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INTRODUCTION

Mayo Clinic sponsors the Mayo Clinic Accidental Death & Dismemberment plan (the “Plan”), which is offered under the Mayo Clinic Health & Welfare Benefits Plan and has two components: Employer Paid Accidental Death and Dismemberment (“Employer Paid AD&D”) and Voluntary Accidental Death and Dismemberment Insurance Plan (“Voluntary AD&D”). This document in conjunction with the General Information Booklet for the Mayo Clinic Health & Welfare Benefits Plan (the “General Information Booklet”) serves as the Summary Plan Description (“SPD”) for the Plan.

Effective January 1, 2019, this document sets forth a summary of the Plan benefits for eligible employees.

The benefits are insured, meaning they are paid from an insurance policy or Group Contract, and any applicable documents (collectively, the “Policy”) issued to Mayo Clinic by the Insurance Company, which is defined below.

The Prudential Insurance Company of America (“Prudential”) is the insurance company for your AD&D benefit. If, however, you are covered by the Mayo Expense Reimbursement Plan, the insurance company for the first $100,000 of your Employer Paid AD&D benefit is Trustmark Insurance Company (“Trustmark”). Prudential is the insurance company for any benefit over $100,000. Prudential and Trustmark are collectively referred to as the “Insurance Company” in this document.

The benefits offered under the Plan are governed by the official plan document for the Mayo Clinic Health & Welfare Benefits Plan, which incorporates by reference the Policy. The terms of the official plan document and Policy, not the SPD, are used to administer this Plan. This Plan is administered by, and all claims are decided by, the Insurance Company, in its sole discretion, not by Mayo Clinic or any participating employer. In the case of a conflict between the SPD and the official plan document/Policy, the official plan document/Policy will control.

Important Information For Residents Of Certain States: There are state-specific requirements that may change the provisions under the Coverage(s) described in this Group Insurance Certificate. If you live in a state that has such requirements, those requirements will apply to your Coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of residence and your Access Code. Your Access Code is 45203.
CONTACT INFORMATION

For enrollment or general eligibility questions, please contact Mayo Clinic’s HR Connect. HR Connect is your human resources office for the Plan.

<table>
<thead>
<tr>
<th>General Questions About Enrollment/Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Connect</td>
</tr>
<tr>
<td>200 First Street SW</td>
</tr>
<tr>
<td>Rochester, MN 55905</td>
</tr>
<tr>
<td>507-266-0440 (local)</td>
</tr>
<tr>
<td>1-888-266-0440 (toll free)</td>
</tr>
<tr>
<td>507-266-0330 (TDD)</td>
</tr>
<tr>
<td>M – F, 5 a.m. to 6 p.m., Saturday/Sunday 5 a.m. to 9 a.m.</td>
</tr>
<tr>
<td>CT (excluding holidays)</td>
</tr>
</tbody>
</table>

HR Connect has access to translation services to meet the needs of many non-English-speaking persons.

El presente Resumen del Plan de Descripción, que también sirve como documento del plan, está redactado en inglés y ofrece detalles sobre sus derechos y beneficios. Si tiene alguna dificultad para entender cualquier parte de este documento, por favor comuníquese con el Centro para Servicios al Empleado a los números que constan abajo.

For questions about claims, see the sections on *Claim Procedures* and *Claims Administration*.
ELIGIBILITY AND PARTICIPATION

Please see Who is Eligible section of the General Information Booklet for more information.

In addition, if you are classified as a Mayo School of Graduate Medical Education Appointee, Mayo School of Health Sciences Resident or Fellow, or Research Appointee you are eligible for Voluntary AD&D only.

Please refer to the General Information Booklet for additional information regarding your eligibility for coverage under the Plan during a leave of absence.

Effective Date of Coverage

Employer Paid AD&D

There is no waiting period to receive Employer Paid AD&D coverage. Employer paid coverage will be effective automatically on the first day that you are actively at work.

Voluntary AD&D

If you enroll within the first 31 days of initial eligibility, your coverage will be effective on the first day you are eligible. If you do not enroll within 31 days of initial eligibility, you may enroll anytime on or after the first day you are actively at work. Your coverage will be effective on the day your enrollment is received by HR Connect, provided you are actively at work on that day.

Evidence of Insurability

There is no evidence of insurability required.

Actively at Work Requirement

Actively at work means you are physically present to work 0.5 FTE or more at the employee’s regular worksite or at an alternative employer worksite at the request of the employer. If you are not actively at work on the day your coverage (or a change in coverage) is scheduled to begin, your coverage will not begin until the first day you begin or return to your employment.

You are considered actively at work during normal vacation if you are actively at work during your last normally scheduled work day.

Naming a Beneficiary

You have the right to choose a beneficiary for this coverage as long as the beneficiary is not Mayo Clinic or a subsidiary of Mayo Clinic that has adopted the Plan. If you choose more than one beneficiary, they will receive equal amounts of the benefit unless you request otherwise in writing.
You may change your beneficiary designation at any time by accessing the Employee Self-Service tool found on the HR Connect page by or you may call HR Connect at (507) 266-0440 or toll free at 1-888-266-0440.

In the event of your death, if there is no beneficiary designation on record, benefits will be paid in the following successive order: (a) surviving spouse, (b) surviving child(ren) in equal shares, (c) surviving parent(s) in equal shares, (d) surviving sibling(s) in equal shares, (e) your estate. This is also true if you name a beneficiary who dies before you and you do not choose a new beneficiary before your death. If you have more than one beneficiary and one of them dies before you, benefits will be divided among the remaining beneficiaries if you do not choose a new beneficiary before your death.

When Coverage Ends

Your coverage will end on the day on which the earliest of the following events occurs:

- The last day of your employment or the day you cease to be an eligible employee
- The day the employer terminates the Plan or its participation in these Plan
- The effective date of an amendment to the Plan causing you to lose coverage
- The last day of an authorized employer-approved, personal, disability, USERRA, FMLA, or parental leave if you do not return to work at the end of the leave
- The day before the first day of any leave other than an authorized employer-approved, personal, disability, USERRA, FMLA, or parental leave
- The date on which you are no longer actively at work unless you are on an authorized employer-approved personal, disability, USERRA, FMLA, or parental leave
- The date of your death
- The date you (for Voluntary AD&D) or Mayo Clinic fails to pay, when due, any premium required for your coverage
PLAN BENEFITS

Employer Paid AD&D

The full value of your coverage under Employer Paid AD&D is equal to the amount of your annual salary, up to a maximum of $650,000 of annual salary unless you are eligible for and enrolled in the Group Variable Universal Life coverage under the Voluntary Group Term and Universal Life plan sponsored by Mayo Clinic (“Group Variable Universal Life”). If you are enrolled in Group Variable Universal Life, your Employer Paid AD&D coverage is equal to the amount of your annual salary up to a maximum of $1,750,000 of annual salary. Salaries not in even thousands are rounded to the next higher thousand for benefit purposes.

Voluntary AD&D

In addition to your Employer Paid AD&D coverage, you may purchase up to $225,000 in Voluntary AD&D coverage. Coverage must be purchased in multiples of $10,000 or $25,000.

If you enroll for Voluntary AD&D when you are first eligible but for less than the maximum amount, you must wait one year before you may increase the coverage. If you do not enroll when you are first eligible, you may enroll at any time for any level of coverage available. Any subsequent increases also are subject to a one-year waiting period. If coverage is revoked for any reason, you must wait at least one year before re-enrollment is allowed. You may enroll and increase coverage by contacting HR Connect. The effective date of the increase will be the date your enrollment is received by HR Connect. However, if you are not actively working on that day, the increase will be effective on the day you return to active work.

You may decrease or cancel coverage at any time by contacting HR Connect.

Benefits Payable in the Event of Death

In the event of your death from accidental bodily injury, the full value of your coverage under Employer Paid AD&D and any Voluntary AD&D coverage in which you are enrolled is paid to your beneficiary. Benefits are not payable if death results from any of the causes listed under When Benefits Are Not Payable Under Employer Paid AD&D and Voluntary AD&D.

Benefits Payable for Loss or by Reason

The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limits below. If a limb or appendage is Surgically Replanted the amount payable will be 25% of the amount which would have been paid for a Loss of such limb or appendage. If the Surgical Replantation fails to provide you with adequate use of the limb or appendage, the Amount of Insurance for the Loss will be paid, less any amount paid for the Surgical Replantation. Surgical Replantation means the surgical reattachment of an arm, leg, hand, foot, finger, or toe that has been severed from your body.
<table>
<thead>
<tr>
<th>Loss of or by Reason of</th>
<th>Percent of Your Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands</td>
<td>100%</td>
</tr>
<tr>
<td>Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Triplegia</td>
<td>75%</td>
</tr>
<tr>
<td>One Arm</td>
<td>75%</td>
</tr>
<tr>
<td>One Leg</td>
<td>75%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>One Hand</td>
<td>50%</td>
</tr>
<tr>
<td>One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Critical Burns covering 25% or more of the</td>
<td>50%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand (permanent loss)</td>
<td>25%</td>
</tr>
<tr>
<td>Four Fingers of the Same Hand (permanent)</td>
<td>25%</td>
</tr>
<tr>
<td>Hearing in One Ear</td>
<td>25%</td>
</tr>
<tr>
<td>All Toes on One Foot (permanent loss)</td>
<td>25%</td>
</tr>
<tr>
<td>Big Toe (permanent loss)</td>
<td>13%</td>
</tr>
<tr>
<td>Coma</td>
<td>1% of the Principal Sum per month, less any other dismemberment benefits paid, up to 100 months after one month of continuous coma</td>
</tr>
</tbody>
</table>

Loss of sight, hearing, and speech means entire loss with no possibility of recovery. Loss of hands and feet means the loss by complete severance through or above the wrist or ankle. Loss of thumb and index finger means loss by actual severance through or above the metacarpophalangeal joints. Benefits are not payable for losses incurred as a result of any of the causes listed under *When Benefits Are Not Payable Under Employer Paid AD&D and Voluntary AD&D.*
To be eligible for coverage, the loss of life, sight, hearing, speech, limbs, or loss of use must occur within 365 days of the accidental injury. Any benefits unpaid at the time of your death are payable to your beneficiary.

**Not all such Losses are covered. See When Benefits Are Not Payable Under Employer Paid AD&D and Voluntary AD&D.**

**Benefits Payable for More Than One Loss**

No more than 100 percent of your coverage will be paid for more than one loss resulting from the same accidental injury.

**Additional Benefits**

Additional benefits may be payable from the Employer Paid AD&D and any Voluntary AD&D coverage in which you are enrolled. Please review a copy of the Prudential Certificate of Coverage for a list of additional benefits payable.

**When Benefits Are Not Payable Under Employer Paid AD&D**

Benefits under Employer Paid AD&D are not payable for losses resulting from the following:

- Suicide or attempted suicide, while sane or insane
- Sickness, whether the loss results directly or indirectly from the sickness
- Medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment.
- Any bacterial or viral infection, but does not include:
  - a pyogenic infection resulting from an accidental cut or wound
  - a bacterial infection result from accidental ingestion of a contaminated substance.
- War or any act of war, except as provided by the War Risk Hazard Provision as defined below. “War” means declared or undeclared war and includes resistance to armed aggression. Terrorism is not considered an act of war.
- Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.
- Commitment of or attempt to commit a felony
- Travel or flight in any vehicle used for aerial navigation, except as provided by any Hazard provision, if any of these apply
• You are riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.
• You are performing as a pilot or a crew member of any aircraft.
• You are riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Mayo Clinic or any of its subsidiaries or affiliates. This includes getting in, out, on or off any such vehicle.

When Benefits Are Not Payable Under Voluntary AD&D

Benefits under Voluntary AD&D are not payable for losses resulting from the following:

• Suicide or attempted suicide, while sane or insane
• Sickness, whether the loss results directly or indirectly from the sickness
• Medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment.
• Any bacterial or viral infection, but does not include:
  • a pyogenic infection resulting from an accidental cut or wound
  • a bacterial infection result from accidental ingestion of a contaminated substance.
• War or any act of war, except as provided by the War Risk Hazard Provision as defined below. “War” means declared or undeclared war and includes resistance to armed aggression. Terrorism is not considered an act of war.
• Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.
• Commitment of or attempt to commit a felony
• Travel or flight in any vehicle used for aerial navigation, except as provided by any Hazard provision, if any of these apply
  • You are riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.
  • You are performing as a pilot or a crew member of any aircraft.
  • You are riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Mayo Clinic or any of its subsidiaries or affiliates. This includes getting in, out, on or off any such vehicle.
• Operation of a motor vehicle by a person while that person has a blood-alcohol level in excess of the state legal limit.

• Being under the influence of or taking non-prescription drug, medication, narcotic, stimulant, hallucinogen, barbiturate, amphetamine, gas, fumes or inhalants, poison, or any other substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the insured’s Doctor.

Hazard Provisions For Employer Paid and Voluntary AD&D

Benefits are payable when you are participating in, or practicing in any volunteer work that is performed for any recognized humanitarian agency, including church groups, such as, Doctors without Borders or the American Red Cross, while you are actively working for Mayo Clinic.

War Risk Hazard

During an authorized business trip for Mayo Clinic, you are traveling to a Designated War Risk Area. These locations include those areas listed except the United States of America and your permanent country of residence.

Coverage against Acts of War is provided if the Contract Holder provides Prudential with either: (1) the travel data being provided to the Insurance Company for business travel accident coverage; or (2) the number of authorized business trips to each of the countries listed below, at least annually in arrears.

Algeria                Saudi Arabia
Angola                 Yemen
Afghanistan            Pakistan
Jammu & Kashmir        Burundi
Israel                 Dem. Republic of Congo
Zimbabwe               Somalia
Columbia                Egypt
Mali                   Chechnya
Kuwait                 Nigeria
Chad                   Iraq
Iran                   Syria
North Korea            Cuba
Myanmar                Sudan
Lebanon                Venezuela
                      Ukraine
## Specified Aircraft Hazard

During an *authorized business trip* for your Employer, you are: boarding; leaving; riding as a passenger or crew member in; or struck by a Specified Aircraft.

Specified Aircraft means any of the aircraft described below which is owned, operated, controlled or leased by or on behalf of Mayo Clinic or any of its subsidiaries or affiliates or its customers, if such aircraft is: (a) Certified (as defined in the Policy); and (b) operated by a pilot who has a Certificate of Competency (as defined in the Policy) and who has logged the applicable minimum number of hours of flying time in aircraft of similar design. But the term does not include any aircraft used for: (a) firefighting; (b) exploration; (c) pipe or powering work; or (d) aerial photography.

<table>
<thead>
<tr>
<th>Aircraft Model Type</th>
<th>FAA Tail Number</th>
<th>Crew Seats</th>
<th>Passenger Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eurocopter EC 145</td>
<td>N145MC</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Eurocopter EC 145</td>
<td>N145EC</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Eurocopter EC 145</td>
<td>N145SM</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Eurocopter EC 145</td>
<td>N145SZ</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>King Air 350</td>
<td>N350MC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An *authorized business trip* is defined as follows:

- A bona fide trip during which you are on assignment or at the direction of Mayo Clinic to conduct business for the Mayo Clinic,
  - Beginning when you leave your residence or place of employment, whichever occurs last, for the purpose of beginning the Business Trip, and
  - Ending when you return to your residence or the place of regular employment, whichever occurs first.
- Commuting between your residence and place of regular employment by automobile or other conveyance on a regularly scheduled workday if you are using a mode of transportation you don’t normally use, because a strike, power failure, major breakdown, or similar event results in the interruption of one or more public transportation systems that you regularly use.
- During a sojourn or personal deviation from a business trip not exceeding seven days in length. For example, while on a business trip you may wish to extend

## Certificates of Coverage

Employer Paid and Optional Accidental Death and Dismemberment
Guarantee Association Notices
COST OF COVERAGE

Employer Paid AD&D

Your employer pays the full cost of Employer Paid AD&D coverage. There is no cost to you.

Voluntary AD&D

You pay the full cost of any coverage you enroll in for Voluntary AD&D on an after-tax basis. The monthly cost is $.15 per $10,000 of coverage. The premiums are set by the Insurance Company. In general, they are determined by the number of people in the Plan and the amount paid in benefit claims in the preceding Plan year.

An Example

Assume you enrolled for $200,000 of Voluntary AD&D coverage. Your monthly contribution would be calculated by first dividing $200,000 by $10,000 ($200,000 ÷ $10,000), which is 20. Then 20 is multiplied by the monthly cost per $10,000 of coverage, which is $.15. The monthly cost for $200,000 of coverage in Voluntary AD&D is $3.00 ($.15 x 20).
COVERAGE WHILE DISABLED

Your coverage under the Employer Paid AD&D and any Voluntary AD&D in which you enroll will continue while you are on approved disability under a Mayo sponsored disability plan. Your coverage will end if your disability ends and you do not return to work for a participating employer.

Cost of Coverage for Employer Paid AD&D during Disability

During approved disability, the employer will continue to pay the cost of Employer Paid AD&D.

Cost of Coverage for Voluntary AD&D during Disability

During approved disability, to continue your coverage under Voluntary AD&D you must continue to pay the premiums for any Voluntary AD&D insurance in which you are enrolled. You will be billed for the cost of coverage or it will be deducted from your disability payment. Your coverage will end if you fail to make a timely payment.
OTHER INFORMATION ABOUT THE PLAN

Conversion to an Individual Policy

There is no option to convert Employer Paid AD&D or Voluntary AD&D coverage to an individual policy.

Continuation of Coverage

There is no option to continue coverage under Employer Paid AD&D or Voluntary AD&D.
CLAIMS PROCEDURES

How to Receive Benefits

In the event of a covered loss including death, HR Connect should be contacted as soon as possible. They can provide assistance in filing a claim for benefits, but satisfactory written proof of death must be provided to the Insurance Company by your beneficiary or representative.

Determination of Benefits

Insurance Company shall notify you of the claim determination within 45 days of the receipt of your claim. This period may be extended by 30 days if such an extension is necessary due to matters beyond the control of the Plan. A written notice of the extension, the reason for the extension, and the date by which the Plan expects to decide your claim shall be furnished to you within the initial 45-day period. This period may be extended for an additional 30 days beyond the original 30-day extension if necessary due to matters beyond the control of the Plan. A written notice of the additional extension, the reason for the additional extension, and the date by which the Plan expects to decide on your claim shall be furnished to you within the first 30-day extension period if an additional extension of time is needed. However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by Insurance Company will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from Insurance Company of your denial. The notice will be written in a manner calculated to be understood by you and shall include:

- the specific reason(s) for the denial, which will include a discussion of the decision describing, if applicable, the basis for disagreeing with or not following (i) the views of your treating providers, (ii) the views of medical or vocational experts whose advice was obtained on behalf of the plan in connection with your adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, and (iii) an award of Social Security Administration disability benefits;

- references to the specific Plan provisions on which the benefit determination was based;

- a description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary;

- a description of Insurance Company’s appeal procedures and applicable time limits, including a statement of your right to bring a civil action under section 502(a) of ERISA following your appeals;

- a statement that, if an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request; and

- copies of any internal rules or guidelines relied upon in making this determination, if applicable.
Appeal of Adverse Determination

If your claim for benefits is denied, you or your representative may appeal your denied claim in writing to Insurance Company within 180 days of the receipt of the written notice of denial. Your appeal should describe the decision you are appealing and state the reasons why you think the decision on your claim was incorrect. You may submit with your appeal any written comments, documents, records, and other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records, and information relevant to your claim free of charge.

A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by Insurance Company, utilizing individuals not involved in the initial benefit determination. This review will not afford any deference to the initial benefit determination.

Insurance Company shall make a determination on your claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if Insurance Company determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension, and the date Insurance Company expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

Insurance Company will provide you, free of charge and prior to any adverse decision on appeal, with any new or additional evidence that is considered by Insurance Company in connection with the claim (including evidence that may be the basis for denial as well as any evidence that may support granting the claim), and any new or additional rationale that will form the basis for the Insurance Company’s decision on appeal. Any such evidence will be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination must be provided in order to give you a reasonable opportunity to respond prior to that date.

If the appeal is denied in whole or in part, you will receive a written notification from Insurance Company of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include:

- the specific reason(s) for the adverse determination, which will include a discussion of the decision describing, if applicable, the basis for disagreeing with or not following (i) the views of your treating providers, (ii) the views of medical or vocational experts whose advice was obtained on behalf of the plan in connection with your adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, and (iii) an award of Social Security Administration disability benefits;
- references to the specific Plan provisions on which the determination was based;
- a statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all documents, records, and other information relevant to your benefit claim upon request;
- a statement that, if an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request;
- a statement that you have the right to obtain upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination; and
- a statement describing any appeal procedures offered by the Plan and your right to bring a civil
suit under ERISA.

Claim Rules

These rules apply to payment of benefits under all components of the Plan.

Proof of Loss

Prudential must be given written proof of the loss for which claim is made under the Plan. This proof must cover the occurrence, character and extent of that loss. It must be furnished within 90 days after the date of the loss. But, if any benefit under the Plan provides for periodic payment of benefits at monthly or shorter intervals, the proof of loss for each such period must be furnished within 90 days after its end.

A claim will not be considered valid unless the proof is furnished within these time limits. However, it may not be reasonably possible to do so. In that case, the claim will still be considered valid if the proof is furnished as soon as reasonably possible, but not later than one year after the time proof is otherwise required, except in the absence of legal capacity.

When Benefits are Paid

Benefits are paid when Prudential receives written proof of the loss. But, if the Policy provides that benefits are payable at equal intervals of a month or less, Prudential will not have to pay those benefits more often.

Physical Exam and Autopsy

Prudential, at its own expense, has the right to examine the person whose loss is the basis of claim. Prudential may do this when and as often as is reasonable while the claim is pending. Prudential also has the right to arrange for an autopsy in case of accidental death, if it is not forbidden by law.
CLAIMS ADMINISTRATION

Claim Administrators and contacts for the claims/appeals process:

The Prudential Insurance Company of America
Life Claims Management
P.O. Box 8517
Philadelphia, PA 19176

*Overnight Mail to:*

2101 Welsh Road
Dresher, PA 19025

Phone: (844) 656-MAYO (6296)
Fax: (888) 227-6764

and

Trustmark Insurance Company
400 Field Drive
Lake Forest, IL 60045

Phone: (847) 615-1300