:</strong></td>
</tr>
<tr>
<td><a href="mailto:HRServiceCenter@umsystem.edu">HRServiceCenter@umsystem.edu</a></td>
<td><a href="mailto:benefits@umkc.edu">benefits@umkc.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rolla</th>
<th>St. Louis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mailing Address:</strong></td>
<td><strong>Mailing Address:</strong></td>
</tr>
<tr>
<td>Missouri University of Science and Technology Human Resources Services 113 Centennial Hall 300 W. 12th St. Rolla, MO 65409</td>
<td>University of Missouri St. Louis Human Resources Department One University Boulevard St. Louis, MO 63121</td>
</tr>
<tr>
<td><strong>Office Address:</strong></td>
<td><strong>Office Address:</strong></td>
</tr>
<tr>
<td>Missouri University of Science and Technology Human Resources Services 113 Centennial Hall 300 W. 12th St. Rolla, MO 65409</td>
<td>University of Missouri St. Louis Human Resources Department 211 Arts &amp; Administration Bldg. St. Louis, MO 63121</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td>(573) 341-4241</td>
<td>(314) 516-5639</td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td><strong>Fax:</strong></td>
</tr>
<tr>
<td>(573) 341-4984</td>
<td>(314) 516-6463</td>
</tr>
<tr>
<td><strong>E-mail:</strong></td>
<td><strong>E-mail:</strong></td>
</tr>
<tr>
<td><a href="mailto:benefits@mst.edu">benefits@mst.edu</a></td>
<td><a href="mailto:umslbenefits@umsl.edu">umslbenefits@umsl.edu</a></td>
</tr>
</tbody>
</table>

Total Rewards Department webpage: [http://www.umsystem.edu/totalrewards](http://www.umsystem.edu/totalrewards)
# Table of Contents

WHAT IS DEPENDENT LIFE INSURANCE? ......................................................................................................................... 4  
BENEFIT SUMMARY .......................................................................................................................................................... 4  
  COVERAGE FOR YOUR SPOUSE OR SPONSORED ADULT DEPENDENT: ......................................................................................... 4  
  COVERAGE FOR YOUR CHILDREN: ........................................................................................................................................... 4  
AM I ELIGIBLE FOR COVERAGE? ........................................................................................................................................ 5  
WHAT FAMILY MEMBERS CAN BE COVERED? ................................................................................................................. 5  
WHEN DOES COVERAGE BEGIN? ........................................................................................................................................ 6  
WHO PAYS FOR THIS COVERAGE? ..................................................................................................................................... 7  
MAY I CHANGE MY CHOICE OF COVERAGE? .......................................................................................................................... 7  
HOW DO I DESIGNATE A BENEFICIARY? ........................................................................................................................... 7  
HOW ARE BENEFITS PAID? ................................................................................................................................................. 7  
WHAT HAPPENS WHEN I RETIRE? ..................................................................................................................................... 7  
WHEN WILL THIS COVERAGE END? .................................................................................................................................. 7  
CONVERSION PRIVILEGE .................................................................................................................................................... 8  
HOW DO I ENROLL? .............................................................................................................................................................. 8  
HOW DO I FILE A CLAIM? ..................................................................................................................................................... 8
What is dependent life insurance?
The dependent life insurance plan allows you to obtain group term life insurance for your spouse or sponsored adult dependent and dependent children. The Plan allows you to choose from several amounts of coverage.

This summary is designed to give you an overview of the major points of the Plan. The Plan is underwritten by the Minnesota Life under group policy number 32898G. If any description in this summary differs from the group policy, the group policy will be followed.

Benefit summary
The dependent life insurance Plan offers several coverage amount choices.

Coverage for your spouse or sponsored adult dependent:
You may choose coverage in increments of $10,000 up to a maximum of $50,000. The following outlines the opportunities to elect dependent life for a spouse or sponsored adult dependent and the Evidence of Insurability (EOI) requirements:

- **New Hire Enrollment:** You may elect coverage up to $20,000 guaranteed issue without EOI, provided you do so within 31 days of your date of hire or benefit eligibility date. Coverage in excess of $20,000 requires EOI and must be approved by Minnesota Life.
- **Annual Enrollment:** You may elect to enroll or change the amount of coverage for which you’ve enrolled. EOI is required for newly elected and increases in coverage. EOI is not required for decreases in coverage.
- **Mid-Year Qualifying Event:** You may elect coverage up to $20,000 guaranteed issue without EOI, provided you do so within 31 days of the date of marriage. EOI is required for existing spouses/sponsored adult dependents to enroll in any amount of coverage, unless your spouse/sponsored adult dependent was a UM benefit-eligible employee who lost their UM basic life coverage and is newly eligible for UM spousal life coverage; then, you may elect up to $20,000 without EOI, provided you do so within 31 days of the date UM employee coverage ended. Coverage in excess of $20,000 requires EOI and must be approved by Minnesota Life.

Coverage for your children:
You may choose coverage in increments of $5,000 up to a maximum of $25,000. The guaranteed issue amount of coverage will be applicable to each eligible child. Any amount of coverage you choose above the guaranteed issue will be subject to underwriting and approval by Minnesota Life on an individual basis. The following outlines the opportunities to elect dependent life for a Child and the Evidence of Insurability* (EOI) requirements:

- **New Hire Enrollment:** You may elect coverage up to $5,000 guaranteed issue without EOI, provided you do so within 31 days of your date of hire or benefit eligibility date. Coverage in excess of $5,000 requires EOI and must be approved by Minnesota Life.
- **Annual Enrollment:** You may elect to enroll or change the amount of coverage for which you’ve enrolled. EOI is required for newly elected and increases in coverage. EOI is not required for decreases in coverage.
- **Mid-Year Qualifying Event:** You may elect coverage up to $5,000 guaranteed issue without EOI, provided you do so within 31 days of the date of birth or adoption. EOI is required for existing children to enroll in any amount of coverage, unless your dependent child was a UM benefit-eligible employee who lost their UM basic life coverage and is newly eligible for UM dependent life child coverage; then, you may elect up to $5,000 without EOI, provided you do so within 31 days of the date UM employee coverage ended. Coverage in excess of $5,000 requires EOI and must be approved by Minnesota Life.
Am I eligible for coverage?

If you are an active employee or subsidiary employee (CRR 320.050) of the University, you are eligible for this coverage, provided you also meet the following conditions:

- You are classified as .75 FTE or more
- You have an appointment duration of at least nine months
- You are regularly scheduled to work an average of 30 hours a week

For the purpose of this section any individual who is simultaneously employed by the University and the Harry S. Truman Veterans Administration Hospital pursuant to an agreement between said organizations, and whose joint appointments, combined, otherwise meet the requirements of this section, shall be considered an Employee.

Per diem and variable hour employees are excluded as an Employee under this Plan.

An individual who, while covered as an Employee under the sections described above, became totally and permanently disabled in accordance with the University's Long Term Disability Plan and is entitled to continued service credit as a disabled Employee under the University’s Retirement, Disability and Death Benefit Plan.

Retirees

If you are a retiree of the University, you are eligible for coverage, provided you also meet the following requirements:

- You retired on or before 12/31/17, you are eligible for postretirement benefits at the earlier of:
  - Age 55 and at least 10 years of service, or
  - Age 60 and at least 5 years of service
- Effective January 1, 2018, the eligibility for postretirement benefits are as follows:
  - Must be employed in a UM System benefit eligible position on December 31, 2017; and
  - At least five years of service as of December 31, 2017, and
  - At least 60 years old on his/her retirement date; and
  - At least 20 years of service to the UM System on his/her retirement date.
- You were covered under the respective plan(s) immediately prior to your retirement.
- You re-enrolled when you retired
- If, after retirement, you drop coverage on any of your dependents, you may not re-enroll them in the Plan.

If after retirement you become reemployed by the University or a University Subsidiary Entity and you become eligible for coverage as an Employee under University-sponsored active Employee insurance plans, your eligibility for all retiree coverage will “freeze” beginning the first of the following month after your effective date of becoming eligible for coverage as an Employee, unless your effective date is the first of the month, then, coverage will “freeze” on the first of that month. Upon your termination from regular employment and loss of University-sponsored active Employee insurance coverage (or upon loss of University-sponsored active Employee insurance coverage even while you are still employed, because you no longer meet the eligibility requirements for coverage as an Employee), you must immediately re-enroll in the retiree insurance coverage in which you are eligible or you will forfeit your right to re-enroll at a later date.

What family members can be covered?

You can insure your spouse or sponsored adult dependent and each of your natural children, stepchildren, foster children, adopted children, or child placed in your home for adoption younger than age 26 (note the term “stepchild” does not include the children of your sponsored adult dependent). Your child is eligible for coverage from 14 days of age to 26 years of age. After exceeding this age limit, your child’s coverage would normally end. However, your child will remain eligible for coverage after reaching the age limit if:

- Your child is unable to support himself or herself due to a mental or physical handicap which began before the child reached age 26; and
- Your child is dependent on you for maintenance and support

You must notify your HR Generalist or HR Service Center one month prior to your child’s attainment of the age limit. If your child is disabled, application for continuation of dependent status for such a child must be made 31
days prior to the Child's attaining such maximum age. Review of the disability will be done as often as is deemed necessary.

For the purposes of this Plan, your “sponsored adult dependent” means an adult person who meets all of the following criteria:

- Has had the same principle residence as you for at least 12 months, and continues to have the same principle residence as you, disregarding temporary absences due to special circumstances including illness, education, business, vacation or military service
- Is 18 years of age or older
- Is not currently married to another person under either statutory or common law
- Is not related to you by blood or a degree of closeness that would prohibit marriage in the law of the state in which you reside

You may choose to cover only your spouse or sponsored adult dependent, only your children, or both your spouse or sponsored adult dependent and children. If you enroll for children coverage, then all of your children are covered. For this Plan, you need not provide specific information on children. However, it is your responsibility to notify your HR Generalist or HR Service Center when you no longer have a spouse or sponsored adult dependent or children who are eligible for this coverage.

A benefit-eligible employee/retiree cannot be covered under this Plan as a dependent of another employee. In addition, children cannot be covered as dependent/s of more than one employee. So, if both you and your spouse or sponsored adult dependent are eligible for this coverage as employees, neither of you may enroll for spousal coverage for the other, and only one of you may enroll to cover your children.

When does coverage begin?

**New Hire Enrollment:**

- Coverage begins on the date of hire or the benefit eligibility date provided you submit the form within 31 days (60 days if you are out of the continental United States) of your date of hire or eligibility date.
- If you change from part-time to full-time or from temporary to permanent status and become benefit eligible, you must enroll within 31 days of the date of your change in status.
- If you are not actively at work on the date your coverage would normally begin, the coverage will not be effective until you return to full-time active employment.
- In no case will coverage on your spouse or sponsored adult dependent in excess of $20,000, or coverage on your child in excess of $5,000, become effective prior to the date of approval by Minnesota Life.

**Annual Enrollment**

- Coverage elected or changed during the Annual Enrollment Change Period begins on January 1 of the following year, or upon approval by Minnesota life if after January 1, provided you submit Evidence of Insurability by December 31 of the current year.
- If you are not actively at work on the date your coverage would normally begin, the coverage will not be effective until you return to full-time active employment unless you are not actively at work due to a health factor.

**Mid-Year Qualifying Event**

- If you have no eligible dependents initially, but later acquire eligible dependents, you may obtain coverage, provided you apply within 31 days of the date your first acquired dependents. Coverage will be effective as follows:
  - In the case of birth or adoption or placement for adoption, on the date of the event, as applicable, and
  - In the case of any other event, on the first of the month following the date of the event.
- If you are not actively at work on the date your coverage would normally begin, the coverage will not be effective until you return to full-time active employment unless you are not actively at work due to a health factor.
• In no case will coverage on your spouse or sponsored adult dependent in excess of $20,000, or coverage on your child in excess of $5,000, become effective prior to the date of approval by Minnesota Life.

**Retirees**

If you retire on the first of the month, your retiree coverage eligibility begins on that day. If you retire beyond the first of the month, retiree coverage eligibility will begin on the first of the month following your retirement date provided you make written application to participate as a retiree within 31 days of retirement.

**Who pays for this coverage?**

You will pay the full cost of this coverage. The premium for coverage for your spouse or sponsored adult dependent is based on the spouse or sponsored adult dependent’s age and the amount of coverage you select. The premium for coverage on your children is based on the amount of coverage you select.

**May I change my choice of coverage?**

As an employee, you may elect to change the amount of coverage for which you’ve enrolled during the Annual Enrollment Change Period. Any increase in coverage must be approved by Minnesota Life.

You may elect to enroll or change the amount of coverage for which you’ve enrolled if you experience a qualifying family/employment status change, and the change that you are requesting is consistent with the event. Review the above Benefit Summary for mid-year qualifying events. You must notify your HR Generalist or HR Service Center and complete a benefit change form within 31 days of the date of the event to make the change.

As a Retiree:

• You may elect to lower the amount of coverage for which you’ve enrolled during the Annual Enrollment Change Period.
• You may cancel the coverage at any time by providing written notice to the HR Service Center.
• You may not add or increase Dependent Life Insurance at any time after retirement.

**How do I designate a beneficiary?**

You do not designate a beneficiary for this coverage. You, the employee/retiree, are automatically the beneficiary of any dependent life insurance coverage.

**How are benefits paid?**

The insurance company will pay benefits to you, the University policy holder (employee/retiree), upon receiving written proof of your dependent’s death.

The Plan will pay accelerated benefits, up to 100% of the face amount, in lieu of death benefit for insured with a life expectancy of 12 months or less.

**What happens when I retire?**

If you retire, the coverage in effect at retirement may be continued provided you agree to continue to pay the required premiums to the University.

**When will this coverage end?**

Dependent life coverage will end on the earliest of the following dates:

• the date you stop paying the premiums
• the date you are no longer eligible for coverage
• the date your spouse or sponsored adult dependent or child ceases to be eligible for coverage (you must notify your HR Generalist or HR Service Center in order to stop your payroll deduction or monthly billing)
• the date you or eligible member dies
• the date the University discontinues the Plan

The dependent life coverage may be continued during any authorized leave of absence. If you go on an unpaid leave of absence, you must continue to pay the required monthly premium to the University in advance or through monthly billing.

Conversion Privilege
When dependent life coverage ends, an individual life insurance policy may be obtained from the insurance company. Conversion is not available if your coverage under the policy ends because of your failure to pay a required premium. A medical examination will not be required for this policy, however, application for it and payment of the first premium must be made directly to the insurance company within 31 days of the date the coverage terminated. The premium for the individual policy will depend on the Plan of insurance, age and class of risk of the person to be insured.

How do I enroll?
As an employee, if you are enrolling during your initial eligibility period, complete the new hire enrollment process.
Contact your HR Generalist or HR Service Center for the appropriate application form if:
  1. you wish to enroll for coverage in excess of $20,000 for spouse or sponsored adult dependent and/or $5,000 for children; or
  2. you wish to enroll after your initial eligibility period has expired

As a retiree, you must have been covered under the respective plan(s) immediately prior to your retirement. You must re-enroll when you retire by making written application to participate as a Retiree within 31 days of retirement.

How do I file a claim?
If you suffer a covered loss, you should provide notice to the University to initiate a claim.