

Special Agents Mutual Benefit Association (SAMBA)

Group and Supplemental Term Life Coverage

**Dependents Group Term Life and Spouse Supplemental Group Term Life
Coverage**

Accidental Death and Dismemberment Coverage

Personal Accident Coverage

THIS NOTICE IS FOR TEXAS RESIDENTS ONLY

IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104
Austin, TX 78714-9104
FAX No. (512) 475-1771

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the PRUDENTIAL first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para someter una queja:

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, TX 78714-9104
FAX No. (512) 475-1771

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con LA PRUDENTIAL primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (DST).

UNA ESTE AVISO A SU POLIZA:

Este aviso es sólo para propósito de información y no se convierte en parte o condición del documento adjunto.

Disclosure Notice

FOR MARYLAND RESIDENTS

The Group Insurance Contract providing coverage under this Certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.



ESTABLISHED 1948

As an Employee of one of America's federal law enforcement agencies, you work hard to protect our communities, laws and citizens. You also work hard to protect your family and build a safe, secure future. The Special Agents Mutual Benefit Association (SAMBA) is the not-for-profit association dedicated to helping you achieve your goal.

We are pleased to present you with this Booklet. It describes the Program of benefits we have arranged for you and what you have to do to be covered for these benefits.

We believe this Program provides worthwhile protection for you and your family.

Please read this Booklet carefully. If you have any questions about the Program, we will be happy to answer them.

A handwritten signature in cursive script, reading "Walter E. Wilson", positioned above a horizontal line.

Walter E. Wilson

Executive Director

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Schedule of Benefits

Covered Classes: The "Covered Classes" are the following Members of the Special Agents Mutual Benefit Association who are employed by or retired from an eligible agency of the Federal Government: (a) all active Members; (b) all retired Members under age 70 (except that the age 70 limit will not apply to Personal Accident Coverage); and (c) all eligible Members, active and retired prior to January 1, 2004, as designated by the Contract Holder and reported to Prudential

Program Date: January 1, 2004. This Booklet describes the benefits under the Group Program as of the Program Date.

- This Booklet and the Certificate of Coverage together form your Group Insurance Certificate. The Coverages in this Booklet are insured under a Group Contract issued by Prudential. All benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate. It alone forms the agreement under which payment of insurance is made.

GROUP TERM LIFE COVERAGE FOR ACTIVE MEMBERS – See *Schedule of Benefits Face Page*

GROUP TERM LIFE COVERAGE FOR RETIRED MEMBERS - See *Schedule of Benefits Face Page*

SUPPLEMENTAL GROUP TERM LIFE COVERAGE - See *Schedule of Benefits Face Page*

DEPENDENTS GROUP TERM LIFE COVERAGE FOR ACTIVE MEMBERS - See *Schedule of Benefits Face Page*

DEPENDENTS GROUP TERM LIFE COVERAGE FOR RETIRED MEMBERS - See *Schedule of Benefits Face Page*

SPOUSE SUPPLEMENTAL GROUP TERM LIFE COVERAGE - See *Schedule of Benefits Face Page*

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE FOR ACTIVE MEMBERS - See Schedule of Benefits Face Page

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE FOR RETIRED MEMBERS - See Schedule of Benefits Face Page

PERSONAL ACCIDENT COVERAGE FOR ACTIVE AND RETIRED MEMBERS - See Schedule of Benefits Face Page

GROUP TERM LIFE COVERAGE FOR ACTIVE AND RETIRED MEMBERS PRIOR TO January 1, 2004 – See Schedule of Benefits Face Page

OTHER INFORMATION

Contract Holder: SPECIAL AGENTS MUTUAL BENEFIT ASSOCIATION (SAMBA)

Group Contract No.: G-09400-DC

Federal Agencies: Agencies which are reported to Prudential by the Contract Holder in writing for inclusion under the Group Contract, provided Prudential has approved such request.

Cost of Insurance: The insurance in this Booklet is Contributory Insurance. You will be informed of the amount of your contribution when you enroll. Any contribution due but unpaid at your death will be deducted from the death benefit.

Prudential's Address:

The Prudential Insurance Company of America
290 West Mount Pleasant Avenue
Livingston, New Jersey 07039

WHEN YOU HAVE A CLAIM

Each time a claim is made, it should be made without delay. Use a claim form, and follow the instructions on the form.

If you do not have a claim form, contact SAMBA.

Definitions

Actively at Work/ Active Employment: A requirement that you are in active pay and duty status working for the Agency by which you are employed for earnings that are paid to you regularly and you are performing each of the material duties of your occupation. You must work at an Agency's usual place of business; an alternate work site at the direction of the Agency; or at any other place that the Agency's business requires you to travel.

Agency: Either the Special Agents Mutual Benefit Association or an agency of the Federal Government that has been approved by the Contract Holder in writing.

Beneficiary: The person or entity named to receive a benefit at death of a Member or Dependent of a Member unless indicated otherwise.

Calendar Year: A year starting January 1.

Contributory Insurance: Contributory Insurance is insurance for which the Contract Holder has the right to require your contributions.

Coverage: A part of the Booklet consisting of:

- (1) A benefit page labeled as a Coverage in its title.
- (2) Any page or pages that continue the same kind of benefits.
- (3) A Schedule of Benefits entry and other benefit pages or forms that by their terms apply to that kind of benefits.

Covered Person under a Coverage: A Member who is insured for Member Insurance under that Coverage; a Qualified Dependent for whom a Member is insured for Dependents Insurance, if any, under that Coverage under the Contract which has become effective and has not ended.

Contract Holder: The Association in whose name the Contract is issued.

Dependent: any of the following: (1) the Member's lawful spouse; or (2) the unmarried dependent child of a Member from live birth to under 22 years of age (which includes a stepchild, legally adopted child, child placed in the home for adoption, grandchild in the legal custody of the Member, and foster child). A Dependent stepchild must be living with the Member in a normal parent-child relationship (except when living outside the house to attend school on a full-time basis) or be financially dependent upon the Member for federal income tax purposes.

A spouse or child covered under the Contract as a Member of SAMBA will not be eligible as a Dependent. If both parents are covered as Members of SAMBA, a child will be the dependent of only one parent.

Dependents Insurance: Insurance on the person of a dependent.

Doctor: A licensed practitioner of the healing arts acting within the scope of the license. The doctor must not be a member of the Member's Immediate Family. Immediate Family means a Member or a Member's spouse, parent, child, grandparent, brother, sister, in-law, or any person residing with that Member.

Earnings: This is the gross amount of money paid to you by the Agency by which you are employed for performing the duties required of your job.

Member: A person who is a Member of SAMBA other than a Member who becomes a Member as a result of being a surviving spouse. The term also applies to that person for any rights after insurance ends.

Member Insurance: Insurance on the person of a Member.

Employment Classification: The paygrade or Employment category assigned to an Employee by the Agency.

Evidence of Insurability: Proof of the Member's good health that is acceptable to Prudential.

Injury: Bodily Injury sustained directly and independently of all other causes, which results in loss covered by the Contract. The Injury must occur while the Member or Dependent is covered under the Contract.

Prudential: The Prudential Insurance Company of America.

Sickness: Any disorder of the body or mind of a Covered Person, but not an Injury; pregnancy of a Covered Person, including abortion, miscarriage or childbirth. The Sickness must occur while the coverage for the Member or Dependent is in force under the Contract.

You: A Member.

Eligibility and Effective Date

FOR MEMBER INSURANCE

You are eligible to enroll for Member Insurance while:

- You are on active pay and duty status with an eligible agency of the Federal Government; and
- You are in a Covered Class.

Your class is determined by the Contract Holder. This will be done under its rules, on dates it sets. The Contract Holder must not discriminate among persons in like situations. You cannot belong to more than one class for insurance on each basis. "Class" means Covered Class, Benefit Class or anything related to work, such as position or Earnings, which affects the insurance available.

Your Member Insurance under a Coverage will begin the first day of the pay period on which:

- You have enrolled; and
- You are eligible for Member Insurance; and
- You are in a Covered Class for that insurance; and
- You have met any evidence requirement for Member Insurance; and
- That Coverage is part of the Group Contract.

You must enroll on a form approved by Prudential and agree to pay the required contributions. SAMBA will tell you the amount of any contribution when you enroll.

At any time, the benefits for which you are insured are those for your class, unless otherwise stated.

When evidence is required: You must give evidence of insurability satisfactory to Prudential in order to become covered for Member Insurance. This requirement will be met when Prudential decides the evidence is satisfactory.

Reinstatement: If your coverage is terminated due to your loss of active pay and duty status, and you return to active pay and duty status within 6 months of the date your leave began, you will not be required to submit new evidence of insurability provided you apply within 30 days of the return to active employment. Payment of premium is required during the approved absence.

Delay of Effective Date

Your Member Insurance under a Coverage will be delayed if you do not meet the Active Work Requirement on the day your insurance would otherwise begin. Instead, it will begin on the first day you meet the Active Work Requirement and the other requirements for the insurance. The same delay rule will apply to any change in your insurance that is subject to this section. If you do not meet the Active Work Requirement on the day that change would take effect, it will take effect on the first day you meet that requirement.

FOR DEPENDENTS INSURANCE

You are eligible for Dependents Insurance while:

- You are eligible for Member Insurance; and
- You have a Qualified Dependent.

Qualified Dependents are the persons for whom you may obtain Dependents Insurance as defined in the Definitions section.

Your Dependents Insurance under a Coverage for a person will begin the first day of the pay period on which all of these conditions are met:

- You have enrolled for Dependents Insurance under the Coverage.
- The person is your Qualified Dependent.
- You are in a Covered Class for that insurance.
- You are insured for the Member Insurance, under that Coverage. To be insured for a Qualified Dependent under the Dependents Group Term Life Coverage, you must be insured under Group Term Life or Supplemental Coverage of the Group Contract.
- For Dependents Group Term Life Insurance, you have met any evidence requirement for that Qualified Dependent.
- Your insurance for that Qualified Dependent is not being delayed under the Delay of Effective Date section below.
- Dependents Insurance under that Coverage is part of the Group Contract.

You must enroll on a form approved by Prudential and agree to pay the required contributions. SAMBA will tell you the amount of any contribution when you enroll.

At any time, the Dependents Insurance benefits for which you are insured are those for your class, unless otherwise stated.

When evidence is required for Dependents Group Term Life Insurance: You must give evidence of insurability satisfactory to Prudential for a Qualified Dependent spouse to become covered under the Dependents Group Term Life Insurance. This requirement will be met when Prudential decides the evidence is satisfactory. Evidence is not required for a Qualified Dependent child.

While you are insured for Dependents Group Term Life Insurance under a Coverage, the evidence requirement will not apply to a new dependent.

- **Change in Family Status:** It is important that you inform SAMBA promptly when you first acquire a Qualified Dependent. You should also inform SAMBA if your Dependents Insurance status changes.

Forms are available for reporting these changes.

Delay of Effective Date

A Qualified Dependent may be confined for medical care or treatment, at home or elsewhere. If a Qualified Dependent is so confined on the day that your Dependents Insurance under a Coverage for that Qualified Dependent, or any change in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or change will take effect upon the Qualified

Dependent's final medical release from all such confinement. The other requirements for the insurance or change must also be met.

Newborn Child Exception: This section does not apply to any newborn child following a live birth.

Also, this section does not apply to any age increase in the amount of insurance for a child under the Dependents Term Life Coverage.

Changes in Employment Classification

Adjustment of Benefits in the event of an Increase in the Amount of Insurance:

If your Employment Classification changes, you may apply for an increase to the new Benefit Amount without being subject to evidence of insurability or a new Incontestability period if (a) you apply within 12 months of the effective date of the change; and (b) your Benefit Amount corresponds to the actual Employment Classification immediately prior to the change. If both (a) and (b) are not met, the increase will be subject to evidence of insurability and a new incontestability period.

Adjustment of Benefits in the event of a Decrease in the Amount of Insurance:

If your status of employment changes, resulting in a change of Employment Classification which reduces your Benefit Amount, your Benefit Amount may be reduced at the request of the Member to the new Benefit Amount.

Coverage for Retirees:

If you are covered as a retiree, you may at any time, but not more than annually, choose to select a different retiree plan than being offered, provided that the new plan results in a lesser amount of retiree coverage. If you choose to reduce coverage, any corresponding reduction in Dependents Coverage will become effective on the same date.

The Effective Date for any change will be the date specified by Prudential. Any corresponding changes in Dependents Benefit Amounts will occur at the same time and are subject to the same evidence of insurability and Incontestability Rules.

It is the your responsibility to notify SAMBA in writing upon a change in your Employment Classification.

Member Group and Supplemental Term Life Coverage

FOR YOU ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON.

If you die while a Covered Person, the amount of your Term Life Insurance under this Coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING CONVERSION PERIOD.

A death benefit is payable under this Section B if you die:

- (1) within 31 days after you cease to be a Covered Person; and
- (2) while entitled (under Section C) to convert your Term Life Insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Term Life Insurance under this Coverage you were entitled to convert. It is payable even if you did not apply for conversion. It is payable when Prudential receives written proof of death.

C. CONVERSION PRIVILEGE.

If you cease to be insured for the Term Life Insurance of the Group Contract for one of the reasons stated below, you may convert all or part of your insurance under this Coverage, which then ends, to an individual life insurance contract. Evidence of insurability is not required. The reasons are:

- (1) Your employment ends, coverage is being reduced due to retirement or you transfer out of a Covered Class.
- (2) All term life insurance of the Group Contract for your class ends by amendment or otherwise. But, on the date it ends, you must have been insured for five years for that insurance (or for that insurance and any Prudential rider or group contract replaced by that insurance).

Any such conversion is subject to the rest of this Section C.

Availability: You must apply for the individual contract and pay the first premium by the later of:

- (1) the thirty-first day after you cease to be insured for the Term Life Insurance; and
- (2) the fifteenth day after you have been given written notice of the conversion privilege. But, in no event may you convert the insurance to an individual contract if you do not apply for the contract and pay the first premium prior to the ninety-second day after you cease to be insured for the Member Term Life Insurance.

Individual Contract Rules: The individual contract must conform to the following:

Amount: Not more than your Term Life Insurance under this Coverage when your insurance ends. But, if it ends because all term life insurance of the Group Contract for your class ends, the total

amount of individual insurance which you may get in place of all your life insurance then ending under the Group Contract will not exceed the lesser of the following:

- (1) The total amount of all your life insurance then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which you are or become eligible within the next 60 days.
- (2) \$10,000.

Form: Any form of a life insurance contract that:

- (1) conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
- (2) is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

Premium: Based on Prudential's rate as it applies to the form and amount, and to your class of risk and age at the time.

Effective Date: The end of the 31 day period after you cease to be insured for the Member Term Life Insurance.

Any death benefit provided under a section of this Coverage is payable according to that section and the Beneficiary and Mode of Settlement Rules.

Option To Accelerate Payment Of Death Benefits

FOR YOU AND YOUR DEPENDENT SPOUSE

The following is added to the Group and Supplemental Term Life Coverage and Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage provisions:

Definitions

- **Terminally Ill Person:** A Member or Qualified Dependent Spouse whose life expectancy is 12 months or less.
- **Terminal Illness Proceeds:** The amount of Group and Supplemental Term Life Insurance and Dependents Group Term Life Insurance and Spouse Supplemental Group Term Life Insurance that you may elect to place under this option.

If you are the Terminally Ill Person, the Terminal Illness Proceeds are equal to any amount up to 75% of the amount in force on the person's life on the date Prudential receives proof that the person is a Terminally Ill Person, but not more than \$250,000.

If your Qualified Dependent Spouse is the Terminally Ill Person, the Terminal Illness Proceeds are equal to any amount up to 75% of the amount in force on the person's life on the date Prudential receives proof that the person is a Terminally Ill Person, but not more than \$250,000.

In either event:

The amount of Group and Supplemental Term Life Coverage and Dependents Group Term Life and Spouse Supplemental Group Term Life Insurance that remains in force under each coverage must be at least \$10,000;

However, the Terminal Illness Proceeds may be reduced if, within 24 months after the date Prudential receives such proof that you or your Qualified Dependent Spouse is a Terminally Ill Person, a reduction on account of age would have applied to the amount of your Group or Supplemental Term Life Insurance or your Dependents Group Term Life or Spouse Supplemental Group Term Life Insurance. In that case, the amount of the Terminal Illness Proceeds may not exceed the amount of such Insurance after applying the reduction.

Option: If you or your Qualified Dependent Spouse becomes a Terminally Ill Person while covered under the Group or Supplemental Group Term Life Coverage or the Dependents Group Term Life or Spouse Supplemental Group Term Life provisions, you may elect to have the Terminal Illness Proceeds placed under this option. That election is subject to the conditions set forth below.

Payment of Terminal Illness Proceeds: If you elect this option, Prudential will pay the Terminal Illness Proceeds you place under this option in one sum when it receives proof that you or your Qualified Dependent Spouse is a Terminally Ill Person.

To Whom Payable: The benefits under this provision are payable to you.

Conditions: Your right to be paid under this option is subject to these terms:

- (1) You elect this option while the Terminally Ill Person is covered under the Contract.
- (2) The Terminally Ill Person must be less than age 69 at the time you elect this option.
- (3) You must furnish proof that satisfies Prudential that the Terminally Ill Person's life expectancy is 12 months or less, including certification by a Doctor.
- (4) If the Terminally Ill Person's Group and Supplemental Term Life Insurance or Dependents Group Term Life and Spouse Supplemental Group Term Life Insurance is assigned, you must provide written consent from any irrevocable beneficiaries and assignees, if any. The Prudential may require consent from a spouse, or other beneficiaries, or any other person if in our discretion such consent is necessary.
- (5) Payment of the benefit under the Group and Supplemental Term Life Insurance and Dependents Group Life or Spouse Supplemental Group Term Life Insurance may be made only once, while the person is covered under this Contract.
- (6) Terminal Illness Proceeds will be made available to you on a voluntary basis only. Therefore:
 - (a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.
 - (b) If you are required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement, you are not eligible for this benefit.

Effect on Insurance: This benefit is in lieu of the benefits that would have been paid on your or your Qualified Dependent Spouse's death with respect to the Terminal Illness Proceeds. When you elect this option, the total amount of Group Term Life Insurance and Supplemental Term Life Insurance or Dependents Group Term Life Insurance or Spouse Supplemental Group Term Life Insurance otherwise payable on your or your Qualified Dependent's death will be reduced by the Terminal Illness Proceeds. Also, any amount you or your Qualified Dependent Spouse could otherwise have converted to an individual contract will be reduced by the Terminal Illness Proceeds.

Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage

FOR YOUR DEPENDENTS ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON.

If a dependent dies while a Covered Person, the amount of insurance on that dependent under this Coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING A CONVERSION PERIOD.

A death benefit is payable under this Section B if a dependent dies:

- (1) within 31 days after ceasing to be a Covered Person; and
- (2) while entitled (under Section C) to a conversion of the insurance under this Coverage to an individual contract.

The amount of the benefit is equal to the amount of Dependents Group Term Life or Spouse Supplemental Group Term Life Coverage which could have been converted. It is payable even if conversion was not applied for. It is payable when Prudential receives written proof of death.

C. CONVERSION PRIVILEGE.

This privilege applies if you cease to be insured for the Dependents Group Term Life or Spouse Supplemental Group Term Life Coverage of the Group Contract with respect to a dependent. That dependent may have your insurance on the dependent under this Coverage, which then ends, converted to an individual life insurance contract. Evidence of insurability is not required. However, conversion is not available if the insurance ends for one of these reasons:

- (1) You fail to make any required contribution for insurance under the Group Contract.
- (2) All Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage of the Group Contract for your class ends by amendment or otherwise. This (2) does not apply if, on the date it ends, you have been insured with respect to the dependent for five years for that insurance (or for that insurance and any Prudential rider or group contract replaced by that insurance).

Any such conversion is subject to the rest of this Section C.

Availability: The individual contract must be applied for and the first premium must be paid by the later of:

- (1) the thirty-first day after you cease to be insured for Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage with respect to the dependent; and

- (2) the fifteenth day after you have been given written notice of the conversion privilege. But, in no event may you convert the insurance to an individual contract if you do not apply for the contract and pay the first premium prior to the ninety-second day after you cease to be insured for Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage with respect to the dependent.

Individual Contract Rules: The individual contract must conform to the following:

Amount: Not more than the amount of Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage on the dependent ending under this Coverage. But, if it ends because all the Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage of the Group Contract for your class ends, the total amount of individual insurance which may be obtained in place of all the Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage on the dependent then ending under the Group Contract will not exceed the lesser of the following:

- (1) The total amount of all your Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage on the dependent then ending under the Group Contract reduced by the amount of group life insurance from any carrier for which you are or become eligible with respect to the dependent within the next 31 days.
- (2) \$10,000.

Form: Any form of a life insurance contract that:

- (1) conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
- (2) is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

Premium: Based on Prudential's rate as it applies to the form and amount, and to the dependent's class of risk and age at the time.

Effective Date: The end of the 31 day period after you cease to be insured for Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage with respect to the dependent.

Any death benefit provided under a section of this Coverage is payable to you.

If you are not living at the death of a dependent, the death benefit is payable to the dependent's estate or, at Prudential's option to any one or more of these surviving relatives of the dependent: wife; husband; mother; father; children; brothers sisters. But, if you die with the dependent, or within 15 days of the dependent's death, the death benefit is payable to the first of your surviving relatives as follows: spouse; natural or adopted children in equal shares; parents in equal shares; or brothers and sisters in equal shares.

If your dependents continue the Dependents Group Term Life and Spouse Supplemental Group Term Life Coverage after your death, your surviving dependent spouse may designate a Beneficiary. If there is no surviving Beneficiary at the death of the dependent spouse, the death benefit is payable to the surviving dependent spouse's estate. Death benefits for a surviving dependent child are paid to the surviving spouse, if any, or otherwise to the child's estate.

Accidental Death and Dismemberment Coverage

FOR YOU

This Coverage pays benefits for accidental Loss.

Loss means:

- (1) loss of life;
- (2) loss of life in the line of duty;
- (3) total and permanent loss of sight;
- (4) total and permanent loss of speech;
- (5) total and permanent loss of hearing in both ears;
- (6) loss of hand or foot by complete and permanent severance at or above the wrist or ankle;
- (7) loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joint; or
- (8) loss due to Quadriplegia, Paraplegia or Hemiplegia; or
- (9) loss due to Coma.

Loss of Life in the line of duty means (a) your death results directly from a confrontational situation between you and a hostile element; (b) the confrontation resulting in your death arises from your official duties on behalf of your Employer; and (c) at the time of the confrontation you were engaged in an attempt to protect your life or the life of another. SAMBA's Board of Directors has sole discretion in determining if the death was in the line of duty.

Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs.

Paraplegia means the complete and irreversible paralysis of both lower limbs.

Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Coma means a profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person's physician.

A. BENEFITS.

Benefits for accidental Loss are payable only if all of these conditions are met:

- (1) You sustain an accidental bodily Injury while a Covered Person.
- (2) The Loss results directly from that Injury and from no other cause.
- (3) You suffer the Loss within 365 days after the accident. But, if the Loss is due to Coma, that Loss:

- (a) continues for one month; and
- (b) is total, continuous and permanent at the end of that one month period.

Any benefit for a Loss due to Coma will not begin until the 32nd day of the coma period in (b) above.

For the purposes of the Coverage:

- (1) Exposure to the elements will be considered an accidental Injury.
- (2) It will be presumed that you have suffered a Loss of life if the person's body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which the person was an occupant.

Not all such Losses are covered. See Losses Not Covered below.

Benefit Amount Payable: The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limitation Per Accident below.

	Percent of Your Amount of Insurance
Loss of or by Reason of:	
Life in the line of duty	150
Life	100
Both Hands	100
Both Feet	100
Sight of Both Eyes	100
One Hand and One Foot	100
One Hand and Sight of One Eye	100
One Foot and Sight of One Eye	100
Speech and Hearing	100
Quadriplegia	100
Paraplegia	75
One Hand	50
One Foot	50
Sight of One Eye	50
Speech	50
Hemiplegia	50
Thumb and Index Finger of the Same Hand	25
Coma	1% per month, up to 100 months

Limitation Per Accident: No more than the Amount of Insurance on a person at the time of the accident will be paid for all Losses resulting from Injuries sustained in that accident.

Aggregate Limit(s): If, as a result of one accident, the total amount of benefits payable for all Covered Persons under all accident Coverages of the Group Contract is more than the applicable Aggregate Limit, the benefit amount payable for a specific Covered Person's Loss will be determined as a proportionate share of that Limit.

The Aggregate Limit(s) are shown in the Schedule of Benefits.

Optional Settlement: If an amount becomes payable under this Coverage at death, the person to whom it is payable and Prudential may then mutually agree to payment in other than one sum. This may be done only if that person is a natural person taking in that person's own right.

B. LOSSES NOT COVERED.

A Loss is not covered if it results from any of these:

- (1) Suicide or attempted suicide, while sane or insane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Sickness, whether the Loss results directly or indirectly from the Sickness.
- (4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- (5) Any infection. But, this does not include a pyogenic infection resulting from an accidental cut or wound or accidental ingestion of a contaminated substance.
- (6) Except as prescribed by a Doctor, your voluntary use of: (a) PCP (also known as "Angel Dust"); (b) LSD or other hallucinogens; (c) Cocaine, heroin or other narcotics; (d) Amphetamines or other stimulants; (e) Barbiturates or other sedatives or tranquilizers; or (f) any combination of two or more of these substances.
- (7) Any poison or gas voluntarily taken, administered, absorbed, or inhaled.
- (8) Participation in a riot or insurrection. "Participation" means taking an active part in common with others. "Riot" means any use of threat to use force or violence by three or more persons without authority of law;
- (9) Active duty as a member of any military, naval or air force;
- (10) War, or any act of war, declared or not.
- (11) Travel or flight on any kind of military aircraft unless it is operated by the MAC(Military Airlift Command), or its foreign equivalent.
- (12) Travel or flight in, or descent from, any kind of aircraft aboard which the Member is giving or receiving any kind of training or instruction, or has any duties whatsoever aboard such aircraft while in flight unless the loss occurs:
 - (a) while the Member is traveling or flying in or descending from the aircraft during the performance of his or her official duties as an employee of the Federal Government; or
 - (b) while he or she is the pilot of the aircraft, if the Member is considered a pilot by the Federal agency of which he or she is an employee, whether or not he or she is piloting that aircraft in connection with the performance of his or her duties of his or her employment with the Federal Government.
- (13) Commission of or attempt to commit a felony, assault or illegal action.

C. ADDITIONAL BENEFIT FOR YOUR CRITICAL BURNS:

This additional benefit only applies if you suffer Critical Burns:

- (a) that result in Permanent Disfigurement; and
- (a) that were sustained in the performance of your duties as an Employee of the Agency of the Federal Government.

The additional amount payable is shown in the Schedule of Benefits.

The Claim Rules and the "To Whom Payable" part of the Schedule of Benefits apply to the payment of the benefits.

Personal Accident Coverage

FOR YOU AND YOUR DEPENDENTS

This Coverage pays benefits for accidental Loss.

Loss means the person's:

- (1) loss of life;
- (2) total and permanent loss of sight;
- (3) total and permanent loss of speech;
- (4) total and permanent loss of hearing in both ears;
- (5) loss of hand or foot by complete and permanent severance at or above the wrist or ankle;
- (6) loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joint;
- (7) loss due to Quadriplegia, Paraplegia or Hemiplegia; or
- (8) loss due to Coma.

Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs.

Paraplegia means the complete and irreversible paralysis of both lower limbs.

Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Coma means a profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person's physician.

FOR YOU ONLY

This Coverage pays benefits for accidental Loss due to Total and Permanent Disability.

Total and Permanent Disability: You are Totally and Permanently Disabled when:

- (1) Total Disability exists; and
- (2) Total Disability is such that condition (2) of the below Total Disability definition will be met for the rest of the person's lifetime.

Total Disability: You are Totally Disabled when:

- (1) You are not working at any job for wage or profit; and
- (2) Due to accidental bodily Injury:
 - (a) you are not able to perform, for wage or profit, the material and substantial duties of your occupation; and
 - (b) beyond 12 months after you sustain the Injury, you are not able to perform, for wage or profit, the material and substantial duties of any job for which you are reasonably fitted by your education, training or experience.

A. BENEFITS.

Benefits for accidental Loss are payable only if all of these conditions are met:

- (1) The person sustains an accidental bodily Injury while a Covered Person.
- (2) The Loss results directly from that Injury and from no other cause.
- (3) The person suffers the Loss within 365 days after the accident. But, if the Loss is due to Coma, that Loss:
 - (a) continues for one month; and
 - (b) is total, continuous and permanent at the end of that one month period.

Any benefit for a Loss due to Coma will not begin until the 32nd day of the coma period in (b) above.

- (4) The Loss is due to Total and Permanent Disability, and
 - (a) Within 180 days after you sustain that Injury, you become Totally and Permanently Disabled as a direct result of that Injury and from no other cause.
 - (b) You remain continuously so disabled during the rest of the one year period after you sustain the Injury.
 - (c) You are less than age 65 when you become Totally and Permanently Disabled.

Benefits for Total and Permanent Disability are payable on a monthly basis. Benefits will not begin until twelve months from the date the person becomes Totally and Permanently Disabled and will continue to age 65.

For the purpose of this benefit :

- (1) If, while you qualify for the monthly benefits as the result of an Injury sustained in an accident, you would qualify for the monthly benefits as the result of an Injury sustained in a later accident, the following will apply. The Injuries sustained in all those accidents will be considered to be one Injury sustained in the first of those accidents.
- (2) Two periods of Total and Permanent Disability due to the same accidental bodily Injury and separated by a period of not more than 31 days will be considered as one continuous period of Total and Permanent Disability.

For the purposes of the Coverage:

- (1) Exposure to the elements will be considered an accidental Injury.
- (2) It will be presumed that the person has suffered a Loss of life if the person's body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which the person was an occupant.

Not all such Losses are covered. See Losses Not Covered below.

Benefit Amount Payable: The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limitation Per Accident below.

Percent of the Person's
Amount of Insurance

Loss of or by Reason of:

Life	100
Both Hands	100
Both Feet	100
Sight of Both Eyes	100
One Hand and One Foot	100
One Hand and Sight of One Eye	100
One Foot and Sight of One Eye	100
Speech and Hearing	100
Quadriplegia	100
Paraplegia	75
One Hand	50
One Foot	50
Sight of One Eye	50
Speech	50
Hearing of both ears	50
Hemiplegia	50
Hearing of one ear	25
Thumb and Index Finger of the Same Hand	25
Total and Permanent Disability	1% per month, up to 100 months
Coma	1% per month, up to 100 months

Limitation Per Accident: No more than the Amount of Insurance on a person at the time of the accident will be paid for all Losses resulting from Injuries sustained in that accident.

Aggregate Limit(s): If, as a result of one accident, the total amount of benefits payable for all Covered Persons under all accident Coverages of the Group Contract is more than the applicable Aggregate Limit, the benefit amount payable for a specific Covered Person's Loss will be determined as a proportionate share of that Limit.

The Aggregate Limit(s) are shown in the Schedule of Benefits.

Optional Settlement: If an amount becomes payable under this Coverage at death, the person to whom it is payable and Prudential may then mutually agree to payment in other than one sum. This may be done only if that person is a natural person taking in that person's own right.

B. LOSSES NOT COVERED.

A Loss is not covered if it results from any of these:

- (1) Suicide or attempted suicide, while sane or insane.

- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Sickness, whether the Loss results directly or indirectly from the Sickness.
- (4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- (5) Any infection. But, this does not include a pyogenic infection resulting from an accidental cut or wound or accidental ingestion of a contaminated substance.
- (6) Except as prescribed by a Doctor, your voluntary use of: (a) PCP (also known as "Angel Dust"); (b) LSD or other hallucinogens; (c) Cocaine, heroin or other narcotics; (d) Amphetamines or other stimulants; (e) Barbiturates or other sedatives or tranquilizers; or (f) any combination of two or more of these substances.
- (7) Any poison or gas voluntarily taken, administered, absorbed, or inhaled.
- (8) Participation in a riot or insurrection. "Participation" means taking an active part in common with others. "Riot" means any use of threat to use force or violence by three or more persons without authority of law;
- (9) Active duty as a member of any military, naval or air force;
- (10) War, or any act of war, declared or not.
- (11) Commission of or attempt to commit a felony, assault or illegal action.

C. ADDITIONAL BENEFITS

An additional benefit may be payable for a Loss for which a benefit is payable under the other terms of this Coverage or would be payable except for the Limitation Per Accident of those terms. Any such benefit is payable in addition to any other benefit payable under this Coverage. Any additional conditions that apply to an additional benefit are shown below. An additional benefit is payable only if those conditions are met.

(1) **Additional Benefit for Loss of Your Life as a Result of an Accident in an Automobile While Using a Seat Belt and Air Bag:**

This additional benefit for the person's Loss of life only applies if this test is met.

You sustain an accidental bodily Injury resulting in the Loss while:

- (a) you are a driver or passenger in an Automobile; and
- (b) you are wearing a Seat Belt in the manner prescribed by the vehicle's manufacturer; and
- (c) the actual use of a Seat Belt at the time of the Injury is verified in an official report of the accident, or is certified in writing by the investigating official(s); and
- (d) the Automobile is equipped with a factory-installed Air Bag; and
- (e) you are in a seat designed to be protected by an Air Bag.

Losses Not Covered under this Additional Benefit: A Loss is not covered under this additional benefit if it results:

- (a) from driving or riding in any Automobile used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose; or
- (b) from an Injury caused, wholly or partly, by riding in an Automobile being operated by another person while that person is legally intoxicated or under the influence of a narcotic.

(2) Additional Benefit for Tuition Reimbursement for Your Dependent Child:

This additional benefit for tuition reimbursement for your dependent child only applies once. It applies if you suffer a Loss of life. Date of death, as used below, refers to your date of death depending upon whose Loss of life this additional benefit is payable.

An additional benefit for tuition reimbursement is payable for each dependent child less than age 22 who, on the date of death, is:

- (a) your child who wholly depends on you for support and maintenance; and
- (b) enrolled within 12 months of your death as a full-time student in a School; or
- (c) in the 12th grade and becomes a full-time student in a School within 365 days after that date.

Proof of enrollment must be given to Prudential.

School means an institution of higher learning. This includes, but is not limited to, a university, college or trade school.

Benefit Amount Payable for Tuition Reimbursement for Your Dependent Child: The additional amount payable is shown in the Schedule of Benefits.

D. ADDITIONAL BENEFIT FOR YOUR CRITICAL BURNS:

This additional benefit only applies if you suffer Critical Burns:

- (a) that result in Permanent Disfigurement; and
- (b) that were sustained in the performance of your duties as an Employee of the Agency of the Federal Government.

The additional amount payable is shown in the Schedule of Benefits.

This additional benefit is not payable if the you are receiving an Additional Benefit for Total and Permanent Disability under this Coverage due to the same accident.

The Claim Rules and the "To Whom Payable" part of the Schedule of Benefits apply to the payment of the benefits.

General Information

BENEFICIARY RULES

The rules in this section apply to insurance payable on account of your death, when the Coverage states that they do.

"Beneficiary" means a person chosen, on a form approved by Prudential, to receive the insurance benefits.

You have the right to choose a Beneficiary.

If there is a Beneficiary for the insurance, it is payable to that Beneficiary. Any amount of insurance for which there is no Beneficiary at your death will be payable to the first of the following: Your (a) surviving spouse; (b) surviving child(ren) in equal shares; (c) surviving parents in equal shares; (d) surviving siblings in equal shares; (e) estate. This order will apply unless otherwise provided in the Limits on Assignments.

You may change the Beneficiary at any time without the consent of the present Beneficiary. The Beneficiary change form must be filed through the Contract Holder. The change will take effect on the date the form is signed. But it will not apply to any amount paid by Prudential before it receives the form.

If there is more than one Beneficiary but the Beneficiary form does not specify their shares, they will share equally. If a Beneficiary dies before you, that Beneficiary's interest will end. It will be shared equally by any remaining Beneficiaries, unless the Beneficiary form states otherwise.

MODE OF SETTLEMENT RULES

The rules in this section apply to Member Life Insurance payable on account of your death.

"Mode of Settlement" means payment other than in one sum.

Member Life Insurance is normally paid to the Beneficiary in one sum. But a Mode of Settlement may be arranged with Prudential for all or part of the insurance, as stated below.

Arrangements for Mode of Settlement: You may arrange a Mode of Settlement by proper written request to Prudential. If, at your death, no Mode of Settlement has been arranged for an amount of your Member Life Insurance, the Beneficiary and Prudential may then mutually agree on a Mode of Settlement for that amount.

Conditions for Mode of Settlement: The Beneficiary must be a natural person taking in the Beneficiary's own right. A Mode of Settlement will apply to secondary Beneficiaries only if Prudential agrees in writing. Each installment to a person must not be less than \$20.00. A change of Beneficiary will void any Mode of Settlement arranged before the change.

Choice by Beneficiary: A Beneficiary being paid under a Mode of Settlement may, if Prudential agrees, choose (or change the Beneficiary's choice of) a payee or payees to receive, in one sum, any amount which would otherwise be payable to the Beneficiary's estate.

Prudential has prepared information about the modes of settlement available. Ask the Contract Holder for this.

INCONTESTABILITY OF LIFE INSURANCE

This limits Prudential's use of your statements in contesting an amount of Life Insurance for which you are insured. These are statements made to persuade Prudential to accept you for insurance. They will be considered to be made to the best of your knowledge and belief. These rules apply to each statement:

- (1) It will not be used in the contest unless:
 - (a) It is in a written instrument signed by you; and
 - (b) A copy of that instrument is or has been furnished to you or to your Beneficiary.
 - (2) If it relates to your insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during your lifetime.
-

CLAIM RULES

These rules apply to payment of benefits under a Coverage when the Coverage states that they do.

Proof of Loss: Prudential must be given written proof of the loss for which claim is made under the Coverage. 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, except that:

- (1) If any Coverage 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.
- (2) If payment under a Coverage is to be made for charges incurred during a Calendar Year, the proof for that Calendar Year 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.

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

A benefit unpaid at your death will be paid to your estate. But this does not apply if the Coverage or the Limits on Assignments section on an earlier page states otherwise.

Physical Exam: 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.

Legal Action: No action at law or in equity shall be brought to recover on the Group Contract until 60 days after the written proof described above is furnished. No such action shall be brought more than three years after the end of the time within which proof of loss is required.

INCONTESTABILITY OF INSURANCE TO WHICH THE CLAIM RULES APPLY

This limits Prudential's use of your statements in contesting an amount of that insurance for which you are insured. These are statements made to persuade Prudential to effect an amount of that insurance. They will be considered to be made to the best of your knowledge and belief. These rules apply to each statement:

- (1) It will not be used in a contest to avoid or reduce that amount of insurance unless:
 - (a) It is in a written application signed by you; and
 - (b) A copy of that application is or has been furnished to you.
- (2) It will not be used in the contest after that amount of insurance has been in force, before the contest, for at least two years during your lifetime.

When Your Insurance Ends

MEMBER INSURANCE

Your Member Insurance under a Coverage will terminate on the earliest of any of the following:

- the date the Group Contract providing the insurance ends;
- the date for Contributory Insurance under a Coverage of the Group Contract, you fail to pay, when due, any contribution required;
- the date you enter active military service of any country. For purposes of this insurance, active military service for training purposes of one month or less is not full-time service;
- the date the first of the following occurs: (a) the day your active pay and duty status with the Federal Government ends; or (b) the first anniversary of the date that you went on non-pay status on an approved leave. These provisions will not apply to you if, on the day your coverage would have terminated, you are still on a Federal Government payroll in some type of retiree status or are on a leave that is covered by Workers' Compensation; in that case you may become covered under the SAMBA retiree benefits as stated below;
- the day after the day you retire. If you have been covered for at least one year prior to retirement, the member may elect to be insured after retirement. You may continue coverage after retirement provided that within 60 days of retirement, you notify the Contract Holder of your choice of retiree plans then being offered and make arrangements for continued payment of premiums. If you elect coverage after retirement and subsequently returns to Active Employment, then retirement coverage will terminate; or
- the next premium due date following the date you request cancellation of coverage. You must make this request in writing to SAMBA. No portion of the premiums already paid for premiums which were due prior to the request for cancellation will be refunded;
- the date on which the Member attains the limiting age.

DEPENDENTS INSURANCE

Your Dependents Insurance under a Coverage will end when the first of these occurs:

- the date your coverage terminates, unless otherwise shown below;
- the end of the period for which any required premiums have not been made for Dependents Coverage;
- the date the Dependent enters active military service of any country. For purposes of this coverage, active military service for training purposes of one month or less is not full-time service;
- the first day of the month following the date Dependents as a class are no longer eligible for coverage under the Contract if the Contract has been amended to discontinue Dependents coverage for all or certain classes of Dependents;

- the premium due date following the date the Dependent no longer meets the definition of Dependent;
- the date on which the Limiting Age, if any, is attained.

Continued Coverage In the Event of Your Death:

If the you die while your Dependents are covered, the Dependents have the right to continue coverage for the Dependents Group Term Life, Spouse Supplemental Group Term Life Insurance and Personal Accident Insurance, if within 60 days of your death, arrangements are made for continued payment of premium. The surviving spouse, if any, or in the case of no surviving spouse, the children, or legal guardian of the minor children is responsible for premium payment arrangement. Coverage will continue until the earliest of any of the following:

- the date the Group Contract providing the Coverage ends;
- the end of the period for which any required premiums have not been made for the Dependents Coverage; except that if a member less than age 65, while receiving payment under the Total and Permanent Disability provision, fails to make contributions for the Dependents Insurance, such failure shall not cause the Dependents Insurance to terminate;
- the date the Dependent enters active military service of any country. For purposes of this insurance, active military service for training purposes of one month or less is not full-time service;
- the first day of the month following the date Dependents as a class are no longer eligible for coverage under the Contract if the Contract has been amended to discontinue dependents coverage for all or certain classes of Dependents;
- the date on which the Dependent children's Limiting Age is attained;
- the date the surviving spouse attains age 55; unless the spouse elects within 60 days of that date to continue coverage under one of the retired Dependents Group Term Life plans;
- the date the surviving spouse attains age 70, if covered under the Dependents Group Term Life Coverage for Retired Members or Spouse Supplemental Group Term Life Coverage.

Vermont Life Insurance

Mandatory Civil Union Endorsement

PURPOSE

This endorsement is part of the policy, contract, certificate and/or riders and endorsements to which it is attached and is intended to provide benefits for parties to a civil union. Vermont law requires that insurance contracts and policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must have been established in the state of Vermont according to Vermont law.

GENERAL DEFINITIONS, TERMS CONDITIONS AND PROVISIONS

The general definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship or that may be construed to mean or refer to a marital relationship: such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms include the relationship created by a civil union.

Terms that mean or refer to a family relationship arising from a marriage such as "family", "immediate family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms include the family relationship created by a civil union.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a civil union.

"Dependent" means a spouse, a party to a civil union, and/or a child or children (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

"Child or covered child" means a child (natural, step-child, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

CAUTIONARY DISCLOSURE

THIS ENDORSEMENT IS ISSUED TO MEET THE REQUIREMENTS OF VERMONT LAW AS EXPLAINED IN THE "PURPOSE" PARAGRAPH OF THE ENDORSEMENT. THE FEDERAL GOVERNMENT OR ANOTHER STATE GOVERNMENT MAY NOT RECOGNIZE THE BENEFITS GRANTED UNDER THIS ENDORSEMENT. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER THIS CONTRACT.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

Certificate of Coverage

Prudential certifies that insurance is provided according to the Group Contract(s) for each Insured Employee. Your Booklet's Schedule of Benefits shows the Contract Holder and the Group Contract Number(s).

Insured Employee: You are eligible to become insured under the Group Contract if you are in the Covered Classes of the Booklet's Schedule of Benefits and meet the requirements in the Booklet's Who is Eligible section. The When You Become Insured section of the Booklet states how and when you may become insured for each Coverage. Your insurance will end when the rules in the When Your Insurance Ends section so provide. Your Booklet and this Certificate of Coverage together form your Group Insurance Certificate.

Beneficiary for Employee Death Benefits: See the Booklet's Beneficiary Rules.

Coverages and Amounts: The available Coverages and the amounts of insurance are described in the Booklet.

If you are insured, your Booklet and this Certificate of Coverage form your Group Insurance Certificate. Together they replace any older booklets and certificates issued to you for the Coverages in the Booklet's Schedule of Benefits. All Benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate.

The Prudential Insurance Company of America

ERISA INFORMATION

ERISA INFORMATION

1. Name of Plan:	<p>SAMBA Group Insurance Plan (the Plan). All benefit programs that SAMBA sponsors for its membership, including, without limitation, Group Term Life with Accidental Death and Dismemberment Insurance, Dependents Group Term Life Insurance, Supplemental Group Term Life Insurance, the SAMBA Health Benefits Plan, and all other insured and self-insured programs, constitute one employee welfare benefit plan within the meaning of ERISA, the federal law that governs this Plan.</p>
2. Plan Sponsor:	<p>Special Agents Mutual Benefit Association (SAMBA) 11301 Old Georgetown Road Rockville, Maryland 20852-2800 (301) 984-1440 or (800) 638-6589 www.sambaplans.com</p>
3. Employer ID Number:	<p>EIN #52-1074154</p>
4. Type of Plan:	<p>An employee welfare plan providing benefits for:</p> <ul style="list-style-type: none"> • Group Term Life with Accidental Death and Dismemberment Insurance* • Dependents Group Term Life Insurance* • Supplemental Group Term Life Insurance* • Disability Income Protection • Personal Accident Insurance • Dental and Vision Insurance • Dependent Children Health Benefit • Long Term Care Insurance • Personal Legal Services Plan • Terrorism Coverage • Federal Employees Health Benefits <p>(*The attached certificate describes these plans.)</p>
5. Plan Number:	<p>PN 501</p>
6. Effective Date:	<p>The program described in the attached Certificate became effective on January 1, 2004.</p>

<p>7. Who Is Eligible for the Group Term Life with Accidental Death and Dismemberment Insurance, Dependents Group Term Life Insurance, and Supplemental Group Term Life Insurance Programs:</p>	<p>To determine whether you or your spouse or dependents are eligible, please read the eligibility information contained in the attached Certificate of Insurance issued by The Prudential Insurance Company of America. Employees of the Employers listed below who are actively at work at least 20 hours per week are eligible to enroll, subject to providing evidence of insurability. Individuals eligible to enroll are subject to the conditions in the Certificate. Employers include the following agencies of the federal government:</p> <ul style="list-style-type: none"> • The Federal Bureau of Investigation (FBI) • The Drug Enforcement Administration (DEA) • The Bureau of Alcohol, Tobacco, and Firearms (BATF) • The Naval Investigative Service (NIS) • The United States Marshals Service (USMS) • The Department of Justice Office of the Inspector General (IG) • The Criminal Investigation Division and the Office of the Chief Inspector of the Internal Revenue Service (IRS) • Civilian Employees of the Office of Special Investigations of the Department of the Air Force (OSI) • The Executive Office of the U.S. Attorneys (EOUSA) • The Offices, Boards and Divisions of the Department of Justice (OBD) • The United States Customs Service (USCS) • The Financial Crimes Enforcement Network (FINCEN) • The Offices of the Inspectors General (IGS) • The Transportation Security Administration • United States Coast Guard Investigative Service (CGIS) • National Highway Traffic Safety Administration (NHTSA) Odometer Fraud • Department of Homeland Security <p>SAMBA may add or delete Employers from time to time.</p>
<p>8. Plan Administration</p>	<p>The Plan is administered and maintained by SAMBA, at the address listed in item 2.</p>
<p>9. Type of Administration</p>	<p>The administration of the Group Term Life with Accidental Death and Dismemberment Insurance, Dependents Group Term Life Insurance, and Supplemental Group Term Life Insurance (all insured by The Prudential Insurance Company Of America under Group Term Life Contract G-09400-DC) is under the supervision of the Plan Administrator. The duty of the Plan Administrator is to</p>

	see that the plan provisions are carried out for the benefit of the persons entitled to participate without discrimination among participants.
10. Amendment or Termination of Plan:	This Plan, including any program under the Plan, may be amended or terminated at any time by SAMBA.
11. Agent for Service of Legal Process:	Corporation Guarantee & Trust Company. 1150 Connecticut Avenue, NW Washington, D.C. 20036 Legal Process may also be served on the Executive Director at the address listed in item 2.
12. Plan Year:	All financial records of the Plan are kept on a fiscal year of January 1 through December 31.
13. Cost of Benefits and Plan Funding:	Premiums for Group Term Life with Accidental Death and Dismemberment Insurance, Dependents Group Term Life Insurance, and Supplemental Group Term Life Insurance are paid by plan participants. This plan is fully insured by The Prudential Insurance Company of America

Claim Procedures

1. Determination of Benefits

Prudential 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 Prudential will be tolled 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 Prudential of your denial. The notice will be written in a manner calculated to be understood by you and shall include:

- (a) the specific reason(s) for the denial,
- (b) references to the specific plan provisions on which the benefit determination was based,
- (c) a description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary,
- (d) a description of the Prudential's appeals 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, and

- (e) 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.

2. Appeals of Adverse Determination

If your claim for benefits is denied or if you do not receive a response to your claim within the appropriate time frame (in which case the claim for benefits is deemed to have been denied), you or your representative may appeal your denied claim in writing to Prudential within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your appeal any written comments, documents, records and any 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 the Prudential Appeals Review Unit. The claim decision will be made by a member of the Prudential Claims Management Team. The Prudential Appeals Review Unit and Claims Management Team members are made up of individuals not involved in the initial benefit determination. This review will not afford any deference to the initial benefit determination.

The Prudential Appeals Review Unit 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 90 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date that the Prudential Appeals Review Unit 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 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 the claim on appeal is denied in whole or in part, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include:

- (a) the specific reason(s) for the adverse determination,
- (b) references to the specific plan provisions on which the determination was based,
- (c) a statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all records, documents and other information relevant to your benefit claim upon request,
- (d) a description of Prudential's review procedures and applicable time limits,
- (e) 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
- (f) a statement describing any appeals procedures offered by the plan, and your right to bring a civil suit under ERISA.

If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

If the appeal of your benefit claim is denied or if you do not receive a response to your appeal within the appropriate time frame (in which case the appeal is deemed to have been denied), you or your representative may make a second appeal of your denial in writing to Prudential within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your second appeal any written comments, documents, records and any 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.

Upon receipt of a second appeal, the Prudential Appeals Review Unit will again conduct a full review of the claim file and any additional information submitted. The claim decision will be made by a member of the Prudential Senior Claims Management Team. The Appeals Unit and Senior Claims Management Team member would not have been involved in the initial benefit determination or in the first appeal.

The Prudential Appeals Review Unit shall make a determination on your second claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to 90 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date by which the Appeals Review Unit 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 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 the claim on appeal is denied in whole or in part for a second time, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include the same information that was included in the first adverse determination letter as well as your right to appeal the decision to Prudential's Appeal Committee. If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied upon appeal.

If the second appeal of your benefit claim is denied or if you do not receive a response to your second appeal within the appropriate time frame (in which case the appeal is deemed to have been denied), you or your authorized representative may make a third appeal of your denial in writing to the Prudential Appeals Committee within 180 days of the receipt of the written notice of denial or 180 days from the date such claim is deemed denied. You may submit with your third appeal any written comments, documents, records and any 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.

Upon receipt of a third appeal, the claim will be directed to Prudential's Appeals Committee by a member of the Prudential Senior Claims Management Team. This Committee will be composed of three members of the Senior Claims Management Team who have not been involved in any previous appeals.

The Prudential Appeals Committee shall make a determination on your third claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to 90 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date by which the Appeals Review Unit 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 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.

Your decision to submit a benefit dispute to the third level of appeal has no effect on your right to any other benefits under this plan. If you elect to initiate a lawsuit without submitting to a third level of appeal, the plan waives any right to assert that you failed to exhaust administrative remedies. If you elect to submit the dispute to the third level of appeal, the plan agrees that any statute of limitations or other defense based on timeliness is tolled during the time that the appeal is pending.

If the claim on appeal is denied in whole or in part for a third time, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include the same information that was included in the first adverse determination letter. If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

Rights and Protections

As a participant in this plan, 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

- 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.
- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The plan administrator may make a reasonable charge for the copies.
- 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 your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other 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.

Enforce 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 Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, 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 state or 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 have 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 your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any 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 Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 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.

