

Voluntary Group Accident Insurance Program

Designed for the Eligible Retired Persons (Retirees) of

LLNS

BENEFIT PROGRAM SUMMARY



IMPORTANT NOTICE: The Benefit Program provides **ACCIDENT** insurance only. It does **NOT** provide basic hospital, basic medical, major medical or sickness coverage.

IMPORTANT

This is a summary of highlights of the above-named Benefit Program, a component of the LLNS Health and Welfare Benefit Plan for Retirees, ERISA Plan 502 (“Plan”). Receipt of this document and/or your participation in a Plan and any benefit programs under a Plan do not guarantee your employment or any rights or benefits under a Plan. LLNS reserves the right to amend or terminate each Plan or any benefit program(s) under a Plan at any time. The Plan and the benefit programs referred to in this summary are governed by a Federal law (known as ERISA), which provides rights and protections to Plan participants and beneficiaries.

For more information on LLNS benefit programs, see the LLNS Health and Welfare Benefit Plan for Retirees Summary Plan Description, available from Customer Care Center 866-994-5567 (866-994-LLNS). SPDs are also available electronically at www.ybr.com/benefits/llns.

In addition to the information contained in this Benefit Program Summary, the LLNS Health and Welfare Benefit Plan for Retirees Summary Plan Description contains important information about your LLNS health and welfare benefits. The Summary Plan Description (“SPD”) is referred to in this Benefit Program Summary as “your LLNS SPD.”

For additional information:

Customer Care Center
866-994-5567 (866-994-LLNS)
Web address: www.ybr.com/benefits/llns

ELIGIBILITY

See your LLNS SPD for information on eligibility.

DESCRIPTION OF COVERAGE

24-hour, 365-days-a-year insurance is provided for covered accidents in the course of business or pleasure. Coverage includes accidents (except as limited by Exclusions) whether on or off the job, occurring in the home, traveling by train, airplane, automobile, or other public and private conveyance.

The benefits provided under this Plan are payable in addition to any other insurance which may be in effect at the time of the accident. There are no geographical limits; it is worldwide accident protection.

SCHEDULE OF BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT INDEMNITY INCLUDING PARALYSIS

When Injury results in any of the following losses within 365 days of the date of the accident the Insurance Company will pay in one sum the indicated amount of Principal Sum for:

Loss of Life	Full Principal Sum
Loss of two or more members	Full Principal Sum
Quadriplegia	Full Principal Sum
Paraplegia	Three Quarters of Principal Sum
Loss of one member.....	One-Half of Principal Sum
Loss of four fingers on the same hand.....	One-Half of Principal Sum
Loss of four toes of the same foot	One-Half of Principal Sum
Hemiplegia	One-Half of Principal Sum
Loss of thumb and index finger of the same hand.....	One-Half of Principal Sum
Loss of one hand or one foot.....	One-Half of Principal Sum

“Member” means: hand, foot or eye.

“Loss” means: with regard to hand or foot, actual severance through or above the wrist or ankle joints; with regard to eye, entire and irrecoverable loss of sight in that eye; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to Quadriplegia, complete and irreversible paralysis of both upper and lower limbs; with regard to Paraplegia, the complete and irreversible paralysis of both lower limbs; with regard to Hemiplegia, the complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Only one benefit, the largest to which you are entitled, is payable for all losses resulting from one accident.

“Injury” means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person’s coverage under the Policy is in force, and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Reduction Schedule. The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person’s loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

BEREAVEMENT AND TRAUMA COUNSELING BENEFIT

Pays benefits for covered bereavement and trauma counseling expenses that are incurred within one year of the date of the accident, up to a maximum of \$50 per session for up to 10 sessions, if the covered person suffers an accidental death or accidental dismemberment or coma.

CARJACKING BENEFIT (PERCENTAGE OF PRINCIPAL SUM AMOUNT)

The Company will pay a benefit under this Rider when the Insured Person suffers one or more losses for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment Benefit, Coma Benefit, or Paralysis Benefit provided by the Policy as a result of a Carjacking of an Automobile while the Insured Person is operating, or riding as a passenger in, (including getting in or out of) such Automobile.

The amount payable under this Rider is the lesser of: (1) \$10,000; or (2) 10% of the largest benefit payable under any one of the Benefits specified above due to the Carjacking. Only one benefit is payable under this Rider for all losses as a result of the same Carjacking.

Verification of the Carjacking must be a part of an official report of the Carjacking or be certified, in writing, by the investigating officer(s).

COMA BENEFIT

When a covered accident renders the Insured Person Comatose within 30 days of the covered accident and Coma continues for a period of 30 days, the plan pays a monthly benefit of 1% of the Insured Person’s Principal Sum as long as the Insured Person remains Comatose to a maximum of 100% of the Principal Sum. If an Insured Person suffers one or more losses from the accident for which amounts are payable under more than one Benefit provided, the maximum amount payable will for one of those losses, the largest.

COMMON CARRIER BENEFIT

The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is riding in or on (including getting in or out of, or on or off of) a Common Carrier. The amount payable under this Rider is the lesser of: (1) \$50,000; or (2) 100% of the Insured Person’s Principal Sum.

“Common Carrier” means any land, sea, or air conveyance operated under a license for the transportation of passengers for hire.

COMMON DISASTER BENEFIT RIDER

If an Insured with Family Coverage in effect under the Policy and his or her Insured Spouse both suffer accidental death in the same accident within 90 days of the accident or from separate accidents occurring within a 24 hour period such that an Accidental Death benefit is payable under the Policy for both persons, the Insured Spouse’s Principal Sum is increased to equal the lesser of: (1) \$100,000; or (2) 100% of the Insured’s Principal Sum.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Pays covered home alteration and vehicle modification expenses incurred within one year of the date of the accident, up to a maximum of \$25,000 if the covered person suffers a covered accidental dismemberment.

NATURAL DISASTER BENEFIT

An additional 10% of the applicable Principal Sum amount will be paid if you or your covered spouse/domestic partner suffers loss of life or sustains a covered loss as a result of a Natural Disaster.

“Natural Disaster” means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that is due to natural causes and results in such severe and widespread damage that the area of damage is officially declared a disaster area by a state or federal government if the event occurs in the United States of America, or by a corresponding authority if the event occurs outside the United States of America.

REHABILITATION BENEFIT

Pays up to \$10,000 for all covered Rehabilitation Expenses within 2 years of a covered accident that results in an Accidental Dismemberment or Paralysis of an Insured Person.

Excludes work-related injuries payable under Workers’ Compensation or other similar law.

REPATRIATION OF REMAINS BENEFIT

Pays benefits for covered expenses, up to a maximum of \$50,000 to return the covered person’s body to his or her home if the covered person suffers a covered loss of life due to Injury or emergency sickness while at least 100 miles from home.

SEAT BELT/AIR BAG PROVISION

An additional 10% of the applicable Principal Sum amount will be paid if you or your covered spouse/domestic partner suffers loss of life despite restraint by a seat belt or air bag in an automobile accident.

EXCLUSIONS

The policy does not cover any loss caused by or resulting from:

- (1) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism;
- (2) sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
- (3) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b) performing, learning to perform or instruction others to perform as a pilot or crew member of any aircraft; or
 - c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder

or the Insured Person's employer;

- (4) declared or undeclared war, or any act of declared or undeclared war;
- (5) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
- (6) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)

BENEFITS AND COST OF BENEFITS

Retiring employees of the LLNS enrolled in the Active Employee Accidental Death and Dismemberment Plan may select the amount of Principal Sum for which they are enrolled under the Active Employee Plan with a maximum Principal Sum of \$250,000, or may select one of the amounts shown.

Those eligible, retiring LLNS employees not previously enrolled in the LLNS Active Employee Plan may enroll into his plan for the following amounts of Principal Sum only: \$10,000, \$25,000, \$50,000 or \$100,000.

Individual Plan: Covers the enrolling individual only. The annual cost is \$.90 per \$1,000 of Principal Sum.

Individual & Spouse/Domestic Partner Plan: Under this plan, you are insured for the Principal Sum chosen and you and your spouse/domestic partner is automatically insured for a Principal Sum equal to 60% of your Principal Sum. The annual cost is \$1.40 per \$1,000 of Principal Sum.

Figure out your needs then select the amount of insurance (Principal Sum as indicated above) that you feel offers the best protection

Maximum Principal Sum	Individual Plan Annual Cost	Individual & Spouse/Domestic Partner Plan
\$ 10,000	\$ 9.00	\$ 14.00
\$ 25,000	\$ 22.50	\$ 35.00
\$ 50,000	\$ 45.00	\$ 70.00
\$ 100,000	\$ 90.00	\$ 140.00
\$ 150,000	\$ 135.00	\$ 210.00
\$ 175,000	\$ 157.50	\$ 245.00
\$ 200,000	\$ 180.00	\$ 280.00
\$ 250,000	\$ 225.00	\$ 350.00

BENEFICIARY

Benefits for loss of your life will be payable in accordance with the beneficiary designation on your enrollment form. If no such designation is in effect, benefits will be paid to your estate.

EFFECTIVE DATE OF COVERAGE

The effective date shall be the date the completed enrollment form is received by the Insurance Company.

For retiring eligible persons already enrolled under the LLNS Active Employee Accidental Death & Dismemberment Plan, coverage under this plan shall not be in effect until after that person's coverage under the Active Employee Plan has expired.

NON-DUPLICATION OF COVERAGE

Plan rules do not allow duplicate coverage. See your LLNS SPD for more information.

INDIVIDUAL TERMINATIONS

Your insurance will terminate immediately on the earliest of the following dates:

- a) on the date the Master Policy is terminated;
- b) on the premium due date if you fail to pay the required premium; or
- c) with respect to any Person who is insured under the Master Policy as a spouse/domestic partner, on the premium due date he or she ceases to be an eligible spouse/domestic partner

See your LLNS SPD for more information on termination.

HOW TO ENROLL

- 1) Select the benefit which best fits your needs.
- 2) Complete the attached enrollment form. You may select one of two plans. One plan provides coverage for an eligible person only, and the other plan provides coverage for an eligible person and spouse/domestic partner.
- 3) Return the enrollment form with your check or money order for the appropriate premium made payable to "National Union Fire Insurance Company " to the following address:

LLNS - Retirees
PO BOX 100408
Pasadena, CA 91189-0408

This pamphlet provides you with an easy-to-understand summary of the benefits provided under the Personal Accident Insurance Plan offered by National Union Fire Insurance Company.

If any conflict should arise between the contents of this summary and the Master Policy, or if any point is not covered herein, the terms of the Master Policy will govern in all cases.

**LLNS
GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE
RETIREES**

PLAN ADMINISTRATION

Please see your LLNS SPD for Plan Administration information.

Administration of the Plan

The Benefits and Investment Committee is the Plan Administrator.

**Lawrence Livermore National Security, LLC
Benefits and Investment Committee**

Mailing address:

**P.O. Box 808, L-727
Livermore, CA 94551**

Street address:

**7000 East Ave., L-727
Livermore, CA 94550**

Claims under the Benefit Program are processed by National Union Fire Insurance Company at the following address and phone number.

**AIG Benefit Solutions
Domestic Claims
Accident & Health Claims Department
P. O. Box 25987
Shawnee Mission, KS 66225-5987
800-551-0824/302-661-8940**

Group Contract Number

The group contract number for this Plan is PAI 000 911 30 68.

Continuation of the Plan

LLNS reserves the right to terminate or amend the Benefit Program at any time. The right to terminate or amend applies to all Retirees and their Plan beneficiaries. Each year LLNS will determine the terms of the Benefit Program.

Agent for Service of Legal Process

Legal Process may be served on National Union Fire Insurance Company at the address listed above. Also, see your LLNS SPD for additional information on Agent for Service of Legal Process.

Certificate

A certificate of insurance will be provided (by National Union Fire Insurance Company of Pittsburgh, PA), following enrollment in the plan, describing in detail the coverage summarized in this brochure. The Certificate will become a part of your Benefit Program Summary.

Your Rights Under This Plan

See your LLNS SPD for information regarding your rights and privileges under ERISA.

How to File a Claim

You or your beneficiaries should protect your rights by filing a written notice of claim with National Union Fire Insurance Company within 20 days of the loss. See Uniform Provisions Section of your certificate, paragraphs “Notice of Claim,” “Claim Forms,” “Proofs of Loss” “Time off Payment of Claims.”

Please see Appendix D of your LLNS SPD for the name and address of the claims administrator for this Benefit Program. Please see the section ‘Non-Health Benefit Claims and Appeals Procedures’ in your LLNS SPD for information regarding the ERISA claims and appeals procedures.

YOU MAY DIRECT INQUIRIES ABOUT THIS PROGRAM TO:

NATIONAL UNION FIRE INSURANCE COMPANY
TWO RINCON CENTER
121 SPEAR STREET – 5 WEST
SAN FRANCISCO, CA 94105-1588
1-800-772-7863

This program is Underwritten by

National Union Fire Insurance Company of Pittsburgh, PA

A Capital Stock Company, herein referred to a National Union Fire Insurance Company

70 Pine Street
New York, NY 10270

(rev 1/2013)