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Group Term Life Insurance

Benefit Summary

General Synod of the Associate Reformed Presbyterian Church

Effective Date: June 01, 2017

Policy Number: 000569

Class Definition: Class 2: All eligible full time hourly employees and World Witness employees including those who are United States citizens living and working abroad for more than 6 months, but not those who are Erskine College and Pacific Presbytery employees working at least 30 hours per week

Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to replace income, fund a child's education, or pay off a mortgage, a life insurance policy from AXA can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Basic Life	\$50,000
Spouse Life	Spouse: \$5,000
Child	Child: \$2,500
Accidental Death & Dismemberment (AD&D) Accidental Death Accidental Dismemberment	100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.
Age Reduction	Age 70 and over 65%

Guarantee Issue	Benefit Amount
Employee	\$50,000
Spouse	\$5,000

Basic Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 6 Month Elimination Period Terminates at age 65

AD&D Features (Employee Only)	Benefit Amount
ACCIDENTAL DEATH (COMMON CARRIER)	100% of AD&D benefit up to \$250,000
CHILD EDUCATION BENEFIT	Up to \$10,000 annually, 4 year maximum
REHABILITATION/PHYSICAL THERAPY	\$5,000
SEAT BELT	\$10,000
AIRBAG	\$10,000
SPOUSE EDUCATION	Up to \$5,000

Manage Your Benefits

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If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you managing your benefits with confidence and ease.

What is not covered?

We will not pay any Life Insurance Benefit if an Insured Person dies by suicide within two years from the Issue Date, we will only pay the amount of premiums paid to Us, except as provided below. Premium will be refunded to You or the Policyholder, depending upon who contributed the premium.

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form/Contract ICC15 AXEBP15LI; ICC15 MOEBP15LI; MOEBP15LI; AXEBP15LI and State Variations.

See the certificate for details regarding benefit descriptions, limitations and exclusions.

Travel Assistance Program:

Travel Assistance Services ("TA") are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance Program are underwritten by ACE American Insurance Company. AXA Assistance is affiliated with AXA, ACE American and is not affiliated with AXA and the Travel Assistance & Identify Theft Solutions they provide are separate and apart from the insurance provided by AXA.

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Group Term Life Insurance

Benefit Summary

General Synod of the Associate Reformed Presbyterian Church

Effective Date: June 01, 2017

Policy Number: 000569

Class Definition: Class 1: All eligible full time salaried employees and World Witness Employees including those who are United States citizens living and working abroad for more than 6 months and Canadian Ministers, but not those who are Erskine College and Pacific Presbytery working at least 30 hours per week

Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to replace income, fund a child's education, or pay off a mortgage, a life insurance policy from AXA can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Basic Life	\$20,000
Spouse Life	Spouse: \$5,000
Child	Child: \$2,500
Accidental Death & Dismemberment (AD&D) Accidental Death Accidental Dismemberment	100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.
Age Reduction	Age 70 and over 65%

Guarantee Issue	Benefit Amount
Employee	\$20,000
Spouse	\$5,000

Basic Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 6 Month Elimination Period Terminates at age 65

AD&D Features (Employee Only)	Benefit Amount
ACCIDENTAL DEATH (COMMON CARRIER)	100% of AD&D benefit up to \$250,000
CHILD EDUCATION BENEFIT	Up to \$10,000 annually, 4 year maximum
REHABILITATION/PHYSICAL THERAPY	\$5,000
SEAT BELT	\$10,000
AIRBAG	\$10,000
SPOUSE EDUCATION	Up to \$5,000

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What is not covered?

We will not pay any Life Insurance Benefit if an Insured Person dies by suicide within two years from the Issue Date, we will only pay the amount of premiums paid to Us, except as provided below. Premium will be refunded to You or the Policyholder, depending upon who contributed the premium.

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

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Group Term Life Insurance

Benefit Summary

General Synod of the Associate Reformed Presbyterian Church

Effective Date: June 01, 2017

Policy Number: 000569

Class Definition: Class 3: All eligible Erskine College and Pacific Presbytery Employees including those who are United States citizens living and working abroad for more than 6 months working at least 30 hours per week

Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to replace income, fund a child's education, or pay off a mortgage, a life insurance policy from AXA can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Basic Life	\$10,000
Spouse Life	Spouse: \$5,000
Child	Child: \$2,500
Accidental Death & Dismemberment (AD&D) Accidental Death Accidental Dismemberment	100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.
Age Reduction	Age 70 and over 65%

Guarantee Issue	Benefit Amount
Employee	\$10,000
Spouse	\$5,000

Basic Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 6 Month Elimination Period Terminates at age 65

AD&D Features (Employee Only)	Benefit Amount
ACCIDENTAL DEATH (COMMON CARRIER)	100% of AD&D benefit up to \$250,000

AD&D Features (Employee Only)	Benefit Amount
CHILD EDUCATION BENEFIT	Up to \$10,000 annually, 4 year maximum
REHABILITATION/PHYSICAL THERAPY	\$5,000
SEAT BELT	\$10,000
AIRBAG	\$10,000
SPOUSE EDUCATION	Up to \$5,000

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What is not covered?

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If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

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Long-Term Disability Benefit Summary

General Synod of the Associate Reformed Presbyterian Church

Effective Date: June 01, 2017

Class Definition: Class 1: All active full-time Salaried Employees and World Witness Employees including those who are United States Citizens living and working abroad for more than 6 months and Canadian Ministers, but not those who are Erskine College and pacific Presbytery e working at least 30 hours per week

Long-term disability benefits can replace income in challenging times

Even with careful saving and planning, most people count on a steady paycheck to cover their monthly expenses. Unfortunately, it only takes a brief time away from work to upset the balance. You can protect the income you depend on with disability insurance. Whether you need to take time off to recover from an illness or injury, disability insurance from AXA provides a portion of lost income for a period of time, helping alleviate the financial hardship and cover regular expenses-from paying rent to buying groceries.

What your benefits cover:

Benefit Plan and Features	Benefit Amount
Monthly Benefit Percentage	60% of pre-disability earnings ¹
Maximum Monthly Benefit ²	\$7,500
Minimum Monthly Benefit	Greater of \$100 or 10% of Gross benefit
Elimination Period ³	90 Days
Maximum Duration	ADEA1 with SSNRA

¹ Pre-disability Earnings means Your regular Monthly rate of pay, not counting commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the date You became Disabled.

² Reduced by other income benefits

³ Time must be continuous

More about your Long-Term Disability coverage

If you are working for your employer on the effective date - the waiting period is 0 continuous Days.

If you start working for your employer after the effective date - the waiting period is 0 continuous Days.

The following benefits are available:

Family Care Deduction Benefit

If you are working as part of a program of rehabilitation, we will, for the purpose of calculating your benefit, deduct the cost of family care from income received from rehabilitative employment, subject to the following limitations:

1. family care means the care or supervision of:
 - your children under age 13; or
 - a member of your household who is mentally or physically handicapped and dependent upon you for support and maintenance;
2. the maximum monthly deduction allowed for each qualifying child or family member is:
 - \$350 during the first 12 months of rehabilitative employment; and
 - \$175 thereafter;but in no event may the deduction exceed the amount of your monthly earnings;
3. family care deductions may not exceed a total of \$2,500;
4. the deduction will be reduced proportionally for periods of less than a month;
5. the charges for family care must be documented by a receipt from the caregiver;
6. the deduction will cease on the first to occur of the following:
 - you are no longer working as part of a program of rehabilitation; or
 - family care deductions for 24 months have been deducted during your disability; and
7. no family care provided by someone related to the family member receiving the care will be eligible as a deduction under this provision.

Survivor Income Benefit An amount equal to three times the last monthly benefit amount for total disability paid.

Workplace Modification Benefit:

We will reimburse Your Employer for the expenses of reasonable Workplace Modifications to accommodate Your Disability and enable You to return to work as an Active Employee. You qualify for this benefit if:

1. Your Disability is covered by The Policy;
2. the Employer agrees to make modifications to the workplace in order to reasonably accommodate Your return to work and the performance of the Essential Duties of your job; and
3. We approve, in writing, any proposed Workplace Modifications.

Benefits paid for such Workplace Modifications shall not exceed the amount of the Maximum Monthly Benefit.

We have the right, at Our expense, to have You examined or evaluated by:

1. a Physician or other health care professional; or
2. a vocational expert or rehabilitation specialist; at Our choice so that We may evaluate the appropriateness of any proposed Workplace Modification.

We will reimburse the Employer's costs for approved Workplace Modifications after:

1. the proposed modifications made on Your behalf are complete;
2. We have been provided written proof of the expenses incurred to provide such modifications; and
3. You have returned to work as an Active Employee.

Workplace Modification means change in Your work environment, or in the way a job is performed, to allow You to perform, while Disabled, the Essential Duties of Your job. Payment of this benefit will not reduce or deny any other benefit You are eligible to receive under the terms of The Policy.

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What is not covered?

Exclusions: What disabilities are not covered?

We will not pay a benefit for any disability:

1. unless you are under the regular care of a physician;
2. that is caused or contributed to by war or act of war, whether declared or not;
3. caused by your commission of or attempt to commit a felony;
4. caused or contributed to by your being engaged in an illegal occupation;
5. caused or contributed to by an intentionally self-inflicted injury;
6. unless it is the result of a work-related Injury or Sickness sustained in the course of performing tasks for the Employer

If you are receiving or are eligible for benefits for a disability under a prior disability plan that:

1. was sponsored by your employee and
2. was terminated before the effective date of the policy; no benefits will be payable for that disability under the policy.

Pre-existing Condition Limitation:

We will not pay any benefit, or any increase in benefits, under the plan for any disability that results from, or is caused or contributed to by, a pre-existing condition, unless, at the time you become disabled:

1. you have been continuously covered under the policy for 12 months.

Pre-existing Condition means

1. any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse; or
2. any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, mental illness, pregnancy, or substance abuse; for which you received medical care during the 3 month period that ends the day before:
 - your effective date of coverage; or
 - the effective date of a change in coverage.

Medical Care is received when a physician or other health care provider:

1. is consulted or gives medical advice; or
2. recommends, prescribes, or provides treatment.

Treatment includes, but is not limited to:

1. medical examinations, tests, attendance or observation; and
2. use of drugs, medicines, medical services, supplies or equipment.

These products only provide disability income insurance. THESE POLICIES ARE NOT MEDICARE SUPPLEMENT PLANS. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policies have limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form/Contract AXEBP15DI; MOEBP15DI and State Variations.

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What your benefits cover:

Benefit Plan and Features	Benefit Amount
Monthly Benefit Percentage	60% of pre-disability earnings ¹
Maximum Monthly Benefit ²	\$7,500
Minimum Monthly Benefit	Greater of \$100 or 10% of Gross benefit
Elimination Period ³	90 Days
Maximum Duration	ADEA1 with SSNRA

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More about your Long-Term Disability coverage

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The following benefits are available:

Family Care Deduction Benefit

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1. family care means the care or supervision of:
 - your children under age 13; or
 - a member of your household who is mentally or physically handicapped and dependent upon you for support and maintenance;
2. the maximum monthly deduction allowed for each qualifying child or family member is:
 - \$350 during the first 12 months of rehabilitative employment; and
 - \$175 thereafter;but in no event may the deduction exceed the amount of your monthly earnings;
3. family care deductions may not exceed a total of \$2,500;
4. the deduction will be reduced proportionally for periods of less than a month;
5. the charges for family care must be documented by a receipt from the caregiver;
6. the deduction will cease on the first to occur of the following:
 - you are no longer working as part of a program of rehabilitation; or
 - family care deductions for 24 months have been deducted during your disability; and
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Survivor Income Benefit An amount equal to three times the last monthly benefit amount for total disability paid.

Workplace Modification Benefit:

We will reimburse Your Employer for the expenses of reasonable Workplace Modifications to accommodate Your Disability and enable You to return to work as an Active Employee. You qualify for this benefit if:

1. Your Disability is covered by The Policy;
2. the Employer agrees to make modifications to the workplace in order to reasonably accommodate Your return to work and the performance of the Essential Duties of your job; and
3. We approve, in writing, any proposed Workplace Modifications.

Benefits paid for such Workplace Modifications shall not exceed the amount of the Maximum Monthly Benefit.

We have the right, at Our expense, to have You examined or evaluated by:

1. a Physician or other health care professional; or
2. a vocational expert or rehabilitation specialist; at Our choice so that We may evaluate the appropriateness of any proposed Workplace Modification.

We will reimburse the Employer's costs for approved Workplace Modifications after:

1. the proposed modifications made on Your behalf are complete;
2. We have been provided written proof of the expenses incurred to provide such modifications; and
3. You have returned to work as an Active Employee.

Workplace Modification means change in Your work environment, or in the way a job is performed, to allow You to perform, while Disabled, the Essential Duties of Your job. Payment of this benefit will not reduce or deny any other benefit You are eligible to receive under the terms of The Policy.

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Exclusions: What disabilities are not covered?

We will not pay a benefit for any disability:

1. unless you are under the regular care of a physician;
2. that is caused or contributed to by war or act of war, whether declared or not;
3. caused by your commission of or attempt to commit a felony;
4. caused or contributed to by your being engaged in an illegal occupation;
5. caused or contributed to by an intentionally self-inflicted injury;
6. unless it is the result of a work-related Injury or Sickness sustained in the course of performing tasks for the Employer

If you are receiving or are eligible for benefits for a disability under a prior disability plan that:

1. was sponsored by your employee and
2. was terminated before the effective date of the policy; no benefits will be payable for that disability under the policy.

Pre-existing Condition Limitation:

We will not pay any benefit, or any increase in benefits, under the plan for any disability that results from, or is caused or contributed to by, a pre-existing condition, unless, at the time you become disabled:

1. you have been continuously covered under the policy for 12 months.

Pre-existing Condition means

1. any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse; or
2. any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, mental illness, pregnancy, or substance abuse; for which you received medical care during the 3 month period that ends the day before:
 - your effective date of coverage; or
 - the effective date of a change in coverage.

Medical Care is received when a physician or other health care provider:

1. is consulted or gives medical advice; or
2. recommends, prescribes, or provides treatment.

Treatment includes, but is not limited to:

1. medical examinations, tests, attendance or observation; and
2. use of drugs, medicines, medical services, supplies or equipment.

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