

# Summary of Coverage

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**Employer:** Maine School Management Association Group Insurance Trust

**Group Policy:** GP-724880

**SOC:** 11A

**Issue Date:** May 21, 2015

**Effective Date:** September 1, 2009

*Employee:*

*Beneficiary:*

The benefits shown in this Summary of Coverage are available for you.

**This Summary of Coverage may be an electronic version of the Summary of Coverage on file with your Employer and Aetna Life Insurance Company. In case of any discrepancy between an electronic version and the printed copy which is part of the group insurance contract issued by Aetna Life Insurance Company, or in case of any legal action, the terms set forth in such group insurance contract will prevail. To obtain a printed copy of this Summary of Coverage, please contact your Employer.**

## Eligibility

### Employees

You are in an Eligible Class if you are a retired employee of an employer participating in this Plan and at that time:

1. were covered under this Plan for Life Insurance;
2. you are receiving MSRS benefits or are within 2 years of receiving MSRS benefits; or
3. receiving Social Security benefits and have worked at least 10 years for the school unit; or
4. retired before becoming eligible for Social Security benefits, but you are within 2 years of receiving Social Security retirement benefits and have worked at least 10 for the school unit.

Your Eligibility Date is the date you retire, but not before the later of the Effective Date of this Plan or the date you enter the Eligible Class.

The Life Insurance Benefits described in this Booklet-Certificate are not available to you or your beneficiary if a Life Insurance claim described in another Booklet-Certificate issued under the group policy is applicable.

Life - Retired Employees

# Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer. This will arrange for the amount and method of your contributions. Be sure to enroll within 31 days of your eligibility.

Your contributions toward the cost of this coverage are subject to change. Your Employer will advise you concerning the method and amount of any required contributions. The rate of contribution per \$ 1,000 of your Life Insurance will not be increased.

## Effective Date of Coverage

### **With Respect to Contributory Coverage: Employees**

Your coverage will take effect on the later to occur of:

- your Eligibility Date; and
- the date you returned your signed form.

If you don't sign and return your form within 31 days of your Eligibility Date, coverage will not take effect until you submit evidence of good health that is acceptable to Aetna.

### **With Respect to Non-Contributory Coverage:**

#### **Employees**

Your coverage will take effect on your Eligibility Date.

# Life Insurance

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## Schedule of Life Insurance

### Employees Schedule

**Classification**  
Retirees

**Amount**  
\*See below.

### Retirement Reduction Rule

If you retire and you remain in an Eligible Class, your Basic Life Insurance will remain in force during your retirement, subject to change or termination in accordance with the terms of the group contract. An average of your Basic Life Insurance during the 3 years immediately prior to the date you retire, will be reduced by 15% each year until that reduced amount reaches the greater of the following:

- ▶ 40% of the original average amount; or
- ▶ \$2,500

### Note:

The amount of any Life Insurance being extended for you under the Permanent and Total Disability feature of this Plan will be reduced by 40% when you reach age 65 rather than by the Age and Retirement Reduction Rules above.

## Accelerated Death Benefit

### Employees

ADB Months:	12
ADB Percentage:	up to 50%
ADB Maximum:	up to \$ 300,000

## **Adjustment Rule**

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

## **General**

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE  
WITH YOUR BOOKLET-CERTIFICATE**

# **Additional Information Provided by**

## **Maine School Management Association Group Insurance Trust**

The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). It is not a part of your booklet-certificate. Your Plan Administrator has determined that this information together with the information contained in your booklet-certificate is the Summary Plan Description required by ERISA.

In furnishing this information, Aetna is acting on behalf of your Plan Administrator who remains responsible for complying with the ERISA reporting rules and regulations on a timely and accurate basis.

**Name of Plan:**

Life

**Employer Identification Number:**

01-6071467

**Plan Number:**

501

**Type of Plan:**

Welfare

**Type of Administration:**

Group Insurance Policy with:

Aetna Life Insurance Company  
151 Farmington Avenue  
Hartford, CT 06156

**Plan Administrator:**

Maine School Management Association  
49 Community Drive  
Augusta, ME 04330

**Agent For Service of Legal Process:**

Maine School Management Association  
49 Community Drive  
Augusta, ME 04330

Service of legal process may also be made upon the Plan Administrator

**End of Plan Year:**

June 30

**Source of Contributions:**

Employer and Employee

**Procedure for Amending the Plan:**

The Employer may amend the Plan from time to time by a written instrument signed by Director of Administrative and Personnel Services and Director of Insurance Programs.

## **ERISA Rights**

As a participant in the group insurance plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

### Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) that is filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series), and an updated Summary Plan Description. The Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Receive a copy of the procedures used by the Plan for determining a qualified domestic relations order (QDRO) or a qualified medical child support order (QMCSO).

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in your interest and that of other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

## **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA there are steps you can take to enforce the above 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 a case, the court may require the Plan Administrator to provide the materials and pay up to \$ 110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.

If you have a claim for benefits which 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 the Plan's decision or lack thereof concerning the status of a domestic relations order or a medical child support order, you may file suit in a federal court.

If it should happen that plan fiduciaries misuse the Plan's money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

**Assistance with Your Questions**

If you have any questions about your Plan, you should contact the Plan Administrator.

If you have any questions about this statement or about your rights under ERISA, you should contact:

- the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory; or
- the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.