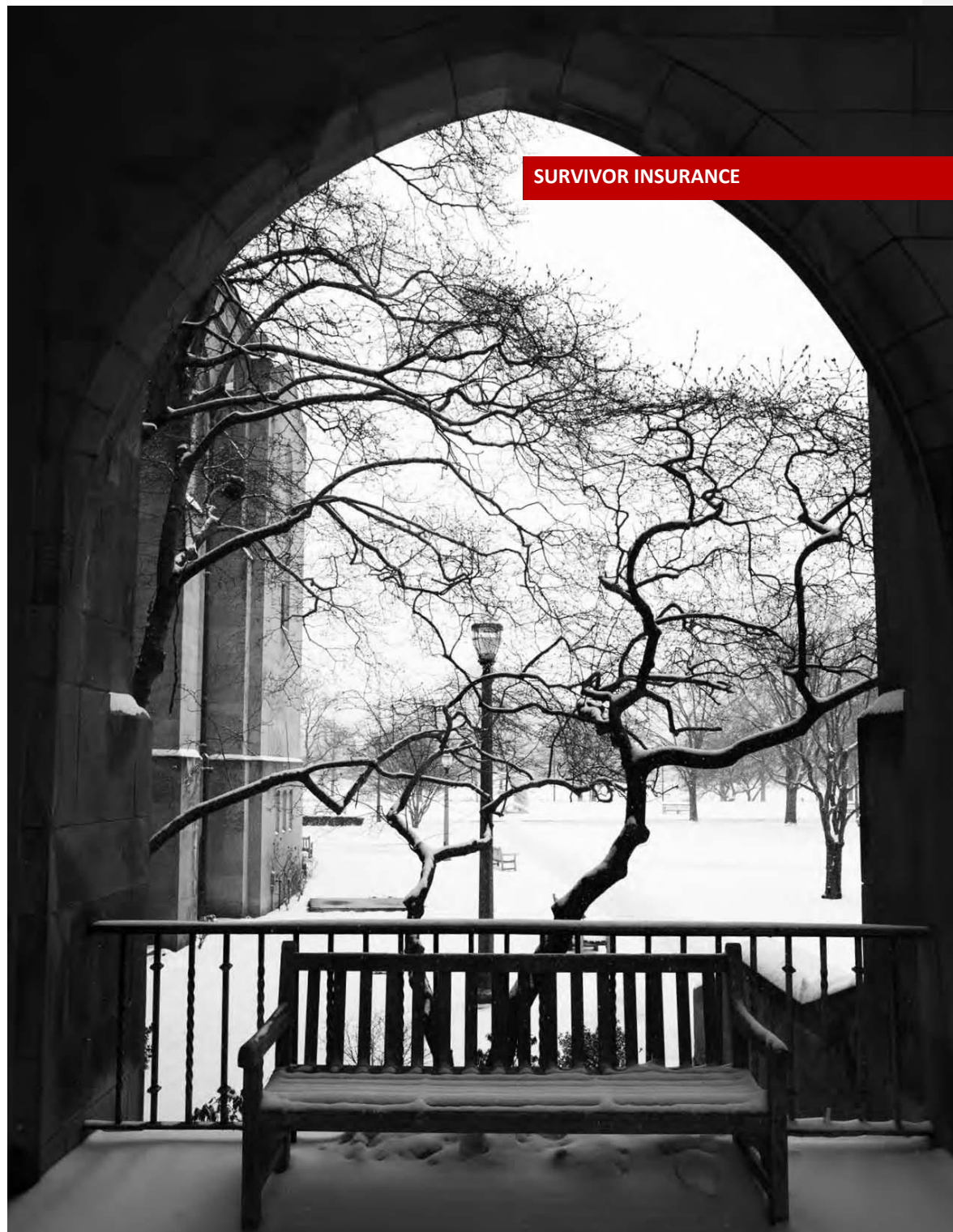


SURVIVOR INSURANCE





Boston University offers you insurance plans that provide benefits to help maintain financial security for your beneficiaries in the event of your death.

Under the Group Basic Life Insurance Plan, you are automatically provided with basic coverage equal to one times your annual base salary at no cost to you as long as you are actively at work on the day your coverage becomes effective.

If you wish and are eligible, you can, at your expense, also purchase Group Supplemental Life Insurance equal to one, two, three, four, or five times your base annual salary. You may also cover your spouse and children under this plan.

The Travel Accident Insurance Plan is also provided at no cost to you. It provides benefits to you or your beneficiaries if you suffer a covered injury or are injured or killed while traveling on authorized University business.

The Personal and Family Accident Insurance Plan provides benefits should you or your family members suffer a covered injury or be killed as the result of any accident—for University employees this includes accidents on and off the job—on a worldwide, 24-hour basis. You pay the cost for the coverage you choose under this plan.

Once you have completed five years of service, the Supplemental Death Benefit Plan will automatically provide your beneficiaries with a lump sum payment equal to one month's base salary in the event of your death. The benefits under this plan are provided free of charge to you and apply regardless of the amount of coverage you have under other University-sponsored plans.

Basic Life Insurance Plan

Eligibility

If you are classified by the University as a regular employee, work a full-time schedule, and have an appointment of nine months' or more duration, you are eligible to participate in the Basic Life Insurance Plan on your first day of active employment.

Employees whose percentage time worked decreases below the eligibility requirements for the Basic Life Insurance Plan as of January 1, 2015, will no longer be able to participate in the Basic Life Insurance Plan.

Coverage

The University will automatically provide you with basic life insurance equal to one times your annual base salary, rounded up to the next highest \$1,000 if not already an even multiple of \$1,000, to a maximum of \$1,000,000.

For example, if your annual base salary is \$28,100, your basic life insurance coverage is \$29,000. If your annual base salary is exactly \$28,000, your basic life insurance coverage is \$28,000.

Your basic life insurance coverage becomes effective on your first day of active employment. If you are absent from active work and not performing your normal duties on the day your basic life coverage would normally begin, you will not be covered by this insurance until the day you return to active work.

When the amount of your annual base salary changes, the amount of basic life insurance may also change. For example, if your base salary increased from \$29,100 to

\$29,300 per year, you would still have \$30,000 in basic life insurance coverage. If your base salary increased from \$28,800 to \$29,200, your basic life insurance would increase from \$29,000 to \$30,000 of coverage. The change takes effect on the first of the month coincident with or next following the effective date of an increase in your salary.

If your salary decreases, your basic life insurance coverage remains the same. If you are not actively at work performing your duties on the day a change in your basic life coverage would normally become effective, the change will not become effective until the day you return to active work.

Cost

You pay nothing for your basic life insurance under this plan. The cost of this coverage is paid entirely by the University.

Special Tax Considerations

Under current tax laws, all or a portion of the value of employer-paid basic life insurance coverage in excess of \$50,000 is subject to federal income, Massachusetts state income, and Social Security taxes.

This taxable amount is called "imputed income," and will be included in the taxable earnings shown on your W-2 Form.

Payment of Benefits to Your Beneficiary

This plan will pay the full amount of your Group Basic Life Insurance in force at the time of your death to the beneficiary of your choice. You choose your beneficiary by completing a form provided to you by Human Resources, or from the

website at www.bu.edu/hr/documents/group_life_statement.pdf, at the time your coverage begins. You must complete, sign, and return the form to Human Resources for it to become effective. You may change your beneficiary at any time by completing, signing, and returning a new form. If no proper beneficiary designation is in effect at the time of death, the benefit goes to the surviving spouse. In the absence of a surviving spouse, the benefit is paid to any children, parents, and siblings in equal shares.

Events Affecting Your Coverage

If You Become Totally Disabled

Once you begin to receive disability benefits from the University's Long-Term Disability Plan, the amount of life insurance coverage available is equal to your basic insurance in effect on the date you stop working because of your total disability, subject to any subsequent age-related reductions, as explained below. This coverage continues, at no cost to you, while you are receiving benefit payments under the Long-Term Disability Plan.

For full details, contact Human Resources.

If You Continue to Work Beyond Age 65 or Are Covered as a Result of Total Disability after Age 65

If you continue to work beyond age 65 or are covered as a result of total disability after age 65, your basic life insurance will be reduced to a percentage of the coverage in force just prior to your 65th birthday.

The amount of your insurance will be rounded to the next higher \$1,000 and reduced to the percentage noted below.

This reduction in your coverage will be made according to the following schedule:

Attained Age	Percentage of Original Benefit
65	65%
70	45%
75	30%
80 and older	20%

If you enter the plan after age 65, your basic life insurance will be limited to a percentage (determined according to the schedule above) of your base salary in effect upon hire.

How to Obtain Benefits

In the event of your death, your beneficiary should contact Human Resources as soon as possible. The University will then provide claim forms to your beneficiary and assist in submitting the forms to the insurance carrier.

Appealing a Denial

The insurance company is solely responsible for determining what constitutes a covered claim under this plan.

If your beneficiary applies for benefits from this plan and either part or all of the claim is denied, he or she has the right to appeal the denial.

Additional information about how to appeal a denial of benefits is included in the “Administrative Information” section of this handbook.

Termination, Conversion, or

Portability of Coverage

Apply for Coverage Under Portability Plan

Life Insurance ends automatically on the date you are no longer eligible to be a member (see Eligibility section of this handbook). Group Supplemental Life Insurance for your spouse and/or child will also end if you die or receive disability benefits from the University’s Long-Term Disability Plan.

The Group Supplemental Life Insurance in effect for you and your dependents at the time that your group coverage ends is portable or convertible.

If your insurance under the Group Policy ends or is reduced, you may be eligible to buy portable group insurance coverage for yourself and your dependents without submitting Evidence of Insurability.

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown below. You may buy less than the maximum amounts in increments of \$1,000. The combined amounts of insurance purchased under this Portability of Insurance provision and the Right to Convert provision cannot exceed the amount in effect under the Group Policy on the day before your insurance under the Group Policy ends or is reduced.

- For you, the minimum amount is \$10,000, and the maximum amount is \$1,000,000.
- For your spouse, the minimum amount is \$5,000, and the maximum amount is \$100,000.
- For your dependent children, the minimum amount is \$1,000, and the maximum amount is \$10,000.

Administration of your portable coverage is continued on a direct bill basis through

the life insurance company. You must apply for portability and pay your first premium within 31 days after the termination of the coverage. A physical examination will not be required, but you will need to satisfy the insurance company’s eligibility requirements as listed above. Your insurance coverage will continue during this 31-day period should you die during this period.

Accelerated Benefit

If you are terminally ill as a result of an illness or physical condition which is expected to result in death within 24 months while you are insured under the Group Policy, you may be able 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.

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.

You must apply to the insurance company on their form for an accelerated benefit. You must include a statement from a physician that you have a qualifying medical condition.

Group Supplemental Life Insurance Plan Eligibility and Coverage

Eligibility for You

If you are classified by the University as a regular employee, work a full-time schedule, and have an appointment of nine months' or more duration, you and your eligible family members are eligible to participate in the Group Supplemental Life Insurance Plan on your first day of active employment.

Employees whose percentage time worked decreases below the eligibility requirements for the Group Supplemental Life Insurance Plan as of January 1, 2015, will no longer be able to participate in the Group Supplemental Life Insurance Plan.

Coverage for You

You have the option of purchasing your own Group Supplemental Life Insurance coverage for you equal to one, two, three, four, or five times the amount of your base annual salary. If that amount is not already an even multiple of \$10,000, it is rounded to the next higher \$10,000 up to \$2,500,000. For example:

- If your annual base salary is \$28,100 and you elect Group Supplemental Life Insurance equal to one times your annual base salary, you will have an additional \$30,000 of insurance for a total amount of \$59,000 including the \$29,000 basic insurance that the University provides.
- If your annual base salary is \$28,100 and you elect Group Supplemental Life Insurance equal to two times your annual base salary, you will have an additional \$60,000 of insurance for a total amount of \$89,000 including the basic insurance that the University provides.
- If your annual base salary is \$28,100 and you elect Group

Supplemental Life Insurance equal to three times your annual base salary, you will have an additional \$90,000 of insurance for a total amount of \$119,000 including the basic insurance that the University provides.

Coverage for Your Spouse

You may also elect to cover your spouse individually for an amount in even multiples of \$10,000 but only if you choose to enroll for supplemental coverage for yourself. The maximum coverage amount you may elect for your spouse is three times your annual base salary (rounded up to the next higher multiple of \$10,000) or \$100,000, whichever is less.

In the event of divorce, your former spouse will no longer be covered by the spousal coverage.

Dependents' Eligibility

Your child(ren) may be covered starting at live birth through their 19th birthday. Dependent child(ren) must be unmarried and considered eligible. You may enroll your children in Group Supplemental Life Insurance coverage if you elect supplemental coverage for yourself.

Coverage for Your Dependents

Your dependents are eligible for coverage amounts of \$5,000 or \$10,000 of insurance for each child.

Enrolling in Group Supplemental Life Insurance

Enrolling Yourself in Group Supplemental Life Insurance

You may enroll in Group Supple-

Life Insurance coverage for yourself for up to \$500,000 without evidence of insurability, but you must be actively at work, if you complete the enrollment process on Employee Self Service at www.bu.edu/buworkscentral and select BU Benefits Center within 31 days after your benefits orientation, assuming you commence active employment as required by the supplemental life insurance coverage. In this case, your Group Supplemental Life Insurance coverage becomes effective on the date you enroll. Any insurance for which evidence of insurability is required will not become effective until the insurance company approves the evidence and all other policy requirements (e.g., actively-at-work requirements) are also satisfied.

If you do not elect Group Supplemental Life Insurance coverage within 31 days after your orientation or you enroll for coverage that exceeds \$500,000, the insurance company will require you to provide evidence of insurability satisfactory to the insurance company. Any insurance for which evidence is required will not become effective until the insurance company approves the evidence.

If you are absent from active employment and not performing your regular duties on the day your Group Supplemental Life Insurance coverage would normally begin, you will not become covered until the day you return to active work.

If your annual base salary changes, the amount of Group Supplemental Life Insurance you have elected

will automatically change to one, two, three, four, or five times your new base annual salary. This change will be effective on the first of the month on or following the date the change in your base salary becomes effective.

If your salary decreases, your Group Supplemental Life Insurance coverage remains the same.

If you are not at work on the day a change in your Group Supplemental Life Insurance coverage would normally become effective, the change will not become effective until the day you return to work.

Enrolling Your Spouse in Group Supplemental Life Insurance

You may enroll your spouse in Group Supplemental Life Insurance coverage if you elect supplemental coverage for yourself. Coverage is available for your spouse from \$10,000 to \$100,000 (not to exceed three times your base salary rounded up to the next higher multiple of \$10,000). If you complete the enrollment process on Employee Self Service at www.bu.edu/buworkscentral and select BU

Benefits Center within 31 days of your benefits orientation, you may enroll your spouse for an amount up to \$20,000 without providing evidence of insurability. In order for dependents (spouse or child) to be eligible for coverage, they cannot be hospital or home confined, and must be able to carry out all their normal activities of daily living.

The eligibility date for your spouse is your eligibility date, or the date of your marriage if later than your eligibility date. If you do not elect Group Supplemental Life Insurance coverage for your spouse within 31 days after your spouse's eligibility date or enroll for coverage that

exceeds \$20,000, the insurance company will require you to provide evidence of insurability. Any insurance for which evidence is required will not become effective until the insurance company approves the evidence.

Enrolling Your Child for Group Supplemental Life Insurance

You may enroll your child for Group Supplemental Life Insurance coverage only if you choose to enroll yourself. Coverage is available for each child for either \$5,000 or \$10,000. You must enroll online at www.bu.edu/buworkscentral. Go to Employee Self Service and select BU Benefits Center within 31 days of the child's eligibility date. In order for dependents (spouse or child) to be eligible for coverage, they cannot be hospital or home confined, and must be able to carry out their normal activities of daily living.

The eligibility date for your child is your eligibility date, or any later date when you first have or adopt a child.

To elect Group Supplemental Life Insurance coverage, go to Employee Self Service at www.bu.edu/buworkscentral. Select BU Benefits Center, then select Update Life Insurance Coverage. This authorizes the University to deduct the cost of the Group Supplemental Life Insurance coverage that you desire from your paychecks. The employee is automatically the beneficiary of spouse or dependent life insurance.

Cost

You pay for Group Supplemental Life Insurance, if you choose it. The cost to you depends on your age and the amount of Group Supplemental Life Insurance you desire.

The cost of Group Supplemental Life Insurance will increase with your age or with an increase in the amount of coverage you have. An increase in cost resulting from a change in your age will become effective on the first of the month in which you have a birthday when your age bracket changes. An increase in the amount of coverage resulting from an increase in your base pay will become effective on the first of the month on or following the date the change becomes effective. You pay for your portion of the premiums for your Group Supplemental Life Insurance with after-tax dollars.

Changing or Stopping Your Supplemental Life Insurance

Because your premiums for Group Supplemental Life Insurance are after-tax contributions, there are no tax law restrictions as to when you can change your amount of coverage, stop your coverage, or begin your coverage. The insurance company may require you to provide evidence of insurability if you increase your coverage or begin coverage after your initial enrollment period of the 30 days following your benefits orientation.

Special Tax Considerations

Under current tax laws, the value of your spouse's life insurance coverage is subject to federal income, Massachusetts state income, and Social Security taxes. These taxable amounts are called "imputed income." Imputed income for your spouse's life insurance benefit will be reported as

income on each paycheck and will be included in the taxable earnings shown on your W-2 Form. Coverage for your spouse is subject to imputed income for tax purposes.

Events Affecting Your Coverage

If You Become Totally Disabled

Once you begin to receive disability benefits from the University’s Long-Term Disability Plan, the amount of life insurance coverage available is equal to your supplemental insurance in effect on the date you stop working because of your total disability, subject to any age-related reductions, as explained below. This coverage continues at no cost to you while you are receiving benefit payments under the Long-Term Disability Plan. For full details, contact Human Resources.

If You Continue to Work Beyond Age 65 or Are Covered as a Result of Total Disability after Age 65

If you continue to work beyond age 65 or are covered as a result of total disability after age 65, your Group Supplemental Life Insurance will be reduced to a percentage of the coverage in force just prior to your 65th birthday. The amount of your insurance will be rounded to the next higher \$10,000 and reduced to the percentage noted below. This reduction in your coverage will be made according to the following schedule:

Attained Age	Percentage of Original Benefit
65	65%
70	45%
75	30%
80 and older	20%

If you enter the plan after age 65, your Group Supplemental Life Insurance will be limited, according to the schedule, to a percentage of the coverage you would have been eligible for before age 65.

If You Retire

When you retire, your Group Supplemental Life Insurance, and/or any spouse or child Group Supplemental Life Insurance you had elected, will end on the last day of the month of your retirement.

How to Obtain Benefits

In the event of your death, your beneficiary should contact Human Resources as soon as possible. Your beneficiary for the Group Supplemental Life Insurance Plan is the same beneficiary as the one you designate for the basic life insurance coverage unless you indicate otherwise. Once notified of your death, the University will provide claim forms to your beneficiary and assist in submitting them to the insurance carrier. You are the beneficiary of your spouse or child coverage. You should contact Human Resources should your spouse or child die.

Appealing a Denial

The insurance company is solely responsible for determining what constitutes a covered claim under this plan.

If your beneficiary applies for benefits from this plan and either part or all of the claim is denied, he or she has the right to appeal the denial.

Additional information about how to appeal a denial of benefits is included in the “Administrative Information” section of this

handbook.

Termination, Conversion, or Portability of Coverage

Apply for Coverage Under Portability Plan

Life Insurance ends automatically on the date you are no longer eligible to be a member (see Eligibility section of this handbook). Group Supplemental Life Insurance for your spouse and/or child will also end if you die or receive disability benefits from the University’s Long-Term Disability Plan.

The Group Supplemental Life Insurance in effect for you and your dependents at the time that your group coverage ends is portable or convertible.

If your insurance under the Group Policy ends or is reduced, you may be eligible to buy portable group insurance coverage for yourself and your dependents without submitting Evidence of Insurability.

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown below. You may buy less than the maximum amounts in increments of \$1,000. The combined amounts of insurance purchased under this Portability of Insurance provision and the Right to Convert provision cannot exceed the amount in effect under the Group Policy on the day before your insurance under the Group Policy ends or is reduced.

- For you, the minimum amount is \$10,000, and the maximum amount is \$1,000,000.
- For your spouse, the minimum amount is

- \$5,000, and the maximum amount is \$100,000.
- For your dependent children, the minimum amount is \$1,000, and the maximum amount is \$10,000.

Administration of your portable coverage is continued on a direct bill basis through the life insurance company. You must apply for portability and pay your first premium within 31 days after the termination of the coverage. A physical examination will not be required, but you will need to satisfy the insurance company's eligibility requirements as listed above. Your insurance coverage will continue during this 31-day period should you die during this period.

Convert Your Coverage to a Non-Group Plan

When your Supplemental Life coverage ends, you may convert your coverage to an individual whole life insurance policy if you apply to the insurance company. If the amount of your supplemental life insurance is reduced because of age, you may also convert the lost coverage to an individual whole life insurance policy issued by the insurance company.

You must apply for conversion, satisfy the insurance company's requirements, and pay your first premium within 31 days after the reduction or termination of the coverage you wish to convert. A physical examination will not be required to convert your coverage.

Your insurance coverage will continue during the 31-day conversion period should you die during this period.

Accelerated Benefit

If you are terminally ill as a result of

an illness or physical condition which is expected to result in death within 24 months while you are insured under the Group Policy, you may be able 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.

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.

You must apply to the insurance company on their form for an accelerated benefit. You must include a statement from a physician that you have a qualifying medical condition.

Additional Administrative Information

For additional information such as plan administrative information and your rights under ERISA, please refer to the Administrative Information section of this Handbook.

Personal and Family Accident Insurance Plan

Eligibility

If you are classified by the University as a regular employee, work a full-time schedule, and have an appointment of nine months' or more duration, you and your eligible family members may participate in the Personal and Family Accident Insurance Plan.

For the purposes of the plan, your eligible dependents are your spouse and your unmarried dependent children from birth through 19 years.

To elect Personal and Family

Accident Insurance coverage, complete the enrollment process on Employee Self Service at www.bu.edu/buworkscentral and select BU Benefits Center. Coverage is effective on the first day of the month on or following the date you enroll.

If you do not elect coverage under this plan within 30 days of your benefits orientation meeting, your next opportunity to enroll will be during the open enrollment period. You will not be required to submit evidence of good health if you delay your enrollment.

Employees whose percentage time worked decreases below the eligibility requirements for the Personal and Family Accident Insurance Plan as of January 1, 2015, will no longer be able to participate in the Personal and Family Accident Insurance Plan.

Coverage

The plan covers you and your enrolled dependents against any accidental bodily injuries. For University employees, this includes accidents on or off the job worldwide, 24 hours per day.

Coverage for You

The Personal and Family Accident Insurance provides financial protection to you or your beneficiary if you should die, or lose sight, a limb, speech or hearing, or become paralyzed as the direct result

of an accident. You may choose any amount of coverage in multiples of \$10,000 up to \$350,000 (amounts over \$150,000 cannot exceed ten times your annual base salary).

Coverage for Your Family

If you choose family coverage, the plan will provide you with additional financial protection if your spouse or an eligible dependent dies or becomes dismembered as the direct result of an accident. If you choose family coverage, all of your dependents are “covered members” of the plan.

For every \$10,000 of insurance covering you, the coverage amounts for your family members will be:

- \$6,000 coverage for your spouse, if you have no eligible children; or
- \$5,000 for your spouse and \$1,500 for each eligible child; or
- \$2,000 for each eligible child, if you have children but no spouse.

For example, suppose you chose \$50,000 of coverage for yourself. If you are married with no children, your spouse would be insured for \$30,000 of coverage. If you are married with children, coverage would be \$25,000 for your spouse and \$7,500 for each child. If you have children but no spouse, coverage for each child would be \$10,000.

Cost

The amount you pay depends on the amount of coverage you want or whether or not you want coverage for your family.

How Insurance Premiums Are Paid

You pay for the cost of the premiums

for both you and your family with pre-tax dollars. This is because Boston University automatically takes your payments from your paycheck before federal income, state income, and Social Security taxes are taken out.

Automatic before-tax insurance premium payments are allowed under the provisions of Section 125 of the Internal Revenue Code. These provisions are explained in more detail in the “Flexible Benefits Program” handbook.

Changing or Stopping Coverage

Because you pay for your coverage with before-tax dollars, the provisions of Section 125 of the Internal Revenue Code also govern how and when you may make changes in your Personal and Family Accident Insurance coverage. Under the current provisions of Section 125, you may change the amount of your coverage or cancel your coverage once each year, during the annual open enrollment period. The only other time you may make a change in your Personal and Family Accident Insurance coverage is if you have a Qualifying Life Event. Qualifying Life Events are explained in the “Flexible Benefits Program” handbook.

Types of Benefits

Benefits, in the event of a covered loss, are based on the coverage amounts in effect for you and your covered family members at the time of the loss.

Accidental Death Benefits

The plan will pay the full coverage amount to your beneficiary if you die as a direct result of an accident. If a covered member of your family dies as the direct result of an

accident, you will receive the coverage amount applicable to that dependent.

If you or any of your covered family members die as the result of a covered accident that occurs while you are either riding as a passenger or driving a private passenger car while wearing a seat belt, the plan will pay a benefit equal to 10% of your coverage amount or \$25,000 (whichever is less). This benefit will be paid in addition to any other accidental death benefits.

Unless you designate otherwise, the beneficiary for the Personal and Family Accident Plan will be the same as the one you designate for the Basic Life Insurance Plan. Beneficiary designations may be changed at any time by completing a new form.

If you elect family coverage and you die as a result of an accident, the following special provisions apply:

- **Extensions of Family Coverage** Coverage for your surviving family members will continue, at no cost to them, for 90 days from the date of your last premium payment.
- **Education Benefit** The plan will pay, in addition to all other benefits, 2% of your coverage amount on behalf of any dependent child who at the time of your accident was enrolled as a full-time student in a college or university. The

education benefit will also be paid to a dependent child who at the time of your accident is in the twelfth grade, if he/she enrolls as a full-time student in a college or university within 365 days of the accident.

The education benefit is paid annually, for a maximum of four consecutive payments, as long as the dependent child remains in college as a full-time student.

If you have no dependent children who qualify for the education benefit, the plan will pay a one-time additional benefit of 2% of the full coverage amount to your beneficiary.

- Day Care Benefit** The plan will pay, in addition to all other benefits, the lesser of \$3,000 or 3% of your or your spouse's coverage amount on behalf of each insured dependent child under age seven who at the time of your accident was attending a day care center or would be attending a day care center within one year. The Day Care benefit is paid annually, for a maximum of four consecutive payments, as long as the dependent child remains enrolled in a day care center and is under age seven. If you have no dependent children who qualify for the Day Care benefit, the plan will pay a one-time additional benefit of 3% of the full coverage amount up to \$3,000 to your beneficiary.

If you have coverage for yourself and your family, and both you and your spouse die within 365 days as a result of the same accident or separate accidents within 24 hours of each other, the amount payable for loss of the life of your spouse will be increased to the same amount payable for your death.

The accidental death benefit is normally paid in a lump sum of cash. However, you or your beneficiary may choose to have all or part of your benefit from the plan paid in a fixed number of monthly installments, rather than in a lump sum, in accordance with the insurance company's rules.

Accidental Dismemberment Benefits

If you or a covered member of your family should become seriously injured in an accident, the plan will pay to the injured person:

- 100% of the coverage amount for the loss of both feet, hands, the sight of both eyes, speech and hearing, or any combination of two of the following: a hand, a foot, or the sight of one eye.
- 50% of the coverage amount for the loss of one foot, one hand, sight of one eye, speech, or hearing.
- 25% of the coverage amount for the loss of a thumb and an index finger on the same hand.

Loss means complete and irrecoverable loss. The plan will pay for the above losses only if they occur within one year after the date of the accident and as a direct result of that accident.

Accidental dismemberment benefits will be paid in a lump sum of cash.

Type	Percentage of Full Coverage Amount
Quadriplegia (total paralysis* of both upper and lower limbs)	100%
Paraplegia (total paralysis* of both lower limbs)	75%
Hemiplegia (total paralysis* of both	50%

upper and lower limbs on one side of the body)	
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**For plan purposes, "paralysis" means complete and irreversible loss of use of a limb.*

Loss of Use Benefit

The plan will pay you a loss of use benefit if you are determined to be paralyzed within 365 days of an accident. Benefits will be paid according to the schedule above.

If You Continue to Work Beyond Age 70

If you continue to work beyond age 70, your coverage will be reduced to a percentage of the coverage in force just prior to your 70th birthday. This reduction in your coverage will be made according to the schedule below:

If you enter the plan after age 70, your coverage will be limited, according to the schedule, to a percentage of the coverage you would have been eligible for before age 70. The coverage for a spouse under age 70, and any dependent children, will be based on a percentage of your coverage prior to age 70 (see the "Coverage for Your Family" section for examples).

Attained Age	Percentage of Original Benefit
70 through 74	82.5%
75 through 79	57.5%
80 through 84	37.5%
85 and older	20.0%

After you reach age 70, the cost of premiums for coverage for you and your family will be based on the cost of your coverage amount prior to age 70.

Exclusions

Under this plan, coverage for air travel is provided while riding as a passenger, and not as a pilot or crew member, in any aircraft being used for the transportation of passengers except one owned, operated, or leased by or on behalf of Boston University. For a complete explanation of these exclusions, contact Human Resources.

Finally, the plan does not provide coverage for anyone serving full time in the armed forces of any country for more than two months. Premiums paid for coverage during such periods of military service will be refunded.

How to Obtain Benefits

To claim benefits from the Personal and Family Accident Insurance Plan, you or your beneficiary should contact Human Resources as soon as possible after the loss. Human Resources will help you complete the claims forms and will forward them to the insurance company. To process an accidental dismemberment or paralysis claim, the insurance company may require you or your family member(s) to be examined by a physician at the company's expense.

Appealing a Denial

The insurance company is responsible for determining when benefits will be paid under this plan. If the insurance company denies your claim

for benefits, consult Human Resources for information on the procedure for appealing the denial. Additional information about how to appeal a denial of benefits is included in the "Administrative Information" section of this handbook.

Leaves of Absence or No-Pay Status

If you leave active work for any reason for a prolonged period of time, you should always contact Human Resources to ask what effect your absence may have on your participation in this plan.

- **Leave of Absence with Pay** If you are granted a leave of absence with pay, your coverage will continue, provided your usual payroll deductions continue.
- **Leave of Absence without Pay or No-Pay Status** If you are granted a leave of absence without pay or are on no pay status, you may continue your coverage during your leave provided you pay the cost of continuing this coverage. If you choose to continue coverage, you should contact Human Resources before you begin your leave, in order to make the necessary billing arrangements. This coverage will automatically be canceled for non-payment of bills.

If you choose not to continue this insurance, coverage will automatically end on the last day of the month in which you are granted such leave. To reinstate coverage when you return from your leave, you must re-enroll, provided you are still eligible. To do so, contact Human Resources.

Termination and Conversion of Coverage

Your insurance coverage under the Personal and Family Accident

Plan will end on the day after you terminate your employment with the University or your status as a regular full-time employee ends.

When your coverage under the plan ends, you may convert your coverage for yourself and your covered dependents to an individual policy at the insurance company's regular individual policy rates. You will not have to submit evidence of good health to convert your coverage. However, you must apply, in writing, to the insurance company within 31 days of the date your coverage under the Personal and Family Accident Insurance Plan ends.

Additional Administrative Information
For additional information such as plan administrative information and your rights under ERISA, please refer to the Administrative Information section of this Handbook.

Travel Accident Insurance Plan

Eligibility

If you are classified by the University as a regular employee, work a full-time schedule, and have an appointment of nine months' or more duration, you will automatically become a member of the Travel Accident Insurance Plan. Your coverage becomes effective on your first day of active

employment.

Employees whose percentage time worked decreases below the eligibility requirements for the Travel Accident Insurance Plan will no longer be able to participate in the Travel Accident Insurance Plan.

Coverage

The Travel Accident Insurance Plan provides financial protection, while you are traveling on authorized University business, against death, paralysis, or loss of sight, speech, hearing, or limbs resulting directly from accidental injuries.

How the Plan Works

This plan protects you while traveling on authorized University business. In general, your destination must be away from the campus or away from your place of employment, if it is off campus.

You are covered:

- The minute you leave your home, place of employment, or other location, whichever occurs last, for travel on authorized University business
- When traveling between the Medical and Charles River Campuses, if such travel is on authorized University business

You are not covered:

- For regular commuting to and from work
- For travel between points on campus (except as described above) including the athletic fields

Your coverage ends:

- When you return to your home, place of employment, or other location, whichever occurs first

Cost

Boston University pays the entire cost of your coverage under this plan.

Types of Benefits

Benefit Amount

Benefits under this plan depend on your Benefit Amount. Your Benefit Amount equals five times your annual base salary up to a maximum of \$1 million of coverage.

Accidental Death Benefit

The plan will pay your Benefit Amount to your chosen beneficiary in the event of your accidental death while traveling on authorized University business.

When you begin your employment with the University, you will be asked to name your beneficiary on Employee Self Service at www.bu.edu/buworkscentral. Select BU Benefits Center. You may change your beneficiary at any time at this same web address.

Accidental death benefits are normally paid in a lump sum of cash. However, your beneficiary may choose to have all, or part of, your death benefit deposited to an individualized account established by the insurance carrier on which your beneficiary may write checks to withdraw funds as needed.

Accidental Dismemberment Benefit

If you become seriously injured in an accident while traveling on authorized University business, the plan will pay you:

- 100% of your Benefit Amount for the loss of both feet, both hands, the sight of both eyes, both speech and hearing, or any combination of two of the following: a hand, a foot, or the sight of an eye

- 50% of your Benefit Amount for the loss of one foot, one hand, the sight of an eye, speech or hearing
- 25% of your Benefit Amount for the loss of a thumb and index finger on the same hand

Loss means complete and irrecoverable loss.

The plan will pay benefits for the above losses only if they are incurred as a direct result of, and within one year after the date of, an accident which occurred while traveling on authorized University business.

Accidental dismemberment benefits are normally paid in a lump sum of cash. However, you may choose to have all, or part of your benefit deposited to an individualized account established by the insurance carrier which you may write checks on to withdraw your funds as needed.

Common Accident Coverage Limitation

The limit of insurance coverage payable as a result of any one accident involving any number of University employees is \$3 million. If the total benefits payable for one accident exceeds those limits, the amount payable to each insured person is reduced proportionately.

Exclusions

Under this plan, coverage for air travel is provided while riding as a passenger, and

not as a pilot or crew member, in any aircraft being used for the transportation of passengers except one owned, operated, or leased by or on behalf of Boston University. For a complete explanation of these exclusions, contact the carrier or Human Resources.

How to Obtain Benefits

To claim benefits under the Travel Accident Insurance Plan, you or your beneficiary should contact Human Resources as soon as possible after the loss. Human Resources staff will provide assistance in completing the claim forms and will forward them to the insurance carrier. To process an accidental dismemberment or disability benefit claim, the insurance company may require you to be examined by a physician, at no expense to you.

Appealing a Denial

The insurance company is responsible for determining whether you have suffered a covered loss under circumstances that entitle you or your beneficiary to receive benefits under the plan. If the insurance company denies your claim for benefits, consult Human Resources for information on how to appeal the denial. Additional information about how to appeal a denial of benefits is included in the “Administrative Information” section of this handbook.

Leaves of Absence

If you leave active work for any reason for a prolonged period of time, you should always contact Human Resources to ask how your absence may affect your participation in this plan.

Termination of Coverage

Your insurance coverage under this plan

will end on the day you terminate your employment with the University or your status as a regular full-time employee ends.

Supplemental Death Benefit Plan

Eligibility

If you are classified by the University as a regular employee, work a full-time schedule, and have an appointment of nine months’ or more duration, you automatically become a member of the Supplemental Death Benefit Plan on the day that you complete five years of continuous full-time service. If you are not actively at work performing your normal duties on the day you would normally become eligible, you will not become a member of the plan until the day you return to active work.

Employees whose percentage time worked decreases below the eligibility requirements for the Supplemental Death Benefit Plan will no longer be able to participate in the Supplemental Death Benefit Plan.

Cost

The University provides and pays the entire cost of the Supplemental Death Benefit Plan. You are not required to contribute anything for this coverage.

Plan Benefits

The Supplemental Death Benefit Plan will automatically provide your beneficiary with a lump sum payment equal to one-twelfth of your annual base salary in effect on the date of your death. The beneficiary of the Supplemental Death Benefit Plan is the beneficiary

you have designated for the Basic Life Insurance Plan.

How to Obtain Benefits

In the event of your death, your beneficiary should contact Human Resources as soon as possible. Human Resources staff will assist in submitting the claim.

Appealing a Denial

If a claim for benefits under this plan is denied, your beneficiary has the right to appeal that decision to the Plan Administrator or to the University’s Committee on Employee Benefits.

Additional information about how to appeal a denial of benefits is included in the “Administrative Information” section in this handbook.

Tax Considerations

Under current laws, the Supplemental Death Benefit payment is taxable as income in the year received by the beneficiary.

Leaves of Absence

If you leave active work for any reason for a period of time beyond one pay period, you should contact Human Resources to ask how your absence may affect your participation in this plan.

When Plan Membership Ends

Your membership in this plan will end when you terminate your employment

with the University or when your status as a regular employee ends.

Administrative Information

Sponsor for This Plan

The plans in this handbook are sponsored by the employer, Boston University, Boston, Massachusetts, which is also the Plan Administrator. Eligibility for the benefit plans described in this handbook applies to those University employees on the US payroll.

Boston University's Employer Identification Number

For identification purposes, the Internal Revenue Service has assigned number 04-2103547 to Boston University. You will need to know this number if you write to a government agency about any of the plans.

Type of Plans, Plan Numbers, and Plan Years

In addition to the University's Employer Identification Number, you need to know the following information:

Type of Plan: The plans described in this handbook are characterized by the federal government as Welfare Plans.

Name of Plan	Plan Number	Plan Year
Basic Life Insurance Plan and Group Supplemental Life Insurance Plan	504	January 1 – December 31
Travel Accident Insurance Plan	505	May 1 – April 30

Personal and Family Accident Insurance Plan	506	January 1 – December 31
Supplemental Death Benefit Plan	509	July 1 – June 30

Administrator for All Plans

The day-to-day administration of all plans is handled by Human Resources. However, if you have a question or a problem that cannot be resolved by Human Resources, you should contact the Plan Administrator.

The Plan Administrator for all plans can be reached by contacting:

Plan Administrator
The Trustees of Boston University
25 Buick Street
Boston, MA 02215
Phone: 617-353-4489

Funding and Administration of All Plans

Boston University pays the entire cost of many of the benefit plans described in this handbook. In some cases, you and the University share the cost. In others, you pay the entire cost.

Contributions to the Basic and Group Supplemental Life Insurance Plans go to The Standard Insurance Company. Basic and Group Supplemental Life Insurance benefits are paid by The Standard through a contract it has with Boston University. The address and telephone number of The Standard administrative office are:

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204 1-888-937-4783

You pay for the cost of your Group Supplemental Life Insurance after-

tax dollars.

Contributions to the Travel Accident Insurance Plan and the Personal and Family Accident Insurance Plan go to The Hartford. Benefits are paid by The Hartford through a contract it has with Boston University. The address and telephone number of the company's administrative office are:

The Hartford Group Benefits
P.O. Box 2999 Hartford, CT 06104-2999
1-888-747-8819

You pay for the cost of your Personal and Family Accident Insurance coverage with before-tax dollars.

Agent of Legal Service

The agent for the service of legal process for all plans is:

University Counsel
125 Bay State Road Boston, MA 02215

Legal process may be served on the Plan Administrator.

Fraudulent Claims

Submission of a claim for benefits under any of the plans described in this handbook includes a representation that the claim is bona fide and, to the best knowledge of the employee, dependent, or other claimant, proper for payment. Submission of a fraudulent or

knowingly false claim by an employee or an employee's dependent participating in a plan will be grounds for disciplinary action against the employee, including termination of participation by the employee and/or covered dependent(s) under the plan.

Claims for Benefits/Appealing a Denial of Claims for Benefits

When you apply for benefits, there are time periods within which you must receive a decision on your claim for benefits. If you or your beneficiary applies for benefits and either part or all of the request is denied, you have the right to appeal that decision, provided the appeal is made in accordance with the provisions of the plan and applicable laws (e.g., appeals must be filed within required time periods).

Appeals are generally decided by the provider of the benefit involved, which is the insurance carrier, claims administrator, or vendor for most benefits, or the University or its Plan Administration Committee for some benefits.

Appeals to Insurance Carriers/Claims Administrators/Other Vendors

Appeals regarding benefits or other issues affecting plan participants or other persons for The Travel Accident Insurance Plan, Personal and Family Accident Insurance Plan, Group Supplemental Life Insurance Plan, and Basic Life Insurance Plans should be made to the applicable provider under the Plan.

The claims filing procedures are set forth in the separate written document, insurance certificate or contract, benefit summary, or other governing document for each Plan.

If a claim for claim for benefits is either wholly or partially denied,

you will be notified in writing within 90 days (45 days in the case of a claim for disability benefits). If special circumstances require an extension of time to process the claim, written notice of the extension and an explanation of the special circumstances requiring an extension will be provided to you prior to the termination of the initial 90-day period (45-day period in the case of a claim for disability benefits).

Every notice of an adverse benefit determination will include:

- the specific reason or reasons for the adverse determination;
- reference to the specific plan provisions on which the determination is based;
- a description of any additional information or material needed to support the claim and an explanation why the information or material, if any, is necessary;
- a description of the plan's review procedures and the applicable time limits, including a statement of your right to bring a civil action under section 502(a) of ERISA following an adverse benefit determination on review; and
- if the claim is for disability benefits, the following:
 - a discussion of the decision, including an explanation of the basis for disagreeing with or not following (as applicable) the views of health care professionals treating you and vocational professionals who evaluated you; the views of medical or vocational experts whose

- advice was obtained on behalf of the plan in connection with your adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and any disability determination made by the Social Security Administration;
 - upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination regarding the claim, and an explanation of the scientific or clinical judgment for a determination that is based on a medical necessity, experimental treatment or other similar exclusion or limit; and
 - a statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and information relevant to your claim.
- Your appeal of a denied

Commented [V1]: Because the included provisions are not sufficient to satisfy the claims and appeals procedure requirements under the Department of Labor Regulations, the SPD must describe where the claim and appeal procedures can be located. Please confirm that claims procedures exist elsewhere (for example, in the carrier documents). Alternatively, we could modify this section to satisfy the requirements.

claim must be filed with the insurance carrier, claims administrator, or vendor for the applicable benefit within 60 days (or 180 days in the case of a claim for disability benefits) after you receive written notice of the decision. Your written request for review must contain all additional information that you want the claim administrator to consider.

Appeals may be submitted to the following providers:

- *The Group Life Insurance Plan and the Group Supplemental Life Insurance Plan,*

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204 1-888-937-4783

- *Travel Accident Insurance Plan and the Personal and Family Accident Insurance Plans*

The Hartford Group Benefits
P.O. Box 2999 Hartford, CT 06104-2999 1-888-747-8819

If a claim is for disability benefits, before issuing an adverse determination on review, the claim administrator will provide you, free of charge, with any new or additional evidence considered, relied upon, or generated in connection with the claim, as well as a description of any new or additional rationale on which the denial is based. This information will be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided to give you a reasonable opportunity to respond prior to that date.

You will be notified of the decision on review within 60 days (45 days in

the case of a claim for disability benefits). If special circumstances require an extension of time to process the claim, written notice of the extension and explanation of the special circumstances requiring an extension will be provided prior to the termination of the initial 60-day period (45-day period in the case of a claim for disability benefits).

Every notice of an adverse benefit determination on review will include:

- the specific reason or reasons for the adverse determination;
- reference to the specific plan provisions on which the determination is based;
- a statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other relevant information as defined above;
- a statement of your right to bring a civil action under section 502(a) of ERISA and a description of the limitations period provided by the plan, including the date on which the limitations period will expire; and
- if the claim is for disability benefits, the following:
 - a discussion of the decision, including an explanation of the basis for disagreeing with or not following (as applicable) the views of health care professionals treating you and vocational professionals who evaluated you; the views of medical or vocational experts whose advice was obtained on behalf of the

plan in connection with the adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and any disability determination made by the Social Security Administration; and upon request and free of charge, a copy of any internal rule, guideline, protocol or other similar criterion that was relied upon in making the adverse determination, and an explanation of the scientific or clinical judgment for a determination that is based on a medical necessity, experimental treatment or other similar exclusion or limit.

Documents and Laws Governing This Plan

The plan descriptions contained in this handbook were written from the documents that legally govern how the plans works. In the event of any discrepancy between the plan descriptions in this handbook and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern. If you would like a copy of any of these documents, please contact Human Resources.

The plans are also regulated by applicable provisions of

applicable laws, which will govern in the event of any conflict between the law and the terms of the plans as described in either the documents or in this summary plan description.

Equal Opportunity/Affirmative Action Policy

Since its founding in 1839, Boston University has been dedicated to equal opportunity and has opened its doors to students without regard to race, sex, creed, or other irrelevant criteria. Consistent with this tradition, it is the policy of Boston University to promote equal opportunity in educational programs and employment through practices designed to extend opportunities to all individuals on the basis of individual merit and qualifications, and to help ensure the full realization of equal opportunity for students, employees, and applicants for admission and employment. The University is committed to maintaining an environment that is welcoming and respectful to all.

Boston University prohibits discrimination against any individual on the basis of race, color, religion, sex, age, national origin, physical or mental disability, sexual orientation, genetic information, military service, or because of marital, parental, or veteran status. This policy extends to all rights, privileges, programs, and activities, including admissions, financial assistance, educational and athletic programs, housing, employment, compensation, employee benefits, and the providing of, or access to, University services or facilities. Boston University recognizes that that equal opportunity is a reality. Accordingly, the University will continue to take affirmative action to achieve equal opportunity through recruitment,

outreach, and internal reviews of policies and practices.

The coordination and implementation of this policy is the responsibility of the Director of Equal Opportunity. The officers of the University and all deans, directors, department heads, and managers are responsible for the proper implementation of equal opportunity and affirmative action in their respective areas, and they are expected to exercise leadership toward their achievement. It is expected that every employee of Boston University will share this commitment and cooperate fully in helping the University meet its equal opportunity and affirmative action objectives.

Boston University has developed detailed procedures, described in its *Complaint Procedures in Cases of Alleged Unlawful Discrimination or Harassment* (www.bu.edu/eeo/policies-procedures/complaint), by which individuals may bring forward concerns or complaints of discrimination and harassment. Retaliation against any individual who brings forward such a complaint or who cooperates or assists with an investigation of such a complaint is both unlawful and strictly prohibited by Boston University.

Inquiries regarding this policy or its application should be addressed to the Director of Equal Opportunity, Equal Opportunity Office, 888 Commonwealth Avenue, Suite 303, Boston, MA 02215, or call 617-358-1796.

Amendment or Termination of the Plans

Boston University intends to continue maintaining the plans

described in this handbook for the exclusive benefit of its employees.

However, the University reserves the right to change or discontinue any of them, and to implement changes as required by federal, state, or local laws.

You will be informed of any material changes that are made to the plans. If a plan is terminated, your rights, on the date of the termination, would be governed by the provisions of the plan document.

Your Rights Under ERISA

The following Boston University benefit plans are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA):

- Basic Life Insurance Plan
- Group Supplemental Life Insurance Plan
- Travel Accident Insurance Plan
- Personal and Family Accident Insurance Plan

ERISA provides the participants in these plans with certain rights and protections. The following statement is included here so that you will be aware of your rights under the law.

Under ERISA:

- You may examine, without charge, at Human Resources and at other specified locations, during normal business hours, all plan documents relating to the plans in which you participate.

The documents that must be available at certain time schedules.

for your review include insurance contracts, plan and trust documents, collective bargaining agreements, and all documents filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration, for example, detailed annual reports.

- If you wish, you may request your own copies of these plan documents by writing to Human Resources. Where permitted by law, you may have to pay a reasonable charge to cover the costs of copying.
- You will receive summaries of the plans' annual financial reports each year, free of charge. The administrator for the plans is required by law to furnish each participant with a copy of these summary annual reports.

Plan Fiduciaries

Besides giving you certain rights as a participant, ERISA places certain duties upon the people who are responsible for the management of the above-mentioned plans. These people are called "fiduciaries" under the law, and they have the duty to act prudently and in your best interests.

Under ERISA, no one may fire you or discriminate against you to prevent you from obtaining a plan benefit or exercising your rights under ERISA.

Enforcing Your Rights

If your claim for a benefit is denied, in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to obtain copies, without charge, of documents relating to the decision, and to appeal any denial all within

Under ERISA, there are steps you can take to enforce your rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 for each day's delay until you receive the materials, unless the materials were not sent for reasons beyond the administrator's control. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with a plan's decision or lack thereof concerning the qualified status of a domestic relations order or medical child support order, you may file suit in federal court. If it should happen that plan fiduciaries misuse plan money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or file suit in a federal court.

In a lawsuit, the court normally decides who pays the court costs and legal fees. If you are successful, the other party might have to pay. But, if you lose, the court might order you to pay these costs and fees, especially if the court finds your claim to be frivolous.

Assistance with Questions

If you have any questions about this statement of your rights under ERISA, contact Human Resources. 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 visit the U.S. Department of Labor's Employee Benefits Security

Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

A Final Note

This handbook presents a summary of Boston University's benefits for faculty and staff and is intended to serve as the summary plan description for The Travel Accident Insurance Plan, Personal and Family Accident Insurance Plan, Group Supplemental Life Insurance Plan, and Basic Life Insurance Plans. It is designed as a quick reference source and is not intended to cover every point of policy. In certain instances, the University may exercise discretion, with respect to the administration of the plans described in this handbook. For more in-depth information, contact Human Resources.

Periodically, the University may make changes in policy that may not be reflected immediately in this handbook.

Again, for complete and up-to-date information about any policy or benefit, you should contact Human Resources.

Please note: The policies described in this handbook are not intended to create an employment contract between Boston University and its

employees. Therefore, they do not alter the University's rights regarding discharges and layoff.