

YOUR CALTECH SURVIVOR BENEFIT PLANS

No one wants to think about the death, injury or prolonged illness of yourself or a loved one, but in reality, these situations must be planned for in case the unthinkable occurs. That's why Caltech provides protection for you and your family members in the form of the following basic and supplemental coverages:

- ⇒ Group Life Insurance
- ⇒ Personal Accident Insurance
- ⇒ Travel Accident Insurance
- ⇒ International SOS Medical Assistance/Referral Service
- ⇒ Extra-Hazardous Duty Insurance

The following sections summarize your survivor benefits. For more information, contact the Campus or JPL Benefits Office.

GROUP LIFE INSURANCE PLAN

BASIC BENEFIT

The Group Life Insurance Plan provides a basic group life insurance coverage amount of one times your Annual Salary up to \$50,000 of coverage at no cost to you. If you die from any cause, your Beneficiary(ies) will be paid a benefit equal to your basic group life benefit amount. You also have the opportunity to supplement your basic group life insurance coverage amount with optional supplemental group life insurance coverage.

If you retire from the Institute, your basic group life insurance benefit will be reduced to \$5,000.

SUPPLEMENTAL BENEFIT

You may enroll in optional supplemental group life insurance. Your coverage amount will be paid to your Beneficiary(ies) in the event of your death.

COVERAGE OPTIONS

The table on page 5.3 shows the optional supplemental group life insurance coverage amounts available to you.

Your coverage is based on your Annual Salary. If your salary increases, coverage will be adjusted on the payroll period in which your new salary becomes effective.

Reduction at Ages 65 and 70

Basic and supplemental group life benefits for Employees, and supplemental group life benefits for your Spouse are reduced when **you** turn age 65 to 65% of your original amount, and then when you turn age 70 to 40% of your original amount. At that time, you have 31 days to convert the difference to an individual plan. See page 2.27 for additional conversion information.

ENROLLMENT

New Employees may enroll within 31 days of becoming a Benefit-Based Employee. When initially hired as a Benefit-Based Employee, you may select up to three times your Annual Salary, up to a maximum of \$500,000 of supplemental group life insurance coverage for yourself without Evidence of Insurability. You may enroll at any time after the initial 31 days, but your coverage will be subject to Evidence of Insurability.

You may enroll a new Spouse within 31 days of the date of the marriage. You may enroll your Domestic Partner within 31 days of formation of partnership, provided the eligibility requirements listed on page 2.4 are met. You can also enroll a child between the ages of 14 days and 19 years (25 if full-time student). Adopted or new Dependent children acquired through marriage must be enrolled for Dependent coverage within 31 days of Adoption or your marriage. Enrollment of a Spouse or Domestic Partner after these deadlines also requires Evidence of Insurability. After electing supplemental group life insurance for a Dependent child, coverage for any new Dependent children shall be automatically provided 14 days following birth date.

If you file an application for supplemental group life insurance more than 31 days after the eligibility period, your coverage will not take

effect until the carrier approves your Evidence of Insurability. Prior to the date that Evidence of Insurability is approved, you will be enrolled in the highest coverage amount that does not require Evidence of Insurability. Any increase in your coverage following approval of Evidence of Insurability will become effective the first of the month following receipt of the carrier's approval.

If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage. Any increases in your coverage due to an increase in your Annual Salary will become effective on the first payroll period of your new salary.

Changes to Your Coverage Amount

During future Annual Enrollment Periods, you may increase your supplemental group life insurance coverage for yourself equal to one times your Annual Salary without providing Evidence of Insurability.

You may request a change in your group life insurance election at any time. However, Evidence of Insurability will be required for any of the circumstances listed on page 5.4.

SUPPLEMENTAL GROUP LIFE COVERAGE	
Type of Coverage	Coverage
Supplemental group life coverage for yourself	1, 2, 3, 4, or 5 times your Annual Salary rounded to next higher \$10,000, up to \$1,000,000 maximum*
Supplemental group life coverage for your Spouse or Domestic Partner	Units of \$10,000, up to 50% of the total basic and supplemental amount or \$200,000, whichever is less
Supplemental group life coverage for your Dependent children age 14 days to 19 years (25 if full-time student)	\$10,000 per child

**You are limited to 3 times your Annual Salary up to a maximum of \$500,000 of coverage as a new Benefit-Based Employee without evidence of insurability.*

GROUP LIFE INSURANCE PLAN

When is Evidence of Insurability Required?

Within 31 Days of Initial Eligibility	
Supplemental group life insurance for yourself	Amounts over 3x Annual Salary or in excess of \$500,000
Future Annual Enrollment Periods	
You have supplemental group life coverage for yourself	Any increases greater than 1x Annual Salary more than current multiple
You only have basic group life coverage	Any amount of supplemental group life insurance
Spouse or Domestic Partner Life coverage	Any amount of supplemental group life insurance
Child life coverage	Not required
Changes at Other Times	
Supplemental group life insurance for yourself or your Spouse, or Domestic Partner after 31 days of eligibility, marriage or formation of partnership	Any amount of supplemental group life insurance
Supplemental group life insurance for your new Dependent child after 14 days of birth or 31 days of marriage or Adoption and you have not previously elected Dependent child coverage	Not required

COST

The basic group life insurance benefit of one times annual salary up to \$50,000 is fully paid by the Institute.

Premiums are based on **the employee's** age. The table below shows the monthly supplemental group life insurance rates by age group. The insurance carrier may change the rates charged for each age group. Your benefit cost will

automatically be recalculated on the first of the month of a change in your age group.

The premium to cover Dependent children is \$.96 per month, regardless of how many children you have. Once one child is insured, coverage for other new Dependent children is automatic once the child is 14 days old and coverage is available until they reach age 19 or 25, if a full-time student.

Employee Age	Monthly Rate Per \$1,000 of Coverage*
25 to 29	\$0.03
30 to 34	\$0.04
35 to 39	\$0.06
40 to 44	\$0.08
45 to 49	\$0.11
50 to 54	\$0.15
55 to 59	\$0.28
60 to 64	\$0.47
65 to 69	\$0.87
70 and older	\$1.41

* Premiums for both Employee and Spouse or Domestic Partner coverage are calculated based on the Employee's age.

YOUR BENEFICIARY

The Group Life Insurance Plan provides a benefit to your Beneficiary in the event of your death. You are the Beneficiary for the Spouse, Domestic Partner and/or Dependent child group life insurance you elect. You may name anyone as your Beneficiary(ies), and you may name one or more contingent beneficiaries if you wish. You should note that if you name a Beneficiary other than your Spouse or Domestic Partner or designate more than 50% to someone other than your Spouse or Domestic Partner, they may be required to sign a waiver form. You may not name the Institute as your Beneficiary. You may change your Beneficiary at any time by submitting a new Beneficiary Designation form in writing to the Campus or JPL Benefits Office. Beneficiary Designation forms may be obtained online at

<http://cit.hr.caltech.edu/Benefits/BeneficiaryForm.pdf> or at the Campus or JPL Benefits Office.

If you do not name a Beneficiary or your Beneficiary does not survive you, your group life insurance benefits will be paid out in full to the following individuals in this order:

1. Your surviving Spouse or Domestic Partner
2. Your surviving children, equally
3. Your surviving parents, equally
4. Your surviving siblings, equally
5. Your estate.

IF YOU ARE NO LONGER AN ACTIVE BENEFIT-BASED EMPLOYEE

If you are no longer an active Benefit-Based Employee because of retirement, disability, leave of absence or other reasons, there are special rules regarding continuation of your life

insurance and other coverage. These rules are described on page 2.28.

CONVERSION TO AN INDIVIDUAL POLICY

If you or your Dependents lose coverage under the Caltech benefits program because of your termination of employment, total disability, retirement, or reduction of hours to Non-Benefit-Based Employee status, or if the amount of coverage is reduced due to attainment of age 65 or 70, you have the right to continue all or part of your coverage without having to provide Evidence of Insurability. Refer to page 2.30 for information on converting to an individual policy.

FILING CLAIMS

Your Beneficiary must submit a certified copy of your death certificate before any benefits will be paid. Claim forms are available from the Campus or JPL Benefits Office. The Campus or JPL Benefits Office can complete the claim form and submit it to the insurance carrier.

Payment of Benefits

Benefits will be paid to your Beneficiary(ies) in one lump sum.

ACCELERATED DEATH BENEFIT (ADB)

The Accelerated Death Benefits (ADB), often referred to as a living benefit, provides an early payment of up to **50%** of the life insurance amount in force under your Group Life Insurance, in the event you or your covered Spouse or Domestic Partner are diagnosed with a terminal illness. The ADB feature does not apply to children.

An employee, Spouse or Domestic Partner is considered terminally ill if he or she suffers from an incurable, progressive, and medically

ACCELERATED DEATH BENEFIT

recognized condition; and, to a reasonable probability and based on generally accepted prognostic protocol, will not survive more than six months. The insurance company will make the final determination based on medical documentation submitted by your physician.

You may apply through the Caltech or JPL Benefits Office for any amount up to 50% of your, your Spouse's or your Domestic Partner's group life insurance amount. The minimum ADB that can be requested is \$5,000 and the maximum is \$300,000. The benefit is payable in a lump sum. You should consult your tax professional to determine the consequences of this benefit payment.

Upon payment of the ADB, the employee's group life insurance coverage will be reduced by the amount of the benefit received. Premiums will be reduced accordingly.

A "reasonable job" is any job for pay or profit which you are, or may reasonably become, fitted for by education, training or experience.

TERMS YOU SHOULD KNOW

Annual Salary

Your base wage or compensation for your regular hours of employment. Annual Salary includes any salary reduction amounts under IRC Section 125 (Tax Savings Plan and spending account contributions), but excludes bonuses, commissions, overtime, extended work week compensation, per diems, shift differentials, field rate bonuses, flight bonuses, off-site service pay and similar payments.

Total Disability or Totally Disabled

You are permanently and Totally Disabled only if disease or injury stop you from working at:

- Your own job or
- Any other job for pay or profit

and it will presumably continue to stop you from working at any reasonable job.

PERSONAL ACCIDENT INSURANCE PLAN

The Personal Accident Insurance (PAI) plan provides a benefit to you if you suffer a specific loss or loss of use, or to your Beneficiary if you die as the result of an accident. You may also enroll your eligible Dependents (including your Spouse or your Domestic Partner) for coverage under the Caltech benefits program. Benefits will be paid to you in the event of their accidental death. This coverage is totally voluntary and you pay the full amount of the premium.

Eligible Benefit-Based Employees may enroll at any time. Coverage will take effect on the first day of the month coincident with or next following the date your signed enrollment form is received by the Campus or JPL Benefits Office.

After you have enrolled, you may increase or decrease your coverage amount or change your coverage category at any time.

To make a change, contact the Campus or JPL Benefits Office to obtain an enrollment form. If you are Actively At Work, your change in coverage will go into effect on the first day of the month coinciding with or next following the month in which you elected the change.

COVERAGE OPTIONS AND COSTS

You may purchase coverage in 14 different amounts, from a minimum of \$10,000 to a maximum of \$500,000, as shown below. The current schedule is:

Plan	Employee Coverage Amount	I. Employee Only (cost per month)	II. Employee & Children (cost per month)	III. Family Coverage* (cost per month)
A	\$10,000	\$0.26	\$0.30	\$0.38
B	\$25,000	\$0.64	\$0.74	\$0.96
C	\$50,000	\$1.26	\$1.46	\$1.90
D	\$75,000	\$1.90	\$2.18	\$2.86
E	\$100,000	\$2.50	\$2.90	\$3.80
F	\$125,000	\$3.14	\$3.64	\$4.76
G	\$150,000	\$3.76	\$4.36	\$5.70
H	\$200,000	\$5.00	\$5.80	\$7.60
I	\$250,000	\$6.26	\$7.26	\$9.50
J	\$300,000	\$7.50	\$8.70	\$11.40
K	\$350,000	\$8.76	\$10.16	\$13.30
L	\$400,000	\$10.00	\$11.60	\$15.20
M	\$450,000	\$11.26	\$13.06	\$17.10
N	\$500,000	\$12.50	\$14.50	\$19.00

* Employee plus Spouse (or Domestic Partner) or Employee plus Spouse (or Domestic Partner) and Dependent Children.

Coverage For You

Your coverage amount is based on the plan option chosen (Plans A-N). Refer to the chart on page 5.7.

If you elect more than \$150,000, your benefit cannot be more than 10 times your annualized salary amount, rounded to the next higher benefit level.

For example: If your Annual Salary is \$30,500, your maximum coverage amount is:

$$10 \text{ times } \$30,500 = \$305,000$$

$$\text{Next higher coverage} = \$350,000$$

Employee and Children Coverage

The coverage amount for your Dependent children is based on the plan option chosen (Plans A-N) as reflected in the table below:

Dependent Children Coverage	
Plans A and B	\$5,000
Plans C, D, E, F, G, H, I and J	20% of the employee coverage amount
Plans K, L, M and N	\$60,000

Coverage For Your Family

The coverage amount for your family is based on the plan option chosen (Plans A-N) and the level of coverage (Spouse/Domestic Partner or Spouse/Domestic Partner and Dependent children) as reflected in the tables below:

Family Coverage Dependent Children	
Plans A and B	\$5,000
Plans C, D, E, F, G, H, I and J	15% of the employee coverage amount
Plans K, L, M and N	\$45,000

Family Coverage Spouse/Domestic Partner	
Plans A, B, C, D, E, F, G, H, I and J	60% of the employee coverage amount if no Dependent children covered 50% of the employee coverage amount if Dependent children covered
Plans K, L, M and N	\$180,000 if no Dependent children covered \$150,000 if Dependent children covered

YOUR BENEFICIARY

The plans provide a benefit to your Beneficiary in the event of your death, and to you in the event of a specific loss. If you elect employee and children or family coverage, you are the Beneficiary for your covered Dependents.

You may name anyone as your Beneficiary. You may change your Beneficiary at any time by sending the change, in writing, to the Campus or JPL Benefits Office.

If you do not name a Beneficiary or your Beneficiary does not survive you, benefits will be paid out in full to the following individuals in this order:

1. Your surviving Spouse or Domestic Partner
2. Your surviving children, equally
3. Your surviving parents, equally
4. The executors or administrators of your estate.

PLAN BENEFITS

Death Benefit

The plan pays 100% of the applicable benefit amount if you, your covered Spouse or Domestic Partner and/or covered Dependent children die as the result of a covered accident.

Common Accident Benefit

If you and your Spouse or Domestic Partner suffer loss of life within 90 days of the same accident or separate accidents occurring within 24 hours of each other, your Spouse's or Domestic Partner's benefit will be increased to be equal to your benefit.

Specific Loss Benefits

If you suffer certain specific losses in or as the result of any accident, you may receive a percentage of your benefit as shown in the table below.

To receive benefits, you must have been injured in or as the result of an accident that occurred while you were covered and the loss must have occurred within 365 days of the accident.

The maximum benefit payable for multiple losses from any one accident is 100% of your coverage amount.

“Loss” used with reference to hand or foot means the actual and complete severance through or above the wrist or ankle joint; as used with reference to eye means irrecoverable loss of entire sight; as used with reference to arm or leg means actual or complete severance at or above the elbow or knee; as used with reference to speech means complete and irrecoverable loss of speech; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears; and as used with respect to thumb and index finger means the complete severance through or above the metacarpophalangeal joints.

A benefit is not payable for both loss of thumb and index finger of same hand, loss of one hand or loss of one arm for an injury to the same hand/arm as a result of any one accident.

Loss	Percent of Benefits
Life; both hands or both feet; sight of both eyes; both arms or both legs	100
One arm or one leg	70
One hand or one foot; sight in one eye; speech; hearing in both ears	50
Thumb and index finger of same hand	25

Loss of Use

“Loss of Use” means total paralysis of a limb or limbs which is determined by competent medical authority to be permanent, complete and irreversible.

Loss of Use	Percent of Benefits
Loss of Use of 4 Limbs	100
Loss of Use of 3 Limbs	75
Loss of Use of 2 Limbs	67
Loss of Use of 1 Limb	50

Increased Dependent Benefit

An increased plan benefit will be payable if your covered Dependent child sustains a dismemberment injury (e.g., hands, feet, sight, speech, hearing, arms, legs and thumb and index finger of one hand) shown on the above Loss Table. The increased benefit shall be 100% of the Dependent child’s coverage amount based on the plan coverage selected (e.g., Plans A-N). In the event of multiple losses, the increased plan benefit shall be limited to the greatest Dependent child’s coverage amount available and shall not cover multiple losses.

Extended Dependent Coverage

Coverage for your Spouse or Domestic Partner and/or Dependent child will end when your coverage ends. However, if you die as the result of a covered accident, coverage will continue for your covered Spouse or Domestic Partner and/or Dependent child, at no cost to them, until the earliest of the following events/dates:

- Remarriage of your Spouse;
- Termination of the policy;
- Adding a new Domestic Partner;
- A covered Dependent child ceases to be a Dependent child as defined in the Caltech benefits program; or
- 12 months after your death.

Spousal Retraining Benefit

If you elected family coverage and you die as the result of a covered accident, and if your

surviving Spouse or Domestic Partner was not employed on the date of your death, the plan will pay for your Spouse or Domestic Partner to be trained for an occupation for which he or she would not have otherwise been qualified. The benefit is equal to the lesser of:

- 5% of the death benefit, or
- \$5,000.

The training must occur within one year of your death. Your Spouse or Domestic Partner must enroll on a full-time basis in a school for higher learning or vocational training for the purpose of preparing for gainful employment.

Day Care Benefit

If you have elected family coverage and you die as the result of a covered accident, you will receive a day care benefit on behalf of each of your Dependent children under age seven, if they were or become enrolled in an accredited day care center within one year of your death or the death of your Spouse or Domestic Partner. The benefit, which can be paid each year for up to four years, will equal the lesser of:

- 5% of the total amount of your death benefit, or
- \$5,000 per year.

If you have no Dependent children who meet the requirements of this benefit, one lump sum payment equal to the lesser of 5% of the death benefit or \$5,000 will be paid to your Beneficiary.

This benefit is in addition to the death benefit paid under this plan.

Education Benefit For Dependent Children

If you have elected family coverage and you die within one year of a covered accident, the plan will pay an education benefit for your Dependent children who are currently attending a school for higher learning or who are in the twelfth grade and will attend a school for higher learning. The education benefit will be paid within one year of your death. It can be paid each year for up to four consecutive years (if the child remains an enrolled student) and will equal 5% of your death benefit.

If, at the time of your death, there are no Dependent children eligible for the education benefit, the plan will pay one lump sum amount equal to 5% of your death benefit to your Beneficiary.

This benefit is in addition to the death benefit paid under this plan.

Safe Driving Benefit

An additional benefit will be paid to you or, if applicable, your Beneficiary, if you or a covered family member suffer loss of life or a covered specific loss as the result of an accident which occurs while:

- Driving or riding in a vehicle driven by a driver who is not under the influence of drugs or alcohol (as determined by the legal jurisdiction where the accident occurs), and either
- Wearing a seat belt, or
- Driving a vehicle with a driver-side air bag or riding as a passenger in a seat protected by a passenger air bag.

The Seat Belt benefit, which is paid in addition to death or specific loss benefits is the lesser of \$50,000 or 15%. The Air Bag benefit, which is

paid in addition to death or specific loss benefits including the Seat Belt benefit is the lesser of \$2,500 or 5% of the coverage amount.

Continuation of Medical Coverage Funding Benefit

If you suffer loss of life in a covered accident and your eligible family members are covered under the plan on the date of the accident, the plan will pay a benefit toward the cost of medical coverage premiums for continuation coverage for your covered Dependents. The benefit is equal to the lesser of:

- 5% of the death benefit, or
- \$5,000.

This benefit will be paid each year for a maximum of three years to your insured Spouse or Domestic Partner or on behalf of your insured Dependent children, as long as proof is provided that the benefit is being used for continuation of medical coverage premiums. If proof is not provided for a particular payment, no further payments under this benefit will be made.

If your Dependents cannot provide proof for the first payment, one lump sum payment of the lesser of 5% of the death benefit or \$5,000 will be provided to your Beneficiary. No other payments under this benefit will be made.

Escalatory Benefit

If you or an insured Spouse, Domestic Partner or Dependent child suffers loss of life or a covered specific loss, an escalatory benefit will be paid in addition to the plan benefit. For every two years of service (to a maximum of 10 years), your death benefit will be increased by 5%.

For example: If you have been insured under the plan for four years and your coverage amount is \$50,000, your escalatory benefit would be:

$$5\% \text{ of } \$50,000 = \$2,500 \\ \text{times}$$

2, two-year periods
 equals
 \$5,000.

Your insured Spouse, Domestic Partner or Dependent child’s coverage amounts under this benefit are based on their coverage amount under the Caltech benefits program, which is a percentage of your benefit. Using the example above, if your benefit is \$50,000 and you cover your Spouse or Domestic Partner only, your Spouse’s or Domestic Partner’s coverage amount is \$30,000. Your Spouse’s or Domestic Partner’s escalatory benefit would be:

5% of \$30,000 = \$1,500
 times
 2, two-year periods
 equals
 \$3,000.

Coma

1% of the benefit amount is payable for a maximum of 100 months if an insured becomes comatose within 31 days of the accident and remains so for at least 30 days. The benefit is payable beginning with the 2nd month that the covered person remains in a coma.

Rehabilitation

Training expenses of 20% up to \$10,000 would be paid for an eligible insured person.

Worksite Modification

If you suffer an injury and you recover and return to work, the plan will cover up to \$2,000 per injury for any approved worksite modification required to allow you to do your job.

Exposure and Disappearance

If you or an insured Spouse, Domestic Partner or Dependent child suffers loss due to exposure to the elements, the plan will presume that the loss was due to an injury. If you or an insured Spouse, Domestic Partner or Dependent child

suffers a loss of life within one year of a disappearance related to a forced landing, sinking or wrecking of any land or water vehicle, transport or vessel or aircraft, the plan will presume that a related accident caused the loss of life. Loss of life will be presumed in the event your, or your insured Spouse’s, Domestic Partner’s or Dependent child’s body is not recovered within one year of a disappearance related to a forced landing, sinking or wrecking of any land or water vehicle, transport or vessel or aircraft.

CONVERSION PRIVILEGE

If your coverage ends, you have the option to convert to an individual policy. More details on converting coverage are on page 2.30 of the *General Information* section.

WHAT IS NOT COVERED?

Coverage for losses due to aircraft travel under the plan is limited as follows:

- Benefits will be paid only if you are riding as a passenger (and not as a pilot or crew member) in any aircraft or device used for aerial navigation.* The aircraft must be used for the transportation of passengers and licensed to carry passengers and piloted by a qualified licensed pilot.

**A device for aerial navigation includes, but is not limited to, parachutes, hang gliders, parasails, and water kites.*

Also, no benefits will be paid for a death or injury if it results from any of the following:

- Losses that occur more than 365 days after the accident
- Suicide or self-inflicted injury
- War or act of war, whether declared or undeclared, occurring in the United States or Canada or in an insured individual’s Country of Permanent Residence

- An accident sustained while on active military duty for more than two months unless during a paid leave of absence and premiums have been paid for coverage
- Sickness or disease, except pyogenic infections which occur through an accidental cut or wound.

FILING CLAIMS

To file a claim for benefits, your Beneficiary (or you, in case of specific loss) must submit proof of your death or specific loss (within 30 days of the death or loss, or as soon as reasonably possible) and complete the required claim form, available at the Campus or JPL Benefits Office.

TERMINATION OF COVERAGE

Coverage will terminate when the policy is terminated, when you cease to be associated with Caltech in a capacity making you eligible, or on the date any insured person attains an age which would make him or her no longer eligible, whichever is earliest.

TERMS YOU SHOULD KNOW

Injury

Bodily injury caused by an accident and resulting in a covered loss.

Permanent Residence

A Country where an insured individual resides or is regularly employed in for three or more months.

Seat Belt

Belts that form a restraint system, including infant and child restraint systems when properly used with a seat belt.

School For Higher Learning

An educational institution above the twelfth grade level. It includes, but is not limited to, a state university, community college, private college, or trade/vocational school.

Vocational Training

Any educational, professional, or trade training program which prepares your covered spouse for an occupation for which he or she would not otherwise have been qualified.

TRAVEL ACCIDENT INSURANCE PLAN

All Institute employees are automatically covered by Travel Accident Insurance beginning on their date of hire. In addition, Emeriti Faculty and prospective new employees (who have accepted Caltech's employment offer in writing but before the official start date) are covered by Travel Accident insurance for Institute business-related travel. It provides benefits for loss as a result of covered accidental injury for death or dismemberment while Traveling on Institute Business.

COVERAGE OPTIONS AND COST

COST OF COVERAGE

The Institute pays the full cost of your coverage.

WHEN COVERAGE BEGINS

Coverage begins when you leave your residence or regular employment site, whichever occurs last, to Travel on Institute Business. You are not covered when traveling between home and work on a daily basis.

WHEN COVERAGE ENDS

Coverage ends when you return to your residence or regular employment site, whichever occurs first, from Traveling on Institute Business.

PLAN BENEFITS

DEATH BENEFIT

If you die as the result of an accident while Traveling on Institute Business (not including to and from work and home), your Beneficiary(ies) will receive a benefit of up to \$250,000.

SPECIFIC LOSS BENEFITS

If you are injured while Traveling on Institute Business, you will receive all or a percentage of your benefit if you suffer certain specific losses from an injury sustained in the accident, as shown below.

To receive benefits, you must have been injured in or as the result of an accident that occurred while you were covered by the plan, and the loss must occur within 365 days of the accident.

The maximum benefit payable for multiple losses from any one accident is 100% of your coverage amount.

"Loss" as used below, with reference to hand or foot, means complete severance through or above the wrist or ankle joint and as used with reference to eye means the irrecoverable loss of the entire sight.

Loss	Percent of Benefits
Life; both hands; both feet; sight of both eyes; one hand and one foot; sight of one eye and one hand or foot; speech and hearing	100
One hand or foot; sight in one eye; speech or hearing	50
Thumb and index finger of same hand	25

Loss of Movement

“Loss of Movement” means total paralysis of limbs which is determined by competent medical authority to be permanent, complete and irreversible.

Loss of Movement	Percent of Benefits
Loss of Movement of Upper and Lower Limbs	100
Loss of Movement of both Lower Limbs	75
Loss of Movement of Upper and Lower Limbs on one side	50

Safe Driving Benefit

An additional benefit will be paid to you or, if applicable, your Beneficiary, if you or a covered family member suffer loss of life, a covered specific loss, or loss of use as the result of an accident which occurs while:

- Driving or riding in a vehicle driven by a driver who is not under the influence of drugs or alcohol (as determined by the legal jurisdiction where the accident occurs), and either
- Wearing a seat belt, or
- Driving a vehicle with a driver-side air bag or riding as a passenger in a seat protected by a passenger air bag.

The Seat Belt benefit, which is paid in addition to death or specific loss benefits is the lesser of \$50,000 or 15%. The Air Bag benefit, which is

paid in addition to death specific loss or loss of use benefits including the Seat Belt benefit is the lesser of \$2,500 or 5% of the coverage amount.

Exposure and Disappearance

If you or an insured Spouse, Domestic Partner or Dependent child suffers loss due to exposure to the elements, the plan will presume that the loss was due to an injury. If you or an insured Spouse, Domestic Partner or Dependent child suffers a loss of life within one year of a disappearance related to a forced landing, sinking or wrecking of any land or water vehicle, transport or vessel or aircraft, the plan will presume that a related accident caused the loss of life. Loss of life will be presumed in the event your, or your insured Spouse’s, Domestic Partner’s or Dependent child’s body is not recovered within one year of a disappearance related to a forced landing, sinking or wrecking of any land or water vehicle, transport or vessel or aircraft.

MAXIMUM AGGREGATE BENEFIT

The maximum benefit payable for all Institute employees injured or killed in any one aircraft accident is \$5 million.

The maximum benefit payable for all Institute employees injured or killed in any covered act of war (outside the continental United States) is \$2.5 million.

WHAT IS COVERED?

You are covered for injuries or loss of life sustained during authorized business travel of the Institute. Coverage includes injuries or loss of life sustained while:

- At a business destination
- A passenger in any vehicle
- Boarding, exiting, or riding as a passenger (but not as a pilot or crew member), in any aircraft that:
 - ⇒ is operated on a regular, special, or chartered flight by a scheduled airline
 - ⇒ has a current and valid air worthiness certificate and is piloted by a person holding current and valid licensing.

WHAT IS NOT COVERED?

You are not covered for any injuries or loss of life resulting from:

- Everyday travel to and from work
- Flying as a pilot or a crew member of an aircraft, except for JPL employees performing work while aboard military aircraft, NASA aircraft or other aircraft requiring special permits or waivers

- Suicide or self-destruction
- War or any act of war (except hijacking), whether declared or undeclared, within the United States, Canada, or other named Countries, subject to change from time to time, or in an insured individual's Country of Permanent Residence
- Service in the armed forces of any nation.

FILING CLAIMS

To file a claim for benefits, your Beneficiary (or you, in case of specific loss) must submit proof of your death or specific loss (within 20 days of the death or loss, or as soon as reasonably possible) and complete the required claim form, available at the Campus or JPL Benefits Office.

TERMINATION OF COVERAGE

Coverage will terminate when the policy is terminated or when you are no longer employed by the Institute.

TERMS YOU SHOULD KNOW

Permanent Residence

A Country where an insured individual resides or is regularly employed in for three or more months.

Traveling on Institute Business

Travel with the authorization of the Institute for the purpose of furthering Institute Business, including a personal trip of up to 72 hours immediately preceding, following, or during an authorized trip.

YOUR BENEFICIARY

Your Beneficiary for the Travel Accident Insurance Plan will be the same Beneficiary named for your basic life insurance, unless otherwise specified.

INTERNATIONAL SOS MEDICAL ASSISTANCE/ REFERRAL SERVICE

While you are traveling on Institute Business outside of the United States, the Medical Access/Referral Service provides worldwide emergency assistance/referral services 24 hours a day, 365 days a year. All Institute employees and eligible Dependents can use the International SOS Medical Assistance/Referral service beginning on your date of hire.

If you get sick or are injured while traveling on Institute Business, call International SOS for assistance. This plan provides referral services only. It is not insurance coverage and, therefore, participants may be held accountable for any charges that are not part of the referral plan (e.g., medical treatment or travel expenses). For more information regarding referral services offered by International SOS, please contact the Campus or JPL Benefits Office.

EXTRA-HAZARDOUS DUTY INSURANCE PLAN

Institute employees are automatically covered by Extra-Hazardous Duty Insurance beginning on their date of hire. It provides benefits to you or your Beneficiary due to a covered accidental injury for death or dismemberment as a result of certain Testing activities performed by the Jet Propulsion Laboratory (JPL) in connection with any Caltech contracts.

COVERAGE OPTIONS AND COST

COST OF COVERAGE

The Institute pays the full cost of your coverage.

WHEN COVERAGE BEGINS

Coverage begins on the day you are hired.

WHEN COVERAGE ENDS

Coverage ends when you are no longer employed by the Institute.

PLAN BENEFITS

DEATH BENEFIT

If you die due to a covered accidental loss as the result of Testing activities performed in connection with Caltech contracts, your Beneficiary(ies) will receive a benefit of \$25,000.

SPECIFIC LOSS AND ILLNESS BENEFITS

If you are injured, you will receive all or a percentage of your benefit if you suffer certain specific losses from an injury sustained in the accident, as shown in the table below.

To receive benefits, you must have been injured in or as the result of a covered accident that

occurred while you were covered by the plan, and the loss must have occurred within 365 days of the accident. You may also receive benefits if you become Disabled within 30 days of a covered accidental loss that results from Testing activities performed in connection with any Caltech contracts, if you are wholly and continuously Disabled and you are prevented from performing each and every duty pertaining to your occupation.

The maximum benefit payable for multiple losses from any one accident is 100% of your coverage amount.

“Loss” as used below, with reference to hand or foot, means complete severance through or above the wrist or ankle joint and as used with reference to eye means the irrecoverable loss of the entire sight thereof. Indemnity provided under this part will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one insured person as the result of any one accident.

EXTRA-HAZARDOUS DUTY INSURANCE PLAN

Life, Accident, and Travel Benefits

Loss	Percent of Benefits
Life; both hands; both feet; sight of both eyes; one hand and one foot; sight of one eye and one hand or foot; speech and hearing	100
One hand or foot; sight in one eye; speech or hearing	50
Thumb and index finger of same hand	25

Loss of Movement

“Loss of Movement” means total paralysis of limbs which is determined by competent medical authority to be permanent, complete and irreversible.

Loss of Movement	Percent of Benefits
Loss of Movement of Upper and Lower Limbs	100
Loss of Movement of both Lower Limbs	75
Loss of Movement of Upper and Lower Limbs of one side	50

MAXIMUM AGGREGATE BENEFIT

The maximum benefit payable for all Institute employees injured or killed in any one accident is \$1.25 million.

Exposure and Disappearance

If you or an insured Spouse, Domestic Partner or Dependent child suffers loss due to exposure to the elements, the plan will presume that the loss was due to an injury. If you or an insured Spouse, Domestic Partner or Dependent child suffers a loss of life within one year of a disappearance related to a forced landing, sinking or wrecking of any land or water vehicle, transport or vessel or aircraft, the plan will presume that a related accident caused the loss of life. Loss of life will be presumed in the event your, or your insured Spouse's, Domestic Partner's or Dependent child's body is not recovered within one year of a disappearance related to a forced landing, sinking or wrecking of any land or

WHAT IS COVERED?

All Institute employees are covered in the event of:

- Injuries or loss of life sustained in the course of employment and as the sole and direct result of Testing activities performed by the Jet Propulsion Laboratory (JPL) in connection with any Caltech contracts.
- Injuries or loss of life sustained during the course of employment while boarding, exiting, or riding as a passenger in any civilian or military aircraft being used for transportation purposes only, provided the pilot has a valid and current pilot's certificate or its military equivalent. (This benefit is not payable in addition to benefits payable under the Travel Accident Insurance Plan.)

- Injuries or loss of life sustained by JPL employees performing work while aboard military aircraft, NASA aircraft or other aircraft requiring special permits or waivers.

WHAT IS NOT COVERED?

You are not covered for any injuries or loss of life resulting from:

- Flying as a pilot or crew-member of an aircraft, except for JPL employees performing work while aboard military aircraft, NASA aircraft or other aircraft requiring special permits or waivers.
- Suicide or self-destruction while sane or insane
- War or any act of war, whether declared or undeclared
- Service in the armed forces of any nation.

FILING CLAIMS

To file a claim for benefits, your Beneficiary (or you, in case of specific loss or disease) must submit proof of your death, specific loss, or disease (within 30 days of the death, loss, or diagnosis of disease, or as soon as reasonably possible) and complete the required claim form, available at the Campus or JPL Benefits Office.

YOUR BENEFICIARY

Your Beneficiary for the Extra-Hazardous Duty Insurance Plan will be the same Beneficiary named for your basic group life insurance, unless otherwise specified.

TERMINATION OF COVERAGE

Coverage will terminate when the policy is terminated or when you cease to be associated with Caltech or JPL in a capacity making you eligible, whichever is earlier.

TERMS YOU SHOULD KNOW

Testing

Means activity directly involving certain extra-hazardous propellants and radiation in connection with the Jet Propulsion Laboratory (JPL).

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