



GUARDIANSM

**YOUR GROUP INSURANCE
PLAN BENEFITS**

**INSURANCE COMMITTEE OF THE ASSESSORS' INSURANCE
FUND DBA LOUISIANA ASSESSORS' ASSOCIATION
CLASS 0006 - ALL QUALIFIED RETIREES
DEPENDENT LIFE, LIFE**

The enclosed certificate is intended to explain the benefits provided by the Plan. It does not constitute the Policy Contract. Your rights and benefits are determined in accordance with the provisions of the Policy, and your insurance is effective only if you are eligible for insurance and remain insured in accordance with its terms.

This Booklet Includes All Benefits For Which You Are Eligible.

You are covered for any benefits provided to you by the policyholder at no cost.

But if you are required to pay all or part of the cost of insurance you will only be covered for those benefits you elected in a manner and mode acceptable to Guardian such as an enrollment form and for which premium has been received by Guardian.

"Please Read This Document Carefully".

B907.0004

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The forms listed below are attached to and made part of this certificate. The listed forms describe the coverages which the *Planholder* has elected.

All terms in italics are defined terms with special meanings. Definitions are shown in the Glossary or are defined where they are used.

Life Insurance

CGP-LA-LG-15

Eligibility for Life Coverages

Member Coverage

Dependent Coverage

Member Basic Group Term Life Insurance with Accelerated Benefit

Dependent Basic Term Life Insurance

GENERAL PROVISIONS

As used in this certificate:

"Covered person" means *you* or any of *your* dependents insured by this *plan*.

"Employer" means either: a) the Louisiana Assessors' Association; or b) a member assessor of the Louisiana Assessors' Association in accordance with the terms of the Association's bylaws as amended from time to time.

"Member" means a retired employee who worked for either the: a) Louisiana Assessors' Association; or b) a member assessor of the Louisiana Assessors' Association in accordance with the terms of the Association's bylaws as amended from time to time.

"Our," "Guardian," "us," and "we" mean The Guardian Life Insurance Company of America.

"Plan" means the *Guardian* group *plan* purchased by *the policyholder*.

"Policyholder" means the Louisiana Assessors' Association who purchased this plan.

"You," "your," and "certificateholder" mean a *member* covered by this *plan*.

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Limitation of Authority

No person, except by a writing signed by the President, a Vice President or a Secretary of *Guardian*, has the authority to act for *us* to: (a) determine whether any contract, *plan* or certificate of insurance is to be issued; (b) waive or alter any provisions of any insurance contract or *plan*, or any requirements of *Guardian*; (c) bind *us* by any statement or promise relating to any insurance contract issued or to be issued; or (d) accept any information or representation which is not in a signed application.

Incontestability

This *plan* is incontestable after two years from its date of issue, except for non-payment of premiums.

No statement in any application, except a fraudulent statement, made by a person insured under this *plan* will be used in contesting the validity of his or her insurance or in denying a claim for a loss incurred, or for a disability which starts, after such insurance has been in force for two years during his or her lifetime.

If this *plan* replaces a *plan* the *policyholder* had with another insurer, *we* may rescind the *policyholder's plan* based on misrepresentations made by the *policyholder* or a *member* in a signed application for up to two years from the effective date of this *plan*.

Examination and Autopsy

We have the right to have a doctor of *our* choice examine the person for whom a claim is being made under this *plan* as often as *we* feel necessary. And *we* have the right to have an autopsy performed in the case of death, where allowed by law. *We* will pay for all such examinations and autopsies.

Conformity with State Statute

The group *plan* is governed by the laws of the state of Louisiana. However, with respect to this certificate, any terms which are in conflict with any insurance statute or regulation of the jurisdiction where the *certificateholder* resides and which are applied regardless of where the policy is issued, are hereby amended to conform to the minimum requirements of such statute or regulation.

This provision will apply only to those *certificateholders* who are residents of that other jurisdiction and who are insured by the group *plan* on the date the claim for benefits is made.

B908.0010-R

All Options

GLOSSARY

This Glossary defines the italicized terms appearing in *your* certificate.

General Definitions

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Eligibility Date for dependent coverage is the earliest date on which *you*: (a) have dependents; and (b) are eligible for dependent coverage.

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All Options

Enrollment Period for dependent coverage is the 31 day period which starts on the date that *you* first become eligible for dependent coverage.

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All Options

Initial Dependents means those eligible dependents *you* have at the time *you* first become eligible for member coverage. If at this time *you* do not have any eligible dependents, but *you* later acquire them, the first eligible dependents *you* acquire are *your initial dependents*.

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All Options

Newly Acquired Dependent means an eligible dependent *you* acquire after *you* already have coverage in force for *initial dependents*.

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All Options

Qualified Retirees are covered as outlined in your company's benefit provisions. Please see Your Plan Administrator for details.

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Definitions Applicable to Life Coverage

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All Options

Doctor means any medical practitioner we are required by law to recognize. He or she must: (a) be properly licensed or certified by the laws of the state where he or she practices; and (b) provide services that are within the lawful scope of his or her practice. We do not recognize *you*, or *your* spouse, child, parent, sibling, or business associate, as a *doctor* with respect to *your* claim for this *plan's* benefits.

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All Options

ELIGIBILITY FOR LIFE COVERAGES

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All Options

When Your Coverage Starts Member benefits are effective on your retirement date.

B914.0080-R

All Options

When Your Coverage Ends *Your coverage ends when you die.*

It also ends on the date *you* stop being a part of a class of *members* eligible for insurance under this *plan*, or when this *plan* ends for all *members*. And it ends when this *plan* is changed so that benefits for the class of *members* to which *you* belong ends.

Read this booklet carefully if *your coverage ends*. *You* may have the right to continue certain group benefits for a limited time. And *you* may have the right to replace certain group benefits with converted policies.

B914.0181-R

All Options

Dependent Coverage

B914.0043-R

All Options

Eligible Dependents For Basic Dependent Life Benefits Your *eligible dependents* are: your legal spouse and your dependent children, until they reach age 26.

B914.0250-R

All Options

Adopted Children and Step-Children *Your "dependent children" include (a) your legally adopted children; and (b) your step-children. We treat a child as legally adopted from the time the child is placed in your home for the purpose of adoption or voluntary surrender. We treat such a child this way whether or not a final adoption order is ever issued.*

Dependents Not Eligible *We exclude any dependent who is on active duty in any armed force.*

B914.0245

All Options

Handicapped Children You may have an unmarried child or grandchild with a mental or physical handicap, or developmental disability, who can not support himself or herself. Subject to all of the terms of this coverage and the *plan*, such a child may stay eligible for dependent life benefits past this coverage's age limit.

An unmarried *full-time* student will not be considered to meet the coverage's age limit until that child reaches age if that child: (a) is dependent on *you* for support; and (b) develops a mental or nervous condition, problem, or disorder which renders that unmarried child, in the opinion of a qualified psychiatrist, unable to attend school and to hold self-sustaining employment. *Guardian* may require a second opinion. A grandchild must also remain in *your* custody and reside with *you*.

The child will stay eligible as long as he stays unmarried and unable to support himself or herself, if: (a) his or her conditions started before he or she reached this coverage's age limit; (b) he or she became insured by this coverage before he or she reached the age limit, and stayed continuously insured until he or she reached such limit; and (c) he or she depends on *you* for most of his or her support and maintenance. With respect to a grandchild, the grandchild must also remain in *your* custody and reside with *you*.

But, for the child to stay eligible, *you* must send *us* written proof that the child is handicapped and depends on *you* for most of his or her support and maintenance. *You* have 31 days from the date the child reaches the age limit to do this. *We* can ask for periodic proof that the child's condition continues. But after two years, *we* can not ask for this proof more than once a year.

The child's coverage ends when *yours* does.

B914.0103

All Options

Proof of Insurability *We* require proof that a dependent is insurable, if *you* : (a) enroll a dependent and agree to make the required payments after the end of the enrollment period; (b) in the case of a *newly acquired dependent*, other than the first newborn child, have other eligible dependents who *you* have not elected to enroll; or (c) in the case of a newly acquired dependent, have other eligible dependents whose coverage previously ended because *you* failed to make the required contributions, or otherwise chose to end such coverage.

A dependent is not insured by any part of this *plan* that requires such proof until *you* give *us* this proof, and *we* approve it in writing.

If the dependent coverage ends for any reason, including failure to make the required payments, *your* dependents will not be covered by this *plan* again until *you* give *us* new proof that they are insurable and *we* approve that proof in writing.

B914.0050

All Options

When Dependent Coverage Starts In order for *your* dependent coverage to start *you* must already be insured for member coverage, or enroll for member and dependent coverage at the same time. Subject to the "Exception" stated below and to all of the terms of this *plan*, the date *your* dependent coverage starts depends on when *you* elect to enroll *your initial dependents* and agree to make any required payments.

If *you* do this on or before *your eligibility date*, the dependent's coverage is scheduled to start on the later of *your eligibility date* and the date *you* become insured for member coverage.

If *you* do this within the *enrollment period*, the coverage is scheduled to start on the later of the date *you* sign the enrollment form; and the date *you* become insured for member coverage.

If *you* do this after the *enrollment period* ends, *your* dependent coverage is subject to *proof of insurability* and will not start until *we* approve that proof in writing.

Once *you* have dependent coverage for *your initial dependents*, *you* must notify *us* when *you* acquire any new dependents and agree to make any additional payments required for their coverage.

A *newly acquired dependent* will be covered for those dependent benefits not subject to *proof of insurability* from the later of the date *you* notify *us* and agree to make any additional payments, and the date the *newly acquired dependent* is first eligible.

If *proof of insurability* is required for dependent benefits as explained above, those benefits are scheduled to start, subject to the "Exception" stated below, on the effective date shown in the "Endorsement" section of *your* application, provided that *you* send *us* the proof *we* require and *we* approve that proof in writing.

A copy of the approved application is furnished to *you*.

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All Options

Exception If a dependent, other than a newborn child, is confined to a hospital or other health care facility; or is home-confined; or is unable to carry out the normal activities of someone of like age and sex on the date his or her dependent benefits would otherwise start, *we* will postpone the effective date of such benefits until the day after his or her discharge from such facility; until home confinement ends; or until he or she resumes the normal activities of someone of like age and sex.

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All Options

When Dependent Coverage Ends Dependent coverage ends for all of *your* dependents when *your* coverage ends. Dependent coverage also ends for all of *your* dependents when *you* stop being part of a class of *members* eligible for such coverage. And it ends when this *plan* ends, or when dependent coverage is dropped from this *plan* for all *members* or for *your* class.

If *you* are required to pay part of the cost of dependent coverage, and *you* fail to do so, *your* dependent coverage ends. It ends on the last day of the period for which *you* made the required payments, unless coverage ends earlier for other reasons.

An individual dependent's coverage ends when he or she stops being an eligible dependent. This happens to a child, step-child or grandchild at 12:01 a.m. on the date the child attains this coverage's age limit, or for a handicapped child who has reached the age limit, when he or she is no longer dependent on *you* for support and maintenance. A grandchild's coverage also ends when he or she is no longer in *your* custody or residing with *you*. And a spouse's coverage ends when a marriage ends in legal divorce or annulment.

Read this *plan* carefully if dependent coverage ends for any reason. Dependents may have the right to continue certain group benefits for a limited time. And they may have the right to replace certain group benefits with converted policies.

B914.0148-R

LIFE INSURANCE

B916.0009-R

Member Basic Group Term Life Insurance

Basic Life Benefit If *you* die while insured for this benefit, *we* will pay *your* beneficiary the amount shown in the schedule.

Proof of Death *We* will pay this insurance as soon as *we* receive written proof of death. This should be sent to *us* as soon as possible.

The Beneficiary *You* decide who gets this insurance if *you* die. *You* should have named *your* beneficiary on *your* enrollment form. *You* can change *your* beneficiary at any time by giving the policyholder written notice, unless *you* have assigned this insurance. (3b) But the change will not take effect until the policyholder gives *you* written confirmation of the change.

If *you* named more than one person, but did not tell *us* what their shares should be, they will share equally. If someone *you* named dies before *you* do, that person's share will be divided equally by the beneficiaries still alive, unless *you* have told *us* otherwise.

If there is no beneficiary when *you* die, *we* will pay the insurance to the following: (a) *your* spouse; (b) *your* children; (c) *your* parents; (d) *your* brothers and sisters; or (e) *your* estate.

Assigning this Life Insurance If *you* assign this insurance, *you* permanently transfer all of *your* rights under this insurance to the assignee. Only one of the following can be an assignee: (a) *your* spouse; (b) one of *your* parents or grandparents; (c) one of *your* children or grandchildren; (d) one of *your* brothers or sisters; (e) the trustee(s) of a trust set up for the benefit of one or more of these relatives or (f) viatical settlement provider.

We will recognize an assignee as the owner of the rights assigned only if: (a) the assignment is in writing and signed by *you*; and (b) a signed or certified copy of the written assignment has been received and approved by *us*.

We will not be responsible for legal, tax or other effects of any assignment, or for any benefits *we* pay under this *plan* before *we* receive and approve any assignment.

We suggest *you* speak to a lawyer before *you* make any assignment. If *you* decide *you* want to assign this insurance, write to *us* for details.

Payment to a Minor or Incompetent If *your* beneficiary is a minor or incompetent, *we* will pay this insurance to the person who cares for and supports the beneficiary. *We* have the right to pay in monthly installments. *We* completely discharge *our* liability for any amounts paid this way.

Payment of Funeral or Last Illness Expenses We have the option of paying up to \$250.00 of this insurance to any person who incurs expenses for *your* funeral or last illness.

Settlement Option If *you* or *your* beneficiary asks *us*, *we* will pay all or part of this insurance in installments. Any request must be made to *us* in writing. The amounts of the installments and how they would be paid depend on what *we* offer at the time the request is made.

We completely discharge *our* liability for any amounts paid this way.

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All Options

GROUP TERM LIFE INSURANCE SCHEDULE

B917.0002-R

All Options

Member Basic Term Life Insurance

CGP-LA-LG-15

B917.0005-R

All Options

Basic Term Life Insurance Amount Insurance Amount If the member retires before age 70, the insurance amount is 50% of the amount in force on the Member's retirement date. If the member retires after age 70, the Member's insurance amount is 100% of the amount in force on the Member's retirement date.

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All Options

Dependent Basic Term Life Insurance

CGP-LA-LG-15

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All Options

Basic Dependent Spouse Insurance Amount Insurance Amount \$20,000.00
CGP-LA-LG-15 B917.0311-R

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Your Basic Dependent Child Insurance Amount	Child's Age At Death	Benefit Amount
	Birth but less than 14 days	\$2,000.00
	14 days but less than 6 months	\$10,000.00
	At least 6 months but less than 26 years	\$10,000.00
	At least 26 years but less than 26 years if a full-time student	\$10,000.00

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Dependent Basic Term Life Insurance (Cont.)

All Options

In no event may the insurance amount of *your* dependent spouse exceed 50% of *your* insurance amount.

In no event may the insurance amount of *your* dependent child exceed 10% of *your* insurance amount.

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All Options

THE FOLLOWING PROVISION APPLIES TO MEMBER BASIC TERM LIFE INSURANCE:

All Options

Converting This Group Term Life Insurance

If Employment or Eligibility Ends *Your* group life insurance ends if: *you* stop being part of an eligible class of *members*. If either happens, *you* can convert *your* group life insurance to an individual life insurance policy. *You* can convert the amount for which *you* were covered under this *plan*, less any group life benefits *you* become eligible for in the 31 days after this insurance ends.

If the Group Plan Ends or Group Life Insurance Is Dropped *Your* group life insurance also ends if: (a) this group *plan* ends; or (b) life insurance is dropped from the group *plan* for all *members* or for *your* class. If either happens and *you* have been insured by a *Guardian* group life plan for at least five years, *you* can convert to a permanent life insurance policy. But, the amount *you* can convert is limited to the lesser of: (a) \$2,000.00; or (b) the amount of *your* insurance under this *plan*, less any group life benefits *you* become eligible for in the 31 days after this insurance ends.

The Converted Policy *You* can convert to one of the policies *we* normally issue. It can not include disability benefits.

The premium for the converted policy will be based on: (a) *your* standard or sub-standard risk and rate class under this *plan*; and (b) *your* age on the converted policy's effective date. The converted policy will start at the end of the period allowed for conversion.

How and When to Convert To get a converted policy, *you* must apply to us in writing and pay the required premium. *You* have 31 days after *your* group life insurance ends to do this. *We* will not ask for proof that *you* are insurable.

Death During the Conversion Period If *you* die in the 31 days allowed for conversion, *we* will pay *your* beneficiary the amount *you* could have converted under the group policy. *We* will pay whether or not *you* applied for conversion.

B920.0072-R

Member Accelerated Life Benefit

IMPORTANT NOTICE: USE OF THE BENEFIT PROVIDED BY THIS SECTION MAY HAVE TAX IMPLICATIONS AND MAY AFFECT GOVERNMENT BENEFITS OR CREDITORS. YOU SHOULD CONSULT WITH YOUR TAX OR FINANCIAL ADVISOR BEFORE APPLYING FOR THIS BENEFIT.

PLEASE NOTE: THE AMOUNT OF GROUP TERM LIFE INSURANCE IS PERMANENTLY REDUCED BY THE GROSS AMOUNT OF THE ACCELERATED LIFE BENEFIT PAID TO YOU.

Accelerated Life Benefit If *you* have a *terminal condition* *you* may apply for the Accelerated Life Benefit. An Accelerated Life Benefit is a payment of part of *your group term life insurance* made to *you* before *you* die.

We subtract the *gross amount* paid to *you* as an Accelerated Life Benefit from the amount of *your group term life insurance* under this *plan*. The remaining amount of *your group term life insurance* is permanently reduced by the *gross amount* paid to *you*.

You may use the Accelerated Life Benefit in any way *you* choose. But *you* may receive only one Accelerated Life Benefit during *your* lifetime. If *you* live longer than 6 months, or if *you* recover from the condition, the benefit does not have to be repaid. But the amount of this benefit is not restored to *your* remaining *group term life insurance*. And *you* may not receive another Accelerated Life Benefit if *you* have a relapse or develop another *terminal condition*.

Maximum Benefit Amount The amount of the Accelerated Life Benefit for which *you* may apply is based on the amount of *your group term life insurance* for which *you* are insured on the day before *you* apply for the benefit. The minimum benefit amount is the lesser of: (a) \$10,000.00; or (b) 75% of the inforce amount. The maximum benefit amount is the lesser of: (a) \$250,000.00; or (b) 75% of the inforce amount.

Discount The amount for which *you* apply is discounted to the present value in six months from the date the benefit is paid, based on the maximum adjustable policy loan interest rate permitted in the state in which *the policyholder* is located

A detailed statement of the method of computing the amount of the Accelerated Life Benefit is filed with each state insurance department. This statement is available from *Guardian* upon request.

Processing Fee A fee of up to \$150.00 may also be required for the administrative cost of evaluating and processing *your* Accelerated Life Benefit. This fee is deducted from the amount of the Accelerated Life Benefit paid to *you*.

Payment of an Accelerated Life Benefit If *we* approve *your* application for an Accelerated Life Benefit, *we* pay the amount *you* have elected, less the discount and the processing fee. *We* pay the benefit to *you* in one lump sum. And what *we* pay is subject to all of the other terms of this *plan*.

Your Accelerated Life Benefit (Cont.)

How and When to Apply To receive an Accelerated Life Benefit, *you* must send us written proof from a *doctor* that *your* medical condition is expected to result in *your* death within 6 months of the date of the written medical proof. *We* must approve such proof in writing before the Accelerated Life Benefit will be paid.

We can have *you* examined by a *doctor* of *our* choice to verify the *terminal condition*. *We* will pay the cost of such examination. *We* will not pay the Accelerated Life Benefit if *our doctor* does not verify the *terminal condition*.

If *we* approve *you* to receive an Accelerated Life Benefit, *we* give *you* a statement which shows: (a) the amount of the maximum Accelerated Life Benefit for which *you* are eligible; (b) the amount by which *your group term life insurance* will be reduced if *you* elect to receive the maximum Accelerated Life Benefit; and (c) the amount of the processing fee.

Even if *you* are receiving an Extended Life Benefit under this *plan*, *you* can still apply for an Accelerated Life Benefit. However, once *you* convert *your group term life insurance*, the terms of the converted life policy will apply. Any amount to which *you* could otherwise convert is permanently reduced by the *gross amount* of the Accelerated Life Benefit paid to *you*.

Please read "Your Remaining Group Term Life Insurance" for restrictions that may apply.

If You Have Assigned Your Group Term Life Insurance If *you* have already assigned *your group term life insurance*, according to the terms of this *plan*, *you* can not apply for an Accelerated Life Benefit.

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All Options

If You Are Incompetent If *you* are determined to be legally incompetent, the person the court appoints to handle *your* legal affairs may apply for the Accelerated Life Benefit for *you*.

Your Remaining Group Term Life Insurance The remaining amount of *group term life insurance* for which *you* are covered after receiving an Accelerated Life Benefit payment is subject to any increases or cutbacks that would otherwise apply to *your* insurance. Applicable cutbacks are applied to the amount of *group term life insurance* for which *you* are insured on the day before *you* apply for the Accelerated Life Benefit.

The premium cost of *your* remaining coverage is based on the amount of *your group term life insurance* for which *you* are insured on the day before *you* apply for the Accelerated Life Benefit.

You may be required to provide *proof of insurability* for increased amounts. If *you* are, *we* must approve that proof in writing before *you* are covered for the new amount.

The total amount of *group term life insurance* the beneficiary would otherwise receive upon *your* death is reduced by the *gross amount* of the Accelerated Life Benefit paid to *you*.

Your Accelerated Life Benefit (Cont.)

If *you* die after electing the Accelerated Life Benefit, but before *we* send the benefit to *you*, the beneficiary will receive the amount of *your group term life insurance* for which *you* are insured on the day before *you* apply for the Accelerated Life Benefit.

Restrictions *We* will not pay an Accelerated Life Benefit to *you* if *you*:

- are required by law to use the payment to meet the claims of creditors, whether or not *you* are in bankruptcy; or
- are required by court order to pay all or part of the benefit to another person; or
- are required by a government agency to use the payment to apply for, to receive or to maintain a governmental benefit or entitlement; or
- lose *your* coverage under the group *plan* for any reason after *you* elect the Accelerated Life Benefit but before *we* pay such benefit to *you*.

Defined Terms As used in this Section:

"Group term life insurance" means any Member Basic Group Term Life Insurance for which *you* are insured under this *plan*. "Group term life insurance" does not mean any accidental death and dismemberment benefits, any insurance provided under this *plan* for covered persons other than *you* or any scheduled increase in the amount of any Member Group Term Life Insurance that is due within the six month period after the date *you* apply for the Accelerated Life Benefit.

"Gross Amount" means the amount of an Accelerated Life Benefit elected by *you*, before the discount is subtracted.

"Terminal condition" means a medical condition that is expected to result in *your* death within 6 months.

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All Options

Dependent Basic Term Life Insurance

The Benefit If one of *your* dependents dies while insured for this benefit, *we* pay the amount shown in the schedule. *We* pay this insurance in a lump sum as soon as *we* receive written proof of death. The proof should be sent to *us* as soon as possible.

We pay *you* if *you* are living. If *you* are not living, and the dependent was *your* child, *we* pay *your* spouse. If *your* spouse is not living, *we* pay the child's living brothers and sisters in equal shares. If there are none, *we* pay the child's estate. If the dependent was *your* spouse, *we* pay the spouse's estate.

Dependent Basic Term Life Insurance (Cont.)

Payment to a Minor or Incompetent If the person to whom the benefit payable is a minor or not competent, we will pay the person who cares for and supports that person. *We* have the right to pay in monthly installments. *We* completely discharge *our* liability for any amounts paid this way.

Incontestability *We* can not dispute any medical statements made in the application after a dependent has been insured for these benefits for two years.

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All Options

Converting This Dependent Term Life Insurance

If Your Group Life Insurance Ends or You Stop Being Eligible Dependent term life insurance ends for all of *your* dependents when *your* group life insurance ends. *Your* insurance ends when: *you* stop being part of a class of *members* eligible for *member* group life insurance; (c) *your* group life insurance is extended under the Extended Life Benefit provision; or (d) *you* die.

Dependent term life insurance also ends when *you* stop being part of a class of *members* eligible for dependent term life insurance.

If one of the above happens, each dependent who was insured may convert all or part of his or her insurance.

If this Plan Ends or Life Insurance Is Dropped Dependent term life insurance also ends for all of *your* dependents when this *plan* ends. And it ends if either *member* or dependent term life insurance is dropped from this *plan* for all *members* or for *your* class.

If one of the above happens, and *your* dependents have been insured by a *Guardian* group life plan for at least five years, they can convert. But *we* limit the amount each dependent can convert to the lesser of: (a) \$2,000.00; or (b) the amount of his or her insurance under this *plan* less any group life benefits he or she becomes eligible for in the 31 days after this insurance ends.

If a Dependent Stops Being Eligible A dependent's term life insurance ends when he or she stops being an eligible dependent as defined by this *plan*. If a dependent stops being eligible, that dependent can convert all or part of his or her insurance.

The Converted Policy The dependent can convert to one of the individual life insurance policies *we* normally issue. That policy can not include disability benefits. And it can not be a term policy.

The premium for the converted policy will be based on: (a) the dependent's risk and rate class under this *plan*; and (b) the dependent's age when the converted policy takes effect. The converted policy takes effect at the end of the period allowed for conversion.

Write to *us* for details.

Converting This Dependent Term Life Insurance (Cont.)

How and When to Convert To get a converted policy, the dependent must apply to *us* in writing and pay the required premium. He or she has 31 days after his or her group insurance ends to do this. *We* will not ask for proof that the dependent is insurable. If the dependent is a minor or not competent, the person who cares for and supports the dependent may apply for him or her.

Death During the Conversion Period If a dependent dies in the 31 days allowed for conversion, we pay the amount he or she could have converted, as stated above. *We* do this whether or not the dependent applied for conversion.

B925.0005-R

All Options

With respect to members of the Louisiana Assessors' Association

SUMMARY PLAN DESCRIPTION SUPPLEMENT TO CERTIFICATE

You participate in a single employer insured Welfare Plan. This supplement and your certificate of insurance constitute the Summary Plan Description as required by the Member Retirement Income Security Act of 1974 (ERISA). This supplement should be retained with your certificate.

● **Name of Plan:**

INSURANCE COMMITTEE OF THE ASSESSORS' INSURANCE FUND
DBA LOUISIANA ASSESSORS' ASSOCIATION GROUP INSURANCE
PLAN

● **Employer's Name:** (Plan Sponsor)

INSURANCE COMMITTEE OF THE ASSESSORS' INSURANCE FUND
DBA LOUISIANA ASSESSORS' ASSOCIATION

Address: 3060 VALLEY CREEK DRIVE

BATON ROUGE, LA 70808

Phone Number: 225-928-8886

● **IRS Employer Identification Number (EIN):** 72-6014133

● **Plan Number:** 501

● **Plan Administrator:** (if other than Plan Sponsor)

INSURANCE COMMITTEE OF THE ASSESSORS' INSURANCE FUND
DBA LOUISIANA ASSESSORS' ASSOCIATION

Address: 3060 VALLEY CREEK DRIVE

BATON ROUGE, LA 70808

Phone Number: 225-928-8886

● **Agent for The Service of Legal Process:**

INSURANCE COMMITTEE OF THE ASSESSORS' INSURANCE FUND
DBA LOUISIANA ASSESSORS' ASSOCIATION

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BATON ROUGE, LA 70808

(Legal process may also be served on the Plan Administrator.)

● **Date of End of Plan Year:** One day prior to January 1st.

● Contributions to the plan are provided by the Employer only.

- The following class is eligible to apply for insurance:

Class 0006

ALL QUALIFIED RETIREES

provided they have completed the service waiting period established by the policyholder, if any. Qualified dependents of these members may also be eligible for insurance. (Your certificate provides details).

B800.0046-R

STATEMENT OF ERISA RIGHTS

As a participant, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

- (a) Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U. S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- (b) Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts, collective bargaining agreements and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.
- (c) Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions By Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate the plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of plan participants and beneficiaries. No one, including your employer, your union, or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Statement of Erisa Rights (Cont.)

Enforcement Of Your Rights If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a state or Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110.00 a day until you receive the material, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a federal court. If it should happen that plan fiduciaries misuse the plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds that your claim is frivolous.

Assistance with Questions If you have questions about the plan, you should contact the plan administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or the Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

B800.0093

Life Insurance Claims Procedure

Claim forms and instructions for filing claims may be obtained from the Plan Administrator.

Guardian is the Claims Fiduciary with discretionary authority to determine eligibility for benefits and to construe the terms of the plan with respect to claims.

In addition to the basic claim procedure explained in your certificate, Guardian will also observe the procedures listed below. These procedures are the minimum requirements for benefit claims procedures of employee benefit plans covered by Title 1 of the Employee Retirement Income Security Act of 1974 ("ERISA")

- (a) If a claim is wholly or partially denied, the claimant will be notified of the decision within 90 days after Guardian received the claim.
- (b) If special circumstances require an extension of time for processing the claim, written notice of the extension shall be furnished to the claimant prior to the termination of the initial 90-day period. In no event shall such extension exceed a period of 90 days from the end of such initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which The Guardian expects to render the final decision.
- (c) If a claim is denied, Guardian will provide a notice that will set forth:
 - (1) the specific reason(s) the claim was denied;
 - (2) specific references to the pertinent plan provision on which the denial is based;
 - (3) a description of any additional material or information needed to make the claim valid, and an explanation of why the material or information is needed;
 - (4) an explanation of the plan's claim review procedure. A claimant must file a request for review of a denied claim within 60 days after receipt of written notification of denial of a claim.
- (d) Guardian will notify the claimant of its decision within 60 days of receipt of the request for review. If special circumstances require an extension of time for processing, The Guardian will render a decision as soon as possible, but no later than 120 days after receiving the request. The Guardian will notify the claimant about the extension.

B800.0084



GUARDIANSM

**The Guardian Life Insurance
Company of America**

7 Hanover Square
New York, New York 10004-2616