



**UnitedHealthcare[®]
Specialty BenefitsSM**

GROUP LIFE

**ACCIDENTAL DEATH AND DISMEMBERMENT
CERTIFICATE OF COVERAGE**

FOR

LOS ANGELES POLICE RELIEF ASSOCIATION, INC.

POLICY NUMBER:

EFFECTIVE DATE: July 1, 2009

If there is a discrepancy between the provisions of the Policyholder' online or printed Certificates and the provisions of the Certificates furnished by the Company, the provisions of the Group Policy will prevail.

CA – ULIC

Class 2 – Active Members of LAPRA
(5-11)

This is who the group life insurance is through

Unimerica Life Insurance Company

A Stock Company

Administrative Offices: 6300 Olson Memorial Highway, Golden Valley, MN 55427

Phone: 1-866-615-8727

Policyholder: Los Angeles Police Relief Association, Inc.

Effective Date: July 1, 2009

Policy Number:

Beneficiary: As on file with the Administrator

We, Unimerica Life Insurance Company, issue this Certificate to the Covered Person as evidence of insurance under the Policy We issued to the Policyholder shown above. This Certificate describes the benefits and other important provisions of the Policy. Please read it carefully.

The Policy may be amended, changed, cancelled or discontinued without the consent of the Covered Person or the Covered Person's beneficiary.

The benefits described in this Certificate insure the Covered Person and, if applicable, any Dependents eligible for insurance. This Certificate becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above.

Read the Group Certificate Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Policy, We will be ready to help the Policyholder. The Policyholder may call upon his agent or Our Home Office for assistance at any time.

If the Policyholder or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints, call 1-866-615-8727.

It is signed at the Home Office of Unimerica Life Insurance Company as of the Effective Date shown above.



Timothy F. Ryan, Secretary



Diane D. Souza, Chief Executive Officer

**Group Life, Accidental Death and
Dismemberment Insurance Policy
Non-Participating**

The Consumer Services Division should be contacted after discussions with the insurer, its agent or other representatives, or both, have failed to satisfactorily resolve a consumer problem at: 300 S. Spring Street, Los Angeles, CA 90013. The phone number is: 1-800-927-HELP.

SCHEDULE OF BENEFITS

Class of Members

This schedule covers the following class(es) of Members of companies and affiliates controlled by the Policyholder:

All active full-time recruits employed by the City of Los Angeles to become sworn police officers and all sworn police officers of the Los Angeles Police Department who are in good standing with the Policyholder.

Description of Class:

Members are considered full-time if they customarily work:

30 hours per week

Member Waiting Period:

A Member is eligible for insurance on the later of the following dates:

1. The Policyholder's Effective Date, July 1, 2009.
2. For active full-time recruits, the date of hire.
3. For sworn police officers, the date the Covered Person becomes a Member.

Cost of Insurance: The Covered Person is not required to contribute to the cost of his Basic Life and AD&D Insurance. He is required to contribute to the entire cost of his Supplemental Life and AD&D Insurance and Supplemental Dependent Life and AD&D Insurance.

Covered Person Insurance:

Basic Life Insurance and Accidental Death and Dismemberment Benefit:

<u>Amount of Life Insurance</u>	Amount of Accidental Death and Dismemberment Insurance
\$15,000	\$15,000

Basic Life Insurance and Accidental Death and Dismemberment Benefit will terminate at retirement.

Basic Accelerated Death Benefit: Up to 50% of the Basic Life Insurance in force to a maximum of \$7,500.

Supplemental Life Insurance and Accidental Death and Dismemberment Benefit:

The benefit amount applicable to the Covered Person is that which is elected at the time of enrollment.

	Amount of Life Insurance	Amount of Accidental Death and Dismemberment Insurance
Members less than age 70		
Option 1	\$5,700	\$5,700
Option 2	\$36,300	\$36,300
Option 3	\$60,400	\$60,400
Option 4	\$86,300	\$86,300
Option 5	\$172,500	\$172,500
Option 6	\$225,000	\$225,000
Members age 70 and over		
Option 1	\$2,200	\$2,200
Option 2	\$13,000	\$13,000
Option 3	\$13,000	\$13,000
Option 4	\$13,000	\$13,000
Option 5	\$13,000	\$13,000
Option 6	\$13,000	\$13,000

Supplemental Accidental Death and Dismemberment Benefit will terminate at retirement.

GENERAL DEFINITIONS

The male pronoun, whenever used in the Policy, includes the female.

Active Work or Actively at Work: The Covered Person reports for work at his usual place of employment or any other business location where he is required to travel and is able to perform the material and substantial duties of his regular occupation for the entire normal workday. The Covered Person must be working at least the minimum number of hours per week in an Eligible Class, as shown in the Schedule of Benefits.

Unless disabled on the prior workday or on the day of absence, a Covered Person will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an excused or emergency leave of absence (except medical leave).

Contributory or Non-Contributory Insurance: Contributory Insurance is insurance for which the Covered Person must apply and agree to make the required premium contributions. Non-Contributory Insurance is insurance for which the Covered Person does not have to make any premium contributions.

Covered Person: The Member insured under the Policy. References to "Covered Person," "Covered Persons" and "Covered Person's" throughout this Certificate are references to a Covered Person.

Dependent: Includes

1. a legal Spouse including a Domestic Partner; and
2. any unmarried Child.

A Child is:

1. less than 21 years of age; or
2. an Eligible Student;
 - a. who is not married;
 - b. who is not in the armed forces of any country;
 - c. who is not insured under the Policy as a Covered Person;
 - d. less than 25 years of age;
 - e. who attends an accredited post-secondary school (other than a correspondence school) on a full-time basis as defined by the post-secondary school; and
 - f. is enrolled in the next scheduled term; or
3. unmarried and physically or mentally disabled.

The term "Child" includes a natural child, legally adopted child, stepchild, or foster child, or any child who lives with the Covered Person in a regular parent-child relationship, provided the Covered Person claims such Child as a Dependent on the Covered Person's most recent federal income tax return.

Domestic Partner: A person of the opposite or same sex with whom the Covered Person has executed a Domestic Partner Affidavit acceptable to Us, establishing that the Covered Person and the partner are Domestic Partners. The partners will continue to be considered Domestic Partners provided they continue to meet the requirements described in the Domestic Partner Affidavit.

COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

Covered Person's Eligibility: Members who work on a full-time basis for the Employer are eligible for insurance after completion of the required Member Waiting Period, provided they are in a class of Members who are included. Members will be considered to work on a full-time basis if they customarily work at least the number of hours per week shown in the Schedule of Benefits.

A Member will become eligible for insurance on the latest of the following dates:

1. the Effective Date of the Policy;
2. the end of the Member Waiting Period shown in the Schedule of Benefits;
3. the date the Policy is changed to include the Member's class; or
4. the date the Member enters a class eligible for insurance.

Effective Date of Covered Person Insurance: If a Member is not Actively at Work on the date his insurance is scheduled to take effect, it will take effect on the day he returns to Active Work. If the Member's insurance is scheduled to take effect on a non-working day, his Active Work status will be based on the last working day before the scheduled Effective Date of his insurance.

A Member must use forms provided by Us when applying for insurance.

The Member's insurance will be effective at 12:01 A.M. Eastern Standard time as follows:

1. if it is Non-contributory, on the date the Member becomes eligible for insurance, regardless of when he applies, or
2. if it is Contributory, and the Member makes application within 31 days after the date he first became eligible, on the later of:
 - a. the date the Member is eligible for insurance, regardless of when he applies; or
 - b. the date the Member's application is approved by Us if evidence of insurability is required.

Evidence of insurability is required if a Member applying for Contributory Insurance:

1. does not apply for insurance within 31 days after the date he first became eligible; or
2. he has previously terminated his insurance while in an eligible class, except if he was in "off-payroll" status for a period of less than six months.

Effective Date of Change in Amount of Insurance: If there is an increase in the amount of the Covered Person's insurance, the increase will take effect on:

1. the date of the increase, if the Covered Person is Actively at Work on the date of increase;
2. the date the Covered Person returns to Active Work if the Covered Person is not Actively at Work on the date of the increase;
3. the date of the increase, if the Covered Person was Actively at Work on his last scheduled working day before the non-working day;
4. the date of the increase if the Covered Person is "off-payroll" for reasons other than a sickness or injury, and all required premium contributions have been made.

If evidence of insurability is required, the increase will take effect on the later of the dates indicated above or the date We approve his application.

Neither an increase nor a decrease in insurance will affect a Payable Claim that occurs prior to the increase or decrease.

A decrease in the amount of the Covered Person's insurance will take effect on the date of the decrease.

**COVERED PERSON ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS
(continued)**

Termination of Covered Person Insurance: The Covered Person's insurance will terminate at 12:00 midnight Eastern Standard time on the earliest of the following dates:

1. the last day of the period for which a premium payment is made, if the next payment is not made;
2. the last day of the month during which he ceases to be a member of a class eligible for insurance;
3. the date the Policy terminates, or a specific benefit terminates; or
4. the last day of the month during which he ceases to be Actively at Work, unless
 - a. Active work ceases during an approved medical leave of absence, the Life Insurance Benefit and the Accidental Death and Dismemberment Benefit will continue for up to 3 months from the date he stopped active work.
 - b. Active work ceases as a result of a disability due to a sickness or accidental injury, the Life Insurance Benefit and the Accidental Death and Dismemberment Benefit will be continued for up to 12 months from the date he stopped active work.
 - c. A Member is "off-payroll" due to any leave of absence, other than suspension, the Life Insurance Benefit and the Accidental Death and Dismemberment Benefit will continue until the end of the leave.
 - d. A Member is "off-payroll" due to suspension of duties, the Life Insurance Benefit and the Accidental Death and Dismemberment Benefit will continue for up to 12 months from the date he stopped active work.
 - e. A Member is no longer actively at work due to pending retirement, his Life Insurance Benefit will continue until the date the retirement is approved.