Supplementary Insurance on "Y" or "Delta" Income for UCLA Medical School Clinical Compensation Plan Faculty on Negotiated Arrangements
UCLA Medical School Clinical Compensation Plan

Supplementary Insurance on "Y" or "Delta" Income

Effective January 1, 1983, a group Life, Accidental Death and Dismemberment, Loss of Sight and Survivor Income Insurance Plan was initiated for eligible faculty. This plan has been developed to provide income benefits based on your "Y" or "Delta" income. The Plan is underwritten by the Hartford Life and Accident Insurance Company.

Eligibility for benefits will be the same as for UCRS. Eligible members who are away from work because of disability will be insured upon their return to active employment.

ELIGIBLE CLASSES FOR LIFE INSURANCE AND ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFIT

All active employees who are members of the UCLA Medical School Clinical Compensation Plan on Negotiated Arrangements and receive compensation of a base salary at the applicable University salary scale and additional compensation of "Y" or "Delta" income under the Negotiated Arrangement section of the Clinical Compensation Plan.

ELIGIBLE CLASSES FOR SURVIVOR INCOME BENEFITS

All active employees who are members of the UCLA Medical School Clinical Compensation Plan on Negotiated Arrangements who receive compensation of a base salary at the applicable University salary scale, who receive additional compensation of "Y" or "Delta" income under the Negotiated Arrangement Section of the Clinical Compensation Plan, and who have at least two years of service credit with the Policyholder.
INDIVIDUAL ELIGIBILITY DATE FOR LIFE INSURANCE AND ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFITS.

None

INDIVIDUAL ELIGIBILITY DATE FOR SURVIVOR INCOME BENEFITS

The date on which you acquire a Class A survivor.

Maximum Benefits

LIFE — Amount of Insurance* An amount equal to one times your annual rate of "Y" income rounded to the next higher multiple of $1,000, if not already an even multiple thereof, subject to a maximum of $200,000.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT BENEFIT* An amount equal to one times your annual rate of "Y" income rounded to the next higher multiple of $1,000, if not already an even multiple thereof, subject to a maximum of $200,000.

SURVIVOR INCOME — Amount of Monthly Benefit 25% of your monthly "Y" income.

The Plan of Insurance described herein is that in effect as of September 1, 1989.

*See Additional Provisions
DEFINITIONS
The following words and phrases, if used in this Plan, will have the following meanings:

_Personal Coverage_ — Your insurance under these plans.

_Annual “Y” Income_ — Your additional compensation on “Y” salary from the Clinical Compensation Plan from the immediate preceding year.

_Monthly “Y” Income_ — One-twelfth of your annual “Y” income based upon the immediate preceding year.

_Active Employees_ — Employees who are regularly employed by the Policyholder in the usual course of the Policyholder’s business and eligible for “Y” income.

_Policy Anniversary Date_ — The date occurring in each calendar year which is an anniversary of the effective date of the group policy, unless otherwise specifically stated in the Plan of Insurance.

_Clасс A Survivor_ — Means your spouse, if married to you at least one year prior to your death, who meets any one of the following requirements:

1. Requirement 1. Such spouse is totally disabled.
2. Requirement 2. Such spouse is caring for your child.
3. Requirement 3. Such spouse has attained age 60, and is not married.

A surviving spouse will cease to be a Class A Survivor when the spouse does not meet one of the requirements listed above.

_Child_ — Means your unmarried child who has not attained his 18th birthday or who is totally disabled.

The word “child” will include, in addition to your own or legally adopted child, any stepchild or foster child who, at the time of your death, is primarily dependent upon you for support and maintenance.

The word “child” will also include your unmarried child who is 18 or more but less than 22 years of age, if such child is in regular attendance at an institution of learning and is primarily dependent upon your Class A Survivor for support and maintenance.

_Totally Disabled_ — As used above, means that the person is prevented by accidental bodily injury or sickness from engaging in the normal activities of a person of the same age and sex who is in good health.
General Provisions

When You Are Eligible — Personal Coverage

Only employees who are in an eligible class of employees as described on the Plan of Insurance are eligible for Personal Coverage under this Plan.

If you are in the employ of the Policyholder on the Effective Date of this Plan, you will become eligible for Personal Coverage on that date. If you enter the employ of the Policyholder after the Effective Date of this Plan, you will become eligible for Personal Coverage on your Individual Eligibility Date described on the Plan of Insurance.

When You Are Insured — Personal Coverage

Your Personal Coverage shall become effective on the date of your eligibility.

Deferred Effective Date — Personal Coverage

If you are absent from active work because of bodily injury or sickness on the date you would otherwise become insured for Life Insurance and Accidental Death, Dismemberment and Loss of Sight Benefits, or on the date you would otherwise become insured for an Increased Amount of Insurance, the effective date of such coverage will be deferred until you return to active work.

Termination Date of Insurance — Personal Coverage

Your Personal Coverage will terminate on the earliest to occur of the following dates:

(a) the date on which the policy is terminated;
(b) the premium due date on which the Policyholder fails to pay the required premium for you;
(c) With respect to Survivor Income Benefits, the date on which you no longer have a Class A Survivor;
(d) the date on which you terminate employment in the classes of persons eligible for insurance. However, in the event of absence from work because of disability, leave of absence, or temporary layoff, some of your coverage may, at the option of the Policyholder, be continued subject to the limits stated in the Policy.

In addition, your life insurance will terminate when you enter the military, naval or air force service of any country at war, whether such war be declared or undeclared.
Additional Provisions

CHANGES IN BENEFITS

Changes in coverage which are due to change in class or change in this Plan of Insurance will become effective on the date of such change, except that, with respect to an increase in coverage, the Deferred Effective Date provisions herein will apply.

A retroactive change in your rate of earnings will become effective on the date of determination of the change in the rate of earnings.

LIFE INSURANCE AND ACCIDENTAL DEATH, DISEMEMBERMENT AND LOSS OF SIGHT INSURANCE

The Amount of Insurance and Maximum Benefit applicable to an employee age 70 or over shall be 50% of the respective amounts shown in the preceding table of Maximum Benefits. Any Amount of Insurance or Maximum Benefit which is reduced in accordance with this provision will be rounded to the next higher multiple of $1,000, if not already a multiple thereof.

Any change in the Amount of Insurance and the Maximum Benefit due to an increase in the employee’s age will become effective on the Policy Anniversary Date coincident with or next following the date of the increase in such person’s age.

LIFE INSURANCE

If an individual ceases to be eligible for life insurance under this Plan (e.g. as a result of termination of employment), insurance coverage can be continued in accordance with the Conversion Privilege described in this booklet (page 7). If, however, that individual becomes re-eligible for this Plan (e.g. re-hired) and the individual conversion policy is kept in force, the amount of the insurance provided by this Plan will be reduced by the amount of the individual conversion policy.
Life Insurance Benefits

1. Death Benefit

In the event of your death from any cause, the Amount of Insurance applicable to you, as shown in this Plan of Insurance, will be paid in a lump sum, or in equal monthly installments if so elected, to the beneficiary last named by you, and recorded.

2. Change of Beneficiary

You may change your beneficiary from time to time on any form satisfactory to The Hartford by giving written notice of such change to the Policyholder or Participant Employer. Once received, the change will become effective as of the date the notice was signed. If there is no beneficiary living at your death, payment will be made in accordance with the terms of the Group Life Insurance Policy.

3. Monthly Installments

Instead of a lump sum payment, you or your beneficiary may give The Hartford written notice to make payments to the beneficiary in equal installments in accordance with the schedule shown below, or in any other reasonable arrangement mutually agreed upon; provided that in any event no installment may be less than $20.00.

<table>
<thead>
<tr>
<th>Number of Years During Which Payments will be Made</th>
<th>Amount of Each Installment for Each $1,000.00 of the Net Sum Payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>2</td>
<td>506.18</td>
</tr>
<tr>
<td>3</td>
<td>341.60</td>
</tr>
<tr>
<td>4</td>
<td>259.34</td>
</tr>
<tr>
<td>5</td>
<td>210.00</td>
</tr>
<tr>
<td>10</td>
<td>111.47</td>
</tr>
<tr>
<td>15</td>
<td>78.80</td>
</tr>
<tr>
<td>20</td>
<td>62.58</td>
</tr>
</tbody>
</table>

4. Extension of Insurance if Disabled

If, while insured under the Group Life Insurance Policy, and before attaining age sixty, you become totally disabled and remain so disabled, your insurance will continue in force during the continuance of such total disability, provided the required proof of disability and its continuance is submitted to The Hartford at its Home Office within one year from the date you cease active work. However, your insurance will automatically terminate on the date you attain age 65.
Life Insurance Benefits (Continued)

“Totally disabled” means that you are disabled by bodily injury or disease for not less than nine months and will be further prevented from engaging in any business or occupation for which you are or become qualified by reason of education, training or experience and from performing any work for compensation or profit. At termination of total disability you should inquire of your rights under the Conversion Privilege of the Group Life Insurance Policy.

If the policy provides for a reduction in the amount of insurance at a specified age or at any other specified time, the amount of your insurance will be reduced in accordance with such provision upon your attaining such age or at such time.

If, on the date you cease active work, you are totally disabled by bodily injury or disease and are further prevented from engaging in any business or occupation for which you are or become qualified by reason of education, training or experience and from performing any work for compensation or profit, and if

(a) your death occurs within twelve months from that date, and

(b) you are so disabled continuously from the date you cease active work until the date of death, and

(c) you qualify, or would have qualified if you had been disabled for at least nine months, for the continuation of insurance set forth in the preceding paragraphs, except that, the required proof of disability has not yet been both submitted to and approved by The Hartford, and

(d) due proof that these conditions have been met is submitted to The Hartford within one year of the date of death,

the “Death Benefit” will be paid to your beneficiary.

If you exercise the Conversion Privilege provided in the Group Life Insurance Policy, any extension of insurance will automatically cancel unless, within twelve months from the date you cease active full-time work, you surrender the individual policy for cancellation without claim (other than for return of premium).

5. Conversion Privilege

If your insurance terminates because of termination of employment with the Policyholder or Participant Employer, or of termination of membership in an eligible class, you will be entitled to convert your insurance to an individual policy without disability or other supplementary benefits, on any one of the forms then customarily issued by The Hartford, except term insurance.
Life Insurance Benefits (Continued)

5. Conversion Privilege (Continued)

However, if elected, such policy may be preceded by single premium term insurance for a period of one year. Application for conversion and payment of the required premium must be made within 31 days of such termination.

The premium will be that applicable to the class of risk to which you belong and to the form and amount at your then attained age. No evidence of insurability will be required.

If the Group Life Insurance Policy terminates or is amended so as to terminate the insurance of any eligible class, anyone who has been insured under it for at least 5 years may convert his insurance under the conditions stated above, but not in excess of the smaller of (a) $2,000 and (b) the amount of his terminated insurance less any amount of life insurance for which he may be eligible under any other Group Life Insurance Policy.

6. Additional Death Benefit

Should you die during the 31 days allowed for conversion but before any individual policy has become effective, The Hartford will pay the Amount of Insurance for which you shall have been entitled to make application.

Accidental Death, Dismemberment and Loss of Sight Benefits

1. Benefits

The Hartford agrees, with respect to accidental bodily injuries which you sustain while you are covered under the policy, from which loss results directly and independently of all other causes, to pay a benefit determined from the Schedule of Losses and Benefits below, provided that such loss occurs within 90 days after the date of accident causing the loss.

The Maximum Benefit will be the amount stated in the Plan of Insurance.

This benefit is subject to the following exclusions:

1) any loss caused by sickness or disease or medical or surgical treatment therefor, except pyogenic infection which occurs through an accidental cut or wound;
Accidental Death, Dismemberment and Loss of Sight Benefits (Continued)

1. Benefits (Continued)

2) any loss caused by intentionally self-inflicted injuries or suicide;
3) any loss caused or contributed to by:
   (i) war or act of war, whether war is declared or not; or
   (ii) sickness contracted or injuries sustained while in any of the armed forces, whether land, water or air of any country or international authority at war, whether war is declared or not, or engaged in any armed conflict.

2. Schedule of Losses and Benefits

<table>
<thead>
<tr>
<th>Description of Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>Maximum Benefit</td>
</tr>
<tr>
<td>A hand</td>
<td>One-Half the Maximum Benefit</td>
</tr>
<tr>
<td>A foot</td>
<td>One-Half the Maximum Benefit</td>
</tr>
<tr>
<td>An eye</td>
<td>One-Half the Maximum Benefit</td>
</tr>
<tr>
<td>More than one of the above resulting from one accident</td>
<td>Maximum Benefit</td>
</tr>
</tbody>
</table>

Loss of a hand or foot means the dismemberment by severance through or above the wrist or ankle joint. Loss of an eye means the entire and irrecovurable loss of sight of the eye.

3. Beneficiary

You may designate a beneficiary, or change your beneficiary, on any form satisfactory to The Hartford by giving notice of such designation or change to the Policyholder.

Survivor Income Benefits

1. Survivor Income Benefits and to Whom Payable

If you die while insured under the policy, and if, on the first day of the calendar month following the date of your death, you are survived by a Class A Survivor, The Hartford will pay, upon receipt of due proof of your death, a Monthly Benefit in an amount shown in this Plan of Insurance, but not beyond the period stated in the following item 2. Survivor Income Benefits are payable to your Class A Survivor.
Survivor Income Benefits (Continued)

2. Duration of Benefits

The monthly Benefits will be payable until the date on which there is no eligible Class A Survivor, as defined in this Booklet.

3. Extension of Insurance if Disabled

This provision is described on pages 6 and 7 of this Booklet and it also applies to Survivor Income Benefits.

4. Conversion Privilege

The amount of insurance to which you are entitled in accordance with the Conversion Privilege described in the Life Insurance Benefits section of this Booklet will be increased by an amount equal to the value of your Survivor Income Benefits. The Hartford will determine such value on the basis of the Amount of Monthly Benefit, your attained age, and reasonable assumptions with respect to mortality, interest, remarriage, and family characteristics consistent with the underlying rate basis.

The Hartford has the right to require satisfactory proof of a Class A Survivor or child that he or she is totally disabled as often as The Hartford may reasonably require. The Hartford also has the right to examine a totally disabled Class A Survivor or totally disabled child at any time after receiving proof of such total disability, but not more often than once during any period of twelve consecutive months. Upon failure to submit such required proof or to permit such an examination, the Class A Survivor or child will be deemed no longer totally disabled.

Policy Provisions

CLAIMS

Life Insurance: Upon your death, the appropriate claim form will be furnished to your beneficiary, and this form, after having been completed, should be returned to The Hartford along with a certified copy of the death certificate. The amount of your life insurance will be paid immediately, or as may otherwise be agreed upon, when the necessary claim papers have been received and approved.

Other Insurance: Written notice of claim must be given to The Hartford within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is
Policy Provisions (Continued)

Claims (Continued)

reasonably possible. Notice given by you or on your behalf to The Hartford at its Home Office, or to any authorized agent of The Hartford, with information sufficient for identification purposes, will be considered notice to The Hartford.

The Hartford, upon receipt of a written notice of claim, will furnish to you the forms usually furnished by it for filing proofs of loss. If these forms are not furnished within 15 days after the giving of notice, you will be deemed to have complied with the requirements of the policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Written proof of loss must be furnished to The Hartford in case of claim for any loss within 90 days after the date of such loss. Failure to furnish the proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time provided the proof is furnished as soon as reasonably possible and in no event, except in the absence of you legal capacity, later than one year from the time proof is otherwise required.

Indemnities payable under the policy for any loss will be paid as they accrue immediately upon receipt of due written proof of the loss.

Indemnity for loss of life under any Accidental Death, Dismemberment and Loss of Sight Benefit included in this Plan will be payable in accordance with the beneficiary designation and the provisions respecting such payment which are prescribed therein and effective at the time of payment. If no such designation or provision is then effective, such indemnity will be payable to your estate. Any other accrued indemnities unpaid at your death may, at the option of The Hartford, be paid either to such beneficiary or to such estate.

All other indemnities will be payable to you.

The Hartford at its own expense will have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of a claim when and as often as it may reasonably require during the pendency of a claim under the policy and to make an autopsy in case of death, where it is not forbidden by law.
Policy Provisions (Continued)

Claims (Continued)

No action at law or in equity will be brought to recover on the policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the policy. No such action will be brought, after the expiration of the shortest period of time permitted by the laws of the State* in which the policy is issued, after the time written proof of loss is required to be furnished.

* Kansas — 5 years
* Missouri — 10 years
* South Carolina — 6 years
* All other states — 3 years
CERTIFICATE OF INSURANCE
Under
Group Insurance Policy
GL-19555 EFFECTIVE January 1, 1983
issued by
The Hartford
to
REGENTS, UNIVERSITY OF CALIFORNIA, LOS ANGELES
(Herein called the Policyholder)

THIS IS TO CERTIFY that The Hartford has issued and delivered to
the Policyholder the above specified group policy insuring certain
employees of the Policyholder. Provisions of the Policy principally
affecting the insurance of the employee are summarized on the
following pages which are made a part of this Certificate.

Beneficiary — The Beneficiary designated by the employee in
writing and filed at the office where the records of insurance are
maintained.

This individual Certificate is furnished in accordance with and
subject to the terms of said group policy and is merely evidence of
insurance provided under said group policy which insurance is
effective only if the employee is eligible for insurance and becomes
and continues insured in accordance with the terms, provisions and
conditions of said policy.

This Certificate replaces any and all Certificates previously issued
for delivery to the employee by the Policyholder.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Bruce D. Gardner, Secretary
Lowndes A. Smith, President
Underwritten By:

ITT HARTFORD

Coverage Arranged By:

Saylor & Hill Co.
SINCE 1933
INSURANCE BROKERS AND
BENEFIT CONSULTANTS
1939 HARRISON STREET
OAKLAND, CALIFORNIA 94612