Employee-Paid
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Summary of Benefits

Eligibility:
All active, full-time Employees of the Employer who are United States citizens or permanent resident aliens, regularly working a minimum of 20 hours per week in the United States, excluding Columbia University Post-Doctoral Fellows, Obama Scholars and Members of the Transport Workers Union (TWU).

Employee: You will be eligible for coverage immediately.
Spouse*: Is eligible as long as you apply for and are approved for coverage yourself.
Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage:

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Units of $10,000</td>
<td>Lesser of 10 Times Salary or $1,000,000</td>
</tr>
<tr>
<td>Spouse 40% of employee amount or 50% if no dependent children</td>
<td>40% of employee amount or 50% if no dependent children to a maximum of $250,000</td>
</tr>
<tr>
<td>Children 10% of employee amount or 15% if no spouse</td>
<td>10% of employee amount or 15% if no spouse to a maximum of $10,000</td>
</tr>
</tbody>
</table>

Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:

| Loss of life; Quadriplegia; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears) | We’ll pay this % of the Benefit Amount: 100% |
| Paraplegia | 75% |
| Hemiplegia; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot | 50% |
| Uniplegia; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand | 25% |
| Loss of all toes of the same foot | 20% |

For Comas — You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

Additional Features:

For Wearing a Seatbelt & Protection by an Airbag — You will receive an additional 10% benefit but not more than $25,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than $10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance — Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member’s body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Furthering Education — If you die in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 3% or $3,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

If there is no qualifying child, we will pay an additional $1,000 to your beneficiary.
Insurance coverage is issued on group

• Monthly
• $0.015


The result is the years or until the child turns above

• are no longer eligible, the date the group
• who is enrolled in a licensed
• • $0.025
• Find the

3

– If you die from a covered accident, your spouse will receive educational reimbursement if he or she enrolls, within 3

31 days)

– For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. YOK 980019. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-0509175. Coverage is underwritten by New York Life Group Insurance Company of NY, 51 Madison Avenue New York, NY 10010.


Created on 09/2021.