

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

CERTIFICATE:

GROUP LIFE INSURANCE

Policyholder: The Connecticut National Bank N.A., d/b/a
Shawmut Bank of Rhode Island, Trustee of the
Standard Voluntary Insurance Trust

Group Policy Number: 609589-A

Group Policy Effective Date: January 1, 1992

Employer:	The California State University
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Group Number:	101770-A
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Employer Effective Date:	May 1, 2000
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A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide you with a revised certificate or other notice.

This policy includes an Accelerated Benefit. Death benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

Possession of this certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this certificate.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.



President

GC491-LIFE/TRUST

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COVERAGE FEATURES

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions. Specific definitions are also located in the **Definitions** section beginning on page 18.

GENERAL POLICY INFORMATION

Group Policy Number:	609589-A
Type of Insurance Provided:	
Life Insurance:	Yes
Dependents Life Insurance:	Yes
Policyholder:	The Connecticut National Bank N.A., d/b/a Shawmut Bank of Rhode Island, Trustee of the Standard Voluntary Insurance Trust
Group Policy Effective Date:	January 1, 1992
Employer:	The California State University
Group Number:	101770-A
Employer Effective Date:	May 1, 2000
State of Issue:	Rhode Island

BECOMING INSURED

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:	You are a Member if you are one of the following: <ol style="list-style-type: none">1. An active employee of the Employer appointed half-time or more for more than six months in an eligible employee category; or2. An active employee of the Employer in certain academic year classifications may be eligible if appointed for at least six (6) weighted teaching units or more for at least one semester or two or more consecutive quarter terms.
	You are not a Member if you are: <ol style="list-style-type: none">1. A full time member of the armed forces of any country; or2. Insured under CIGNA group universal life insurance policy number 03-M101220.
Class Definition:	Not applicable

Eligibility Waiting Period:

You are eligible on the first day of the calendar month following the date you become a Member, if you become a Member after the date of your Employer's participation under the Group Policy.

Evidence Of Insurability

Required:

- a. For late application.
- b. For Life Insurance above the Guarantee Issue Amount of \$150,000. However, this requirement does not apply to amounts in effect under CIGNA group universal life insurance policy number 03-M101220 on the day before becoming a Member, provided you become insured under the Group Policy on or before January 1, 2003.
- c. For Dependents Life Insurance for your Spouse/Domestic Partner above the Guarantee Issue Amount of \$50,000. However, this requirement does not apply to amounts in effect under CIGNA group universal life insurance policy number 03-M101220 on the day before becoming a Member, provided your Dependent Spouse/Domestic Partner was insured under the Group Policy on or before January 1, 2003.
- d. For reinstatements, if required.
- e. For any increase in Life Insurance and Dependents Life Insurance.
- f. To become insured (i) for any amount of Life Insurance, if you were eligible for Life Insurance while employed at another campus of the Employer but were not insured for Life Insurance, or (ii) for a Life Insurance Benefit that exceeds the amount of your Life Insurance in effect while you were employed at another campus of the Employer.
- g. To become insured (i) for any amount of Dependents Life Insurance, if your Dependent was eligible for Dependents Life Insurance while you were employed at another campus of the Employer but was not insured for Dependents Life Insurance, or (ii) for a Dependents Life Insurance Benefit that exceeds the amount of Dependents Life Insurance in effect while you were employed at another campus of the Employer.

SCHEDULE OF INSURANCE

Life Insurance:

You may apply for Life Insurance in multiples of \$10,000, from \$10,000 to \$200,000; and in increments of \$25,000 from \$225,000 to \$1,500,000.

Dependents Life Insurance:

Spouse/Domestic Partner*: You may apply for Dependents Life Insurance for your Spouse in multiples of \$10,000, from \$10,000 to \$200,000; and in increments of \$25,000 from \$225,000 to \$750,000.

Child: You may apply for Dependents Life Insurance for your Child in amounts of \$5,000, \$10,000, or \$20,000. Each of your Children will be insured for the same amount.

*All references to Spouse within this document will be interpreted to include Domestic Partner as defined on page 19.

REDUCTIONS IN INSURANCE

Your insurance is not subject to reduction because of age.

OTHER PROVISIONS

Waiver Of Premium:	Yes
Continuation Of Insurance (Portability):	Yes
Right To Convert:	
Limits on Right To Convert if the Group Policy terminates, or if your Employer's participation under the Group Policy terminates or is amended to reduce the amount of your Life Insurance:	
Minimum Time Insured:	None
Maximum Conversion Amount:	The amount of your Life Insurance benefit.
Leave of Absence Period:	The period(s) specified in the Employer's personnel policies.
Strike Continuation:	Yes. The Strike Continuation premium percentage is 120% of the Premium Rate.
Assignment Amount:	\$10,000 minimum
Standard Secure Access Checking Account (SSA) Amount:	\$10,000 minimum
Installment Amount:	\$10,000 minimum

PREMIUM CONTRIBUTIONS

Life Insurance:	Contributory
Dependents Life Insurance:	Contributory

Information on rates and premium payments can be found in Addendum A.

LIFE INSURANCE

A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive satisfactory Proof Of Loss.

B. Amount Of Life Insurance

See **Coverage Features** for the schedule of Life Insurance.

See your certificate sticker for the amount of your Life Insurance.

C. Changes In Life Insurance

1. Increases

You must apply in writing for any increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date we approve your Evidence Of Insurability.

2. Decreases

Any decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date Standard receives your written request for the decrease.

D. Suicide Exclusion: Life Insurance

If your death results from suicide or other intentionally self-inflicted Injury, while sane or insane, 1 and 2 below apply:

1. The amount payable will exclude the amount of your Life Insurance which has not been continuously in effect for at least 1 year on the date of your death.
2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

E. When Life Insurance Becomes Effective

You must apply in writing for Life Insurance and agree to pay premiums. Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance Subject To Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date we approve your Evidence Of Insurability.

2. Life Insurance Not Subject To Evidence Of Insurability

Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following:

- a. The date you become eligible if you apply on or before that date; or
- b. The date you apply if you apply within 60 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 60 days after you become eligible.

3. Takeover Provision

- a. If you were insured under the Prior Plan on the day before the effective date of your Employer's

coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.

- b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

F. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution.
2. The date your Employer's participation under the Group Policy terminates, unless you are participating in this contract after exercising your rights under the **Continuation Of Insurance (Portability)** provision.
3. The date your employment terminates. However, you may have the right to continue your Life Insurance under the **Continuation Of Insurance (Portability)** provision.
4. The last day of the calendar month in which you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under any of the above. **You will be required to submit premium payments directly to Standard Insurance Company if your Life Insurance is continued under items c., d., or e. below.**
 - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
 - b. While your ability to work is limited because of Sickness, Injury, or Pregnancy.
 - c. During the first 60 days of:
 - (1) A temporary layoff.
 - (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
 - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
 - e. During any other scheduled leave of absence approved by your Employer in advance and in writing and for the Leave Of Absence Period shown in the **Coverage Features**.

G. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If your Life Insurance ends because you cease to be a Member and you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
5. Life Insurance continued under the **Continuation Of Insurance (Portability)** provision may not be reinstated.

DEPENDENTS LIFE INSURANCE

A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive satisfactory Proof Of Loss.

B. Amount Of Dependents Life Insurance

See **Coverage Features** for the schedule of Dependents Life Insurance.

See your certificate sticker for the amount of Dependents Life Insurance for your Spouse and Child.

C. Changes In Dependents Life Insurance

1. Increases

You must apply in writing for any increase in Dependents Life Insurance.

An increase in Dependents Life Insurance for any Dependent becomes effective on the first day of the calendar month coinciding with or next following the date we approve that Dependent's Evidence Of Insurability.

2. Decreases

Any decrease in Dependents Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date Standard receives your written request for the decrease.

D. Suicide Exclusion: Dependents Life Insurance

If your Dependent's death results from suicide or other intentionally self-inflicted injury, while sane or insane, the following apply:

1. The amount payable will exclude the amount of Dependents Life Insurance which has not been continuously in effect for at least 1 years on the date of the death.
2. We will refund all premiums paid for that portion of Dependents Life Insurance which is excluded from payment under this suicide exclusion.

E. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

Child means your unmarried child who is a legally adopted child, a stepchild, a natural child recognized by the parent or a child living with the Member in a parent-child relationship who is economically dependent upon the Member. Dependent Children may be covered from live birth through age 21 (through age 25 if a registered student in full time attendance at an accredited educational institution).

Disabled Child means your Child who, on and after the date on which Dependents Life Insurance would end because of the Child's age, is continuously:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof of Disabled Child status on our forms and within 31 days after the date on which Dependents Life Insurance would otherwise end because of the Child's age. At reasonable intervals thereafter, but not more than once annually, we may require further proof and have your Child examined at our expense.

Spouse means:

1. A person to whom you are legally married; or
2. Your Domestic Partner. Domestic Partner means an individual with whom you have completed a declaration of domestic partnership, registered that declaration of domestic partnership with the Secretary of State of California, filed for public record if required by law, and submitted to the Employer.

F. Becoming Insured For Dependents Life Insurance

1. Eligibility

You become eligible to insure your Dependents on the later of:

- a. The date you become a Member.
- b. The date you first acquire a Dependent.

You do not need to be insured in order to enroll your Spouse and Child(ren); however, your Child(ren) may not be enrolled alone.

Your Spouse and your Child(ren) may exercise the right to continue Dependents Life Insurance under the **Continuation Of Insurance (Portability)** provision if they no longer meet the eligibility requirements.

A Member may not be insured as a Member and a Dependent.

Children may not be insured by more than one Member.

2. Effective Date

You must apply in writing for Dependents Life Insurance and agree to pay premiums. Subject to the **Active Work Provisions**, your Dependents Life Insurance becomes effective as follows:

a. Dependents Life Insurance Subject To Evidence Of Insurability

Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following the date we approve your Dependent's Evidence Of Insurability.

b. Dependents Life Insurance Not Subject To Evidence Of Insurability

Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the first day of the calendar month coinciding with or next following:

- i. The date you become eligible for Dependents Life Insurance if you apply on or before that date; or
- ii. The date you apply if you apply within 60 days after you become eligible.

Late application: Evidence Of Insurability is required for each Dependent if you apply more than 60 days after you become eligible.

While your Dependents Life Insurance is in effect, each new Child becomes insured immediately.

G. When Dependents Life Insurance Ends

Dependents Life Insurance ends automatically on the earliest of:

1. The date you die.
2. The date your Life Insurance ends. However, if your Life Insurance ends because your employment with the Employer terminates, you may have the right to continue your Dependents Life Insurance under the **Continuation Of Insurance (Portability)** provision.

3. The date your Employer's participation under the Group Policy terminates, unless you qualify for Waiver Of Premium, or your dependent(s) are participating in this contract after exercising the rights under the **Continuation Of Insurance (Portability)** provision.
4. The date the last period ends for which you made a premium contribution for Dependents Life Insurance.
5. For your Spouse, the date of your divorce, or dissolution of your domestic partnership. However, your dependent(s) may have the right to continue Dependent Life Insurance under the **Continuation Of Insurance (Portability)** provision.
6. For any Dependent, the date the Dependent ceases to be a Dependent. However, your dependent(s) may have the right to continue Dependent Life Insurance under the **Continuation Of Insurance (Portability)** provision.
7. For a Disabled Child, 90 days after we mail you a request for proof of Disabled Child status, if proof is not given. However, your dependent(s) may have the right to continue Dependent Life Insurance under the **Continuation Of Insurance (Portability)** provision.

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ACTIVE WORK PROVISIONS

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

If you were insured under CIGNA group universal life insurance policy number 03-M101220 on the day before the scheduled effective date of your insurance under the Group Policy, the Active Work requirement does not apply.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business.

You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

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STRIKE CONTINUATION

Insurance for you and your Dependents may be continued for up to 6 months while you are absent from Active Work because of a strike, lockout or other general work stoppage caused by a labor dispute. Rules 1 through 4 below apply.

1. When your compensation is suspended or terminated because of a work stoppage, your Employer will immediately notify you in writing of your rights under this provision. Your Employer will mail the notice to you at your last address on record with the Employer.
2. You must pay the entire premium for your insurance, including the Employer's share, if any, to Standard Insurance Company on or before each Premium Due Date.
3. The premiums for your insurance during the work stoppage will equal a percentage of the premium rate in effect on the date the work stoppage began (see **Coverage Features**). We may change premium rates during the work stoppage according to the terms of the Group Policy.

4. Insurance will end on the earliest of:
 - a. Any Premium Due Date if you fail to make the required premium contribution to Standard Insurance Company on or before that date.
 - b. The date you have been absent from Active Work for 6 months.
 - c. On the date you begin full-time employment with another employer.
 - d. At our option, on any Premium Due Date if less than 75% of the Members eligible to continue insurance under this provision make the required premium payment to Standard Insurance Company.

VF.SK.01X

CONTINUATION OF INSURANCE (PORTABILITY)

A. Continuation Of Insurance Benefit

You may continue your Insurance if your employment with your Employer terminates. However, to be eligible to continue your Insurance you must meet the following requirements on the date your employment terminates:

You are not Totally Disabled.

When you terminate employment, your Dependents Life Insurance may be continued regardless if you continue your Life Insurance. Dependents may also continue insurance under the **Continuation Of Insurance (Portability)** provision when they no longer meet the eligibility requirements.

Insurance means all your insurance under the Group Policy, except insurance continued under **Waiver Of Premium**.

B. Application And Premium Payment

You must apply in writing and pay the first premium to us within 60 days after the date your employment terminates.

C. Amount Of Insurance

The amount you may continue is the amount in effect on the date your employment terminates or when your Dependent(s) no longer meets the eligibility requirements. You may continue any lesser amount for you or your Spouse in multiples of \$10,000. For your Child you may continue any lesser amount as shown in the schedule of Dependents Life Insurance.

You may not increase the amount you continue.

The amount of your Insurance will be reduced or terminated according to the Schedule Of Insurance in effect on the date your employment terminates.

D. When Insurance Ends

Insurance continued under this provision ends automatically on the earliest of:

1. The date the last period ends for which you made a premium contribution.
2. The date the Group Policy terminates.
3. The date you become a full-time member of the armed forces of any country.
4. For your Spouse, the date of your divorce, or for a domestic partner, the date of the dissolution of your domestic partnership.
5. For any Dependent:

The date the Dependent ceases to be a Dependent, however, a Dependent may have the right to continue Dependent Life Insurance under the **Continuation Of Insurance (Portability)** provision.

E. Group Policy Provisions

Except as provided above, Insurance continued under this provision is subject to all other terms of the Group Policy. With respect to any notice you are required to provide to your Employer under other provisions of the Group Policy, such notice must be provided to us while your Insurance is continued.

VF.CN.01X

WAIVER OF PREMIUM

A. Waiver Of Premium Benefit

Insurance will be continued without payment of premiums while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and under age 60;
2. You complete your Waiting Period; and
3. You give us Proof Of Loss and it is approved by us.

B. Definitions For Waiver Of Premium

1. Insurance means all your insurance under the Group Policy, except insurance continued under the **Continuation Of Insurance (Portability)** provision.
2. Waiting Period means the 180 consecutive day period beginning on the date you become Totally Disabled. Waiver Of Premium begins when you complete the Waiting Period.

C. Premium Payment

Premium payment must continue until the later of:

1. The date you complete your Waiting Period; and
2. The date we approve your claim for Waiver Of Premium.

D. Refund Of Premiums

We will refund up to 12 months of the premiums that were paid for Insurance after the date you become Totally Disabled.

E. Amount Of Insurance

The amount of Insurance continued without payment of premium is the amount in effect on the day before you become Totally Disabled, subject to the following:

1. Insurance will be reduced or terminated according to the terms of your Employer's participation under the Group Policy in effect on the day before you become Totally Disabled.
2. The amount of Dependents Life Insurance will be the lesser of:
 - a. The amount in effect on the day before you become Totally Disabled; and
 - b. The amount in effect one year before the date you become Totally Disabled.
3. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.

F. Effect Of Death During The Waiting Period

If you die during the Waiting Period and are otherwise eligible for Waiver Of Premium, the Waiting Period will be waived.

G. Termination Or Amendment

Insurance will not be affected by termination or amendment of the Group Policy or your Employer's participation under the Group Policy after you become Totally Disabled.

H. When Waiver Of Premium Ends

Waiver Of Premium ends on the earliest of:

1. The date you cease to be Totally Disabled.
2. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given.
3. The date you fail to attend an examination or cooperate with the examiner.
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured.
5. The first day of the calendar month coinciding with or next following the date you reach age 70, however, you may have the right to continue your Insurance under the **Right To Convert** provision if your Insurance would otherwise end.

VF.WP.01X

ACCELERATED BENEFIT

A. Accelerated Benefit

If you qualify for Waiver Of Premium and give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit. You must have at least \$10,000 of Insurance in effect to be eligible.

If your Insurance is scheduled to end within 24 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill, with a life expectancy of less than 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give us satisfactory Proof Of Loss on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 75% of your Insurance. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

D. Effect On Insurance And Other Benefits

The amount of your Insurance after payment of the Accelerated Benefit will be:

1. The amount of your Insurance as if no Accelerated Benefit had been paid; minus
2. The amount of the Accelerated Benefit; minus
3. An interest charge calculated as follows:

A times B times C divided by 365 = interest charge.

A = The amount of the Accelerated Benefit.

B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

E. Exclusions No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state unless you give us a signed written consent from your Spouse.
3. You have made an assignment of all or part of your Insurance unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

F. Definitions For Accelerated Benefit

Insurance means your Life Insurance under the Group Policy.

Physician means a licensed M.D. or D.O., other than yourself, acting within the scope of the license.

VF.AB.09X

RIGHT TO CONVERT

A. Right To Convert

You may buy an individual policy of life insurance without Evidence Of Insurability if:

1. Your Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing and pay us the first premium during the Conversion Period.

Except as limited under C. Limits On Right To Convert, the maximum amount you have a Right To Convert is the amount of your Insurance which ended.

B. Definitions For Right To Convert

1. Conversion Period means the 31-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, including insurance continued under **Waiver Of Premium** or under the **Continuation Of Insurance (Portability)** provision.
3. Qualifying Event means termination or reduction of your Insurance for any reason except:

- a. The Member's failure to make a required premium contribution.
- b. Payment of an Accelerated Benefit.

4. You and your mean any person insured under the Group Policy.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy or your Employer's participation under the Group Policy, the following will apply:

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See **Coverage Features**.
2. The maximum amount you have a Right To Convert is the lesser of:
 - a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
 - b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;
3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment And Beneficiary Provisions**.

VF.RC.01X

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90 day period.

Proof Of Loss for Waiver Of Premium must be provided within 12 months after the end of the Waiting Period. We will require further Proof Of Loss at reasonable intervals, but not more often than once a year after you have been continuously Totally Disabled for two years.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

F. Notice Of Decision On Claim

The claimant will receive a written decision on a claim within a reasonable time after we receive the claim.

If the claimant does not receive our decision within 90 days after we receive the claim, the claimant will have an immediate right to request a review as if the claim had been denied.

If we deny any part of the claim, the claimant will receive a written notice of denial containing:

1. The reasons for our decision;
2. Reference to the parts of the Group Policy on which our decision is based;
3. A description of any additional information needed to support the claim; and
4. Information concerning the claimant's right to a review of our decision.

G. Review Procedure

If all or part of a claim is denied, the claimant must request a review in writing within 60 days after receiving notice of the denial.

The claimant may send us written comments or other items to support the claim, and may review any nonprivileged information that relates to the request for review.

We will review the claim promptly after we receive the request. We will send notice of our decision within 60 days after we receive the request, or within 120 days if special circumstances require an extension. We will state the reasons for our decision and refer to the relevant parts of the Group Policy.

VF.CL.01

ASSIGNMENT

If the amount of your Life Insurance is less than \$10,000, you may not make an assignment.

If the amount of your Life Insurance is \$10,000 or more, you may make an absolute assignment of all your Life Insurance, subject to 1 through 8 below.

1. All insurance under the Group Policy is assignable. Dependents Life Insurance is not assignable.
2. You may not make a collateral assignment.
3. The assignment must be absolute and irrevocable. It must transfer all rights, including:
 - a. The right to change the Beneficiary; and
 - b. The right to buy an individual life insurance policy on your life under **Right To Convert**.
4. The assignment will apply to all of your Life Insurance in effect on the date of the assignment or becoming effective after that date.
5. The assignment may be to any person other than the Policyholder or Employer.
6. The assignment will have no effect unless it is made in writing, signed by you, and delivered to Standard in your lifetime. Neither we, the Policyholder, nor the Employer are responsible for the validity, sufficiency or effect of the assignment.
7. All death benefits will be paid according to the beneficiary designation on file with the Standard Insurance Company and the **Benefit Payment And Beneficiary Provisions**.
8. The assignment will not change the Beneficiary, unless the assignee later changes the Beneficiary. Any payment we make according to the beneficiary designation on file with Standard Insurance Company, and the **Benefit Payment and Beneficiary Provisions** will fully discharge us to the extent of the payment.

You may not make an assignment which is contrary to the rules in 1 through 8 above.

BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A. Payment Of Benefits

Benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.

The benefits below will be paid to you if you are living.

1. Dependents Life Insurance benefits.
2. Accelerated Benefits.

Dependents Life Insurance benefits which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below:

1. The children of the Dependent.
2. The parents of the Dependent.
3. The brothers and sisters of the Dependent.
4. Your estate.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits.

You may name one or more Beneficiaries. Two or more surviving Beneficiaries will share equally, unless you specify otherwise. You may name or change Beneficiaries at any time without the consent of a Beneficiary.

You must name or change Beneficiaries in writing. Your designation:

1. Must be dated and signed by you.
2. Must be delivered to Standard Insurance Company during your lifetime.
3. Must relate to the insurance provided under the Group Policy.
4. Will take effect on the date it is delivered to Standard Insurance Company.

If we approve it, a written designation signed and dated by you under the Prior Plan will be accepted as your Beneficiary designation under the Group Policy.

C. Simultaneous Death Provision

If a Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your Spouse.
2. Your children.
3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Standard Secure Access Checking Account

If the amount payable to a Recipient is not less than the SSA Amount shown in **Coverage Features**, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.

2. Lump Sum

If the amount payable to a Recipient is less than the SSA Amount shown in **Coverage Features**, we will pay it in a lump sum.

If the Recipient does not wish the amount payable to be deposited into a Standard Secure Access checking account as described above, we will pay the amount payable in a lump sum upon the Recipient's request.

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is not less than the Installment Amount shown in **Coverage Features**;

- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

VF.BB.01

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

- 1. The right to resolve all matters when a review has been requested;
- 2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it; and
- 3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. Amount of benefits payable; and
 - d. Sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy, any decision we make in the exercise of our authority is conclusive and binding.

VF.AL.01

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

- 1. The date we receive Proof Of Loss; and
- 2. The time within which Proof Of Loss is required to be given.

VF.TL.01

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement made to obtain insurance is a representation and not a warranty.

We will not use a misrepresentation to reduce or deny a claim after the insured's insurance has been in effect for two years.

No misrepresentation will be used to reduce or deny a claim unless we have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

B. Incontestability Of Group Policy Or Employer Participation Under The Group Policy

Any statement made by the Policyholder to obtain the Group Policy or made by an Employer to participate under the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim, or to deny the validity of the Group Policy or the validity of an Employer's participation under the Group Policy unless:

1. The Group Policy would not have been issued or participation under the Group Policy would not have been approved if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy or an Employer's participation under the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

VF.IN.01

MISSTATEMENT

Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

VF.MS.01X

DEFINITIONS

Child means your unmarried child who is a legally adopted child, a stepchild, a natural child recognized by the parent, or a child living with the Member in a parent-child relationship who is economically dependent upon the Member. Dependent Children may be covered from live birth through age 21 (through age 25 if a registered student in full time attendance at an accredited educational institution).

Disabled Child means your Child who, on and after the date on which Dependents Life Insurance would end because of the Child's age, is continuously:

1. Incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof of Disabled Child status on our forms and within 31 days after the date on which Dependents Life Insurance would otherwise end because of the Child's age. At reasonable intervals thereafter, but not more than once annually, we may require further proof and have your Child examined at our expense.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. See **Coverage Features**.

Employer means an employer (including approved affiliates and subsidiaries) which is a member of the Standard Voluntary Insurance Trust and for which participation under the Group Policy is approved in writing by us.

Providing Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. At your expense, provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy with respect to the Policyholder means the group Life Insurance policy issued by us to the Policyholder and identified by the Group Policy Number. Group Policy with respect to an Employer means only those provisions of the Group Policy, including the options and variables requested by the Employer, we have approved for that Employer with respect to its eligible employees.

Injury means an injury to your body.

Policyholder means The Connecticut National Bank N.A., d/b/a Shawmut Bank of Rhode Island, Trustee of the Standard Voluntary Insurance Trust.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's participation under the Group Policy and which is replaced by the coverage under the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means:

1. A person to whom you are legally married and from whom you are not legally separated; or
2. Your Domestic Partner. Domestic Partner means an individual with whom you have signed a Declaration of Domestic Partnership which has been filed with the California Secretary of State. Domestic Partner also includes an individual of the same gender with whom you have formed a union, other than marriage, pursuant to the laws of another jurisdiction that is substantially similar to domestic partnerships recognized by the California Domestic Partner Rights and Responsibilities Act.

For purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country.

The Standard Voluntary Insurance Trust means the Trust Agreement between Standard Insurance Company and the Policyholder, under which the Group Policy is issued. Employers participate under the Group Policy.

Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training, and experience.

VF.DF.01X

ADDENDUM A
The California State University
Group Number 101770-A

A. Premiums

Premium Rates are shown below and will be effective on January 1, 2011, through December 31, 2012:

Employee's Age as of the last January 1	Monthly Rate per \$1,000	Spouse's Age as of the last January 1	Monthly Rate per \$1,000
Under 30	0.06	Under 30	0.06
30-34	0.08	30-34	0.08
35-39	0.09	35-39	0.10
40-44	0.13	40-44	0.16
45-49	0.24	45-49	0.28
50-54	0.38	50-54	0.44
55-59	0.65	55-59	0.75
60-64	0.71	60-64	0.79
65-69	1.27	65-69	1.37
70-74	2.06	70-74	2.05
75+	2.06	75+	2.05
Child \$ 5,000	0.81 monthly per Member		
Child \$10,000	1.62 monthly per Member		
Child \$20,000	3.24 monthly per Member		

B. Payment Of Premiums

Each premium is payable on or before its Premium Due Date directly to us at our home office. Premiums will be paid by payroll deduction for active employees or paid directly to Standard Insurance Company by you if your Life Insurance is continued while you are on a leave of absence. The payment of each premium as it becomes due will maintain the coverage in force until the next Premium Due Date.