Mayo Clinic Life Insurance for Residents and Research Appointees

(Offered under the Mayo Clinic Health & Welfare Benefits Plan)
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GENERAL PLAN INFORMATION
Plan Benefits Provided by
Claim Procedures
INTRODUCTION

Mayo Clinic sponsors the Mayo Clinic Life Insurance Plan for Residents, Fellows and Research Appointees ("Plan"), which is a component of the Mayo Clinic Health & Welfare Benefits Plan. This document in conjunction with the General Information Booklet for the Mayo Clinic Health & Welfare Benefits Plan (the "General Information Booklet") serves as the Summary Plan Description ("SPD") for the Plan.

Effective January 1, 2019, this document sets forth a summary of Plan benefits. The Plan provides basic and optional term life insurance for the following persons: Mayo Clinic School of Graduate Medical Education Appointees, Mayo Clinic School of Health Sciences Residents and Fellows, and Research Appointees. The Plan also provides dependent term life insurance for eligible dependents of these individuals.

The available life insurance is contributory insurance, which means that you pay for this insurance if you want it. Other than entering into a group contract with The Prudential Insurance Company of America ("Prudential"), Mayo is not involved in the administration of this Plan. If you enroll in the Basic Life plan, you are also automatically enrolled in the LTD plan. Please see that Summary Plan Description for more detail on that plan.

This document consists of two parts, in addition to this introduction. The first part is a Group Insurance Certificate prepared by Prudential (the insurer of the plan). It summarizes the life insurance coverage. The second part is an administrative section that includes information about how to file a claim for benefits under the Plan.

The benefits offered under the Plan are governed by the official plan document for the Mayo Clinic Health & Welfare Benefits Plan, which incorporates by reference the Plan’s insurance policy issued to Mayo Clinic by Prudential. The terms of the official plan document and insurance policy, not the SPD, are used to administer this Plan. This Plan is administered by, and all claims are decided by, Prudential in its sole discretion, not by Mayo Clinic or any participating employer. In the case of a conflict between the SPD and the official plan document/insurance policy, the official plan document/Policy will control.

Important Information For Residents Of Certain States: There are state-specific requirements that may change the provisions under the Coverage(s) described in this Group Insurance Certificate. If you live in a state that has such requirements, those requirements will apply to your Coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of residence and your Access Code. Your Access Code is 45205.
CONTACT INFORMATION

Prudential is the Claims Administrator for the Plan. Prudential processes and decides claims and answers claim questions under the Plan.

For enrollment or general eligibility questions, please contact Mayo Clinic’s HR Connect Service Center. HR Connect is your human resources office for this Plan.

<table>
<thead>
<tr>
<th>Questions about Claims</th>
</tr>
</thead>
</table>
| The Prudential Insurance Company of America  
Disability Management Services  
P.O. Box 13480  
Philadelphia, PA 19176 |
| (844) 656-MAYO (6296) |

<table>
<thead>
<tr>
<th>General Questions about Enrollment/Eligibility</th>
</tr>
</thead>
</table>
| HR Connect  
200 First Street SW  
Rochester, MN 55905  
507-266-0440 (local)  
888-266-0440 (toll free)  
M – F, 5 a.m. to 6 p.m., Saturday/Sunday 5 a.m. to 9 a.m. CT (excluding holidays) |

HR Connect has access to translation services to meet the needs of many non-English speaking persons.

El presente Resumen del Plan de Descripción, que también sirve como documento del plan, está redactado en inglés y ofrece detalles sobre sus derechos y beneficios. Si tiene alguna dificultad para entender cualquier parte de este documento, por favor comuníquese con el Centro para Servicios al Empleado a los números que constan abajo.
PART 1: PRUDENTIAL GROUP INSURANCE CERTIFICATE

Mayo Clinic School of Graduate Medical Education Appointees

Mayo Clinic School of Health Sciences Residents and Fellows

Research Appointees

Participant Term Life Coverage
Basic and Optional Coverages
Dependents Term Life Coverage

G-45205
DISCLOSURE NOTICES

FOR ARKANSAS RESIDENTS

Prudential’s Customer Service Office:

The Prudential Insurance Company of America  
Prudential Group Life Claim Division  
P.O. Box 8517  
Philadelphia, PA 19176  
1-800-524-0542

If Prudential fails to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
1-800-852-5494

FOR FLORIDA RESIDENTS

The benefits of the policy providing your coverage are governed by the law of a state other than Florida.

FOR INDIANA RESIDENTS

Questions regarding your policy or coverage should be directed to:

The Prudential Insurance Company of America  
(800) 524-0542

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or e-mail:

State of Indiana Department of Insurance  
Consumer Services Division  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395  
Complaints can be filed electronically at www.in.gov/idoi.
FOR MARYLAND RESIDENTS

The Group Insurance Contract providing coverage under this Certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

FOR TEXAS RESIDENTS

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

FOR WISCONSIN RESIDENTS

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

Problems with Your Insurance? – If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Prudential’s Customer Service Office:

The Prudential Insurance Company of America
Prudential Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176
1-800-524-0542

You can also contact the Office of the Commissioner of Insurance, a state agency which enforces Wisconsin’s insurance laws, and file a complaint. You can contact the Office of the Commissioner of Insurance by contacting:

Office of the Commissioner of Insurance Complaints Department
P.O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103
FOREWORD

We are pleased to present you with this Booklet. It describes the Program of benefits we have arranged for you and what you have to do to be covered for these benefits.

We believe this Program provides worthwhile protection for you and your family.

Please read this Booklet carefully. If you have any questions about the Program, we will be happy to answer them.

IMPORTANT NOTICE: This Booklet is an important document and should be kept in a safe place. This Booklet and the Certificate of Coverage made a part of this Booklet together form your Group Insurance Certificate.

IMPORTANT INFORMATION FOR RESIDENTS OF CERTAIN STATES: There are state-specific requirements that may change the provisions under the Coverage(s) described in this Group Insurance Certificate.

If you live in a state that has such requirements, those requirements will apply to your Coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of residence and your Access Code. Your Access Code is 45200.

If you are unable to access this website, want to receive a printed copy of these requirements or have any questions, call Prudential at 1-866-439-9026.
SCHEDULE OF BENEFITS

Covered Classes: All Mayo Clinic School of Graduate Medical Education Appointees, Mayo Clinic School of Health Sciences Residents and Fellows, and Research Appointees.

Program Date: September 1, 2016. This booklet describes the benefits under the Group Program as of the Program Date.

- This booklet and the Certificate of Coverage together form your Group Insurance Certificate. The coverages in this booklet are insured under a Group Contract issued by Prudential. All benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate. It alone forms the agreement under which payment of insurance is made.

- The Group Contract referred to in this booklet, or a copy of it, may be reviewed by you during regular business hours either at the office of the Contract Holder or at the Prudential Insurance Company of America’s office in Roseland, New Jersey.

BASIC PARTICIPANT TERM LIFE COVERAGE

BENEFIT AMOUNTS:

Amount for Each Benefit Class:

<table>
<thead>
<tr>
<th>Benefit Classes</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Participants</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

OPTIONAL PARTICIPANT TERM LIFE COVERAGE

BENEFIT AMOUNTS:

Amount for Each Benefit Class:

<table>
<thead>
<tr>
<th>Benefit Classes</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Participants</td>
<td></td>
</tr>
<tr>
<td>Option 1</td>
<td>$50,000</td>
</tr>
<tr>
<td>Option 2</td>
<td>$100,000</td>
</tr>
<tr>
<td>Option 3</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

Increases and Decreases: You may elect to have your amount of insurance under the coverage changed. You must do this on a form approved by Prudential and agree to make any required contributions.

If you request an increase, you must give evidence of insurability. The amount of your insurance will be increased when Prudential decides the evidence is satisfactory and you meet the active training requirement.

OPTIONAL DEPENDENTS TERM LIFE COVERAGE

The amount of insurance is the amount for your Benefit Class. Your Benefit Class is determined by the classification of your dependents as shown in this table.

<table>
<thead>
<tr>
<th>Qualified Dependents Classification</th>
<th>Amount of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your spouse</td>
<td>$25,000</td>
</tr>
<tr>
<td>Your children</td>
<td>$10,000</td>
</tr>
</tbody>
</table>
OTHER INFORMATION

Contract Holder: MAYO CLINIC

Group Contract No.: G-45205

Cost of the Insurance: The insurance in this booklet is contributory insurance. You will be informed of the amount of your contribution when you enroll. Any contribution due but unpaid at your death will be deducted from the death benefit. In addition, when you enroll for any one of Basic Participant Term Life Coverage, Optional Dependents Term Life Coverage or Participant Long Term Disability Coverage under the Group Contract; you are automatically enrolled for all of those Coverages that apply. You have the option to enroll in the Optional Dependents Term Life Coverage if you have dependents.

Prudential’s Address:

The Prudential Insurance Company of America
80 Livingston Avenue
Roseland, New Jersey 07068

WHEN YOU HAVE A CLAIM

Each time a claim is made, it should be made without delay. You or your beneficiary should contact HR Connect at (507) 266-0440 or (888) 266-0440 for more information.
WHO IS ELIGIBLE TO BECOME INSURED

FOR PARTICIPANT INSURANCE

You are eligible for Participant Insurance while:

You are in a Covered Class.

Your class is determined by the Contract Holder. This will be done under its rules, on dates it sets. The Contract Holder must not discriminate among persons in like situations. You cannot belong to more than one class for insurance on each basis, Contributory or Non-contributory Insurance, under a coverage. “Class” means Covered Class, Benefit Class or anything related to work, such as position or Earnings, which affects the insurance available.

The rules for obtaining Participant Insurance are in the When You Become Insured section.

FOR DEPENDENTS INSURANCE

You are eligible for Dependents Insurance while:

You are eligible for Participant Insurance; and

You have a Qualified Dependent.

Qualified Dependents:

These are the persons for whom you may obtain Dependents Insurance:

- Your spouse
  Your spouse means your lawful Spouse
- Your children from live birth to age 26
  Your children include your legally adopted children, and each of your stepchildren. A child placed with you for adoption prior to legal adoption is considered your qualified dependent from the date of placement for adoption, and is treated as though the child were a newborn child born to you.

Exceptions:

Your spouse or child is not your qualified dependent while:

(a) on active duty in the armed forces of any country; or
(b) insured for life coverage under the Group Contract as a participant; or
(c) the spouse or child continues to have life insurance coverage under the Group Contract under a coverage continuation provision such as the Extended Death Benefit and Waiver of Premiums During Total Disability Provision of the Participant Term Life Coverage.

A child will not be considered the Qualified Dependent of more than one Participant. If this would otherwise be the case, the child will be considered the qualified dependent of the participant named in a written agreement of all such participants filed with the Contract Holder. If there is no written agreement, the child will be considered the qualified dependent of:

(1) the participant who became insured under the Group Contract with respect to the child, while the child was a qualified dependent of only that participant; and otherwise
(2) the participant who has the longest continuous service, based on the Contract Holder’s records.

The rules for obtaining dependents insurance are in the When You Become Insured section.
WHEN YOU BECOME INSURED

FOR PARTICIPANT INSURANCE

Your Participant Insurance under a coverage will begin the first day of eligibility, if you enroll within 31 days of eligibility (i.e. appointment). You may not enroll in the last quarter of medical school or during a leave of absence. Coverage will begin the first day on which:

- You have enrolled, if the coverage is contributory; and
- You are eligible for Participant Insurance; and
- You are in a Covered Class for that insurance; and
- You have met any evidence requirement for Participant Insurance; and
- Your insurance is not being delayed under the *Delay of Effective Date* section below; and
- That coverage is part of the Group Contract.

You must enroll on a form approved by Prudential and agree to pay the required contributions.

At any time, the benefits for which you are insured are those for your class, unless otherwise stated.

**When evidence is required:** In any of these situations, you must give evidence of insurability. This requirement will be met when Prudential decides the evidence is satisfactory.

1. For Contributory Insurance, you enroll more than 31 days after you could first be covered.
2. You enroll after any of your insurance under the Group Contract ends because you did not pay a required contribution.
3. You wish to become insured for life insurance and have an individual life insurance contract which you obtained by converting your insurance under a coverage of the Group Contract.
4. You have not met a previous evidence requirement to become insured under any Prudential group contract covering participants.
FOR DEPENDENTS INSURANCE

Your Dependents Insurance under a coverage for a person will begin the first day of eligibility, if you enroll within 31 days of eligibility (i.e. appointment). You may not enroll in the last quarter of your appointment or during a leave of absence. Coverage will begin on the first day on which all of these conditions are met:

- You have enrolled for Dependents Insurance under the coverage, if the coverage is contributory.
- The person is your qualified dependent.
- You are in a Covered Class for that insurance.
- To be insured for a Qualified Dependent under the Dependents Term Life Coverage, you must be insured under a Participant Term Life Coverage of the Group Contract.
- Any evidence requirement for that qualified dependent has been met.
- Your insurance for that qualified dependent is not being delayed under the Delay of Effective Date section below.
- Dependents insurance under that coverage is part of the Group Contract.

You must enroll on a form approved by Prudential and agree to pay the required contributions. At any time, the dependents insurance benefits for which you are insured are those for your class, unless otherwise stated.

When evidence is required: In any of these situations, evidence of insurability must be given for a qualified dependent spouse. This requirement will be met when Prudential decides the evidence is satisfactory. Evidence is not required for a qualified dependent child.

(1) For Contributory Insurance, you enroll for dependents insurance under a coverage more than 31 days after you are first eligible for dependents insurance.
(2) You enroll for dependents insurance after any insurance under the Group Contract ends because you did not pay a required contribution.
(3) The qualified dependent is a person for whom a previous requirement for evidence of insurability has not been met. The evidence was required for that person to become covered for insurance, as a dependent or a participant. That insurance is or was under any Prudential group contract for participants.

Change in Family Status: It is important that you inform the Contract Holder promptly when you first acquire or lose a qualified dependent. You should also inform the Contract Holder if your dependents insurance status changes from one to another of these categories:

- No qualified dependents
- Qualified dependent spouse only
- Qualified dependent spouse and children
- Qualified dependent children only

If you are insured under a coverage for one or more children, you need not report additional children.

Forms are available for reporting these changes.
DELAY OF EFFECTIVE DATE

FOR PARTICIPANT INSURANCE

Your Participant Insurance under a coverage will be delayed if you do not meet the active training requirement on the day your insurance would otherwise begin. Instead, it will begin on the first day you meet the active training requirement and the other requirements for the insurance. The same delay rule will apply to any increase in your insurance that is subject to this section. If you do not meet the active training requirement on the day that an increase would take effect, it will take effect on the day you meet that requirement.

FOR DEPENDENTS TERM LIFE COVERAGE

A qualified dependent may be confined for medical care or treatment, at home or elsewhere. If a qualified dependent is so confined on the day that your dependents insurance under a coverage for that qualified dependent, or any change in that insurance that is subject to this section, would take effect, it will not then take effect. The insurance or change will take effect upon the qualified dependent’s final medical release from all such confinement. The other requirements for the insurance or change must also be met.

Newborn Child Exception: This section does not apply to a child of yours if the child is born to you, becomes your qualified dependent at birth, and either:

(1) is your first qualified dependent; or
(2) becomes a qualified dependent while you are insured for dependents insurance under that coverage for any other qualified dependent.
PARTICIPANT TERM LIFE COVERAGE

FOR YOU ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON.
If you die while a covered person, the amount of your Participant Term Life Insurance under this coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING CONVERSION PERIOD.
A death benefit is payable under this Section B if you die:

1. within 31 days after you cease to be a covered person; and
2. while entitled (under Section D) to convert your Participant Term Life Insurance under this coverage to an individual contract.

The amount of the benefit is equal to the amount of Participant Term Life Insurance under this coverage you were entitled to convert. It is payable even if you did not apply for conversion. It is payable when Prudential receives written proof of death.

C. EXTENDED DEATH BENEFIT AND WAIVER OF PREMIUMS DURING TOTAL DISABILITY.
If you meet the conditions below, your death benefit protection will be extended while you are totally disabled, and from the date Prudential receives proof as described below, premiums for your Participant Term Life Insurance under this coverage will be waived while your death benefit protection is extended. The “Extended Death Benefit” is the benefit described in this Section C.

The conditions referred to above are:

1. You become totally disabled while you are a covered person.
2. You are less than age 65 when your total disability starts.

Total disability:  You are “totally disabled” when:

1. You are not working at any job for wage or profit; and
2. Due to sickness, injury or both, you are not able to perform for wage or profit, the material and substantial duties of any job for which you are reasonably fitted by your education, training or experience.

The extension ends one year after your total disability started, unless, within that year, you give Prudential written proof that:

1. You have met the above conditions; and
2. You are still totally disabled; and
3. Your total disability has continued for at least 9 months.

Prudential will then further extend your death benefit protection for successive one year periods. The first of these periods will start on the date Prudential receives this proof. After that first period, you must give written proof when and as required by Prudential once each year that your total disability continues.

If you die while your death benefit protection is being extended, the extended death benefit is payable when Prudential receives written proof that:

1. Your total disability continued until your death; and
2. All of the above conditions have been met.
If you die within one year after your total disability started and before you give Prudential proof of total disability, written notice of your death must be given to Prudential within one year after your death.

Your extension protection ends if and when:

1. Your total disability ends; or
2. You fail to furnish any required proof that your total disability continues; or
3. You fail to submit to a medical exam by doctors named by Prudential when and as often as Prudential requires. After two full years of this protection, Prudential will not require an exam more than once a year.

If your extension protection ends after you have given the first proof of continued total disability, you have the same rights and benefits under Sections B and D as if you ceased to be a member of the Covered Classes for the insurance. But this does not apply if you become a covered person within 31 days after this protection ends.

**Amount of Extended Death Benefit:** This amount is determined as if you had remained a covered person until death. But it is reduced by any amount payable under Sections A or B above or any Prudential group life insurance that replaces this coverage for a class of participants.

**Effect of Conversion:** An individual contract issued under Section D will be in place of all rights under this Section C. But if you have met all the requirements of this Section C, you can obtain these rights in exchange for all benefits of the individual contract. Premiums paid under the individual contract will be refunded. Your choice of beneficiary in the individual contract, if different than for this coverage, will be considered notice of change of beneficiary for any claim under this Section C.

### D. CONVERSION PRIVILEGE.

If you cease to be insured for the Participant Term Life Insurance of the Group Contract for one of the reasons stated below, you may convert all or part of your insurance under this coverage, which then ends, to an individual life insurance contract. Evidence of insurability is not required. The reasons are:

1. Your employment or membership ends or you transfer out of a Covered Class.
2. All term life insurance of the Group Contract for your class ends by amendment or end of the Group Contract.

Any such conversion is subject to the rest of this Section D.

**Availability:** You must apply for the individual contract and pay the first premium within 31 days after you cease to be insured for the Participant Term Life Insurance.

**Individual Contract Rules:** The individual contract must conform to the following:

- **Amount:** Not more than your Participant Term Life Insurance under this coverage when your insurance ends.
- **Form:** Any form of a life insurance contract that:
  1. conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
  2. is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.
Premium: Based on Prudential’s rate as it applies to the form and amount, and to your class of risk and age at the time.

Effective Date: The end of the 31 day period during which you may apply for it.

Any death benefit provided under a section of this coverage is payable according to that section and the Beneficiary and Mode of Settlement Rules.
OPTIONAL DEPENDENTS TERM LIFE COVERAGE

FOR YOUR DEPENDENTS ONLY

A. DEATH BENEFIT WHILE A COVERED PERSON.
If a dependent dies while a covered person, the amount of insurance on that dependent under this coverage is payable when Prudential receives written proof of death.

B. DEATH BENEFIT DURING A CONVERSION PERIOD.
A death benefit is payable under this Section B if a dependent dies:

(1) within 31 days after ceasing to be a covered person; and
(2) while entitled (under Section C) to a conversion of the insurance under this coverage to an individual contract.

The amount of the benefit is equal to the amount of Dependents Term Life Coverage which could have been converted. It is payable even if conversion was not applied for. It is payable when Prudential receives written proof of death.

C. CONVERSION PRIVILEGE.
This privilege applies if you cease to be insured for the Dependents Term Life Coverage of the Group Contract with respect to a dependent. That dependent may have your insurance on the dependent under this coverage, which then ends, converted to an individual life insurance contract. Evidence of insurability is not required. However, conversion is not available if the insurance ends because you fail to make any required contribution for insurance under the Group Contract.

Any such conversion is subject to the rest of this Section C.

Availability: The individual contract must be applied for and the first premium must be paid within 31 days after you cease to be insured for Dependents Term Life Coverage with respect to the dependent.

Individual Contract Rules: The individual contract must conform to the following:

Amount: Not more than the amount of Dependents Term Life Coverage on the dependent ending under this coverage.

Form: Any form of a life insurance contract that:

(1) conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
(2) is one that Prudential usually issues at the age and amount applied for.

This does not include term insurance or a contract with disability or supplementary benefits.

Premium: Based on Prudential’s rate as it applies to the form and amount, and to the dependent’s class of risk and age at the time.

Effective Date: The end of the 31 day period during which it may be applied for.

Any death benefit provided under a section of this coverage is payable to you. If you are not living at the death of a dependent, the death benefit is payable to the dependent’s estate or, at Prudential’s option, to any one or more of these surviving relatives of the dependent: wife, husband, mother, father, children, brothers, sisters.

*If you and a dependent die in the same event and it cannot be determined who died first, the insurance will be payable as if that dependent died before you.
GENERAL INFORMATION

BENEFICIARY RULES
The rules in this section apply to insurance payable on account of your death, when the coverage states that they do. But these rules are modified by any burial expenses rule in the Schedule of Benefits and, if there is an assignment, by the following sections: Limits on Assignments; and Effect of Gift Assignment of Rights of Group Life Insurance Under Another Group Contract.

“Beneficiary” means a person chosen, on a form approved by Prudential, to receive the insurance benefits.

You have the right to choose a Beneficiary for each coverage under this Prudential Group Contract. If there is a beneficiary for the insurance under a coverage, it is payable to that beneficiary. Any amount of insurance under a coverage for which there is no beneficiary at your death will be payable to the first of the following: Your (a) surviving spouse; (b) surviving child(ren) in equal shares; (c) surviving parents in equal shares; (d) surviving siblings in equal shares; (e) estate. This order will apply unless otherwise provided in the Limits on Assignments.

You may change the beneficiary at any time without the consent of the present beneficiary. The beneficiary change form must be filed through the Contract Holder. The change will take effect on the date the form is signed. But it will not apply to any amount paid by Prudential before it receives the form.

If there is more than one beneficiary but the beneficiary form does not specify their shares, they will share equally. If a beneficiary dies before you, that beneficiary’s interest will end. It will be shared equally by any remaining beneficiaries, unless the beneficiary form states otherwise.

If you and a Beneficiary die in the same event and it cannot be determined who died first, the insurance will be payable as if that Beneficiary died before you.

MODE OF SETTLEMENT RULES
The rules in this section apply to Life and/or Accident Insurance payable on account of a Covered Person’s death. But these rules are subject to the Limits on Assignments section.

Life Insurance is normally paid to the Beneficiary in one sum. Subject to applicable law, where the amount of the benefit meets Prudential’s current minimum requirement, payment in one sum will be made by establishing a retained asset account in the Beneficiary’s name, unless the Beneficiary elects another settlement or payment option available at the time of claim, and the benefit distribution will be deemed complete when the account is established. The retained asset account is an interest-bearing draft account backed by the financial strength of Prudential. Funds are held in Prudential’s general account or elsewhere as Prudential may direct and an account in the Beneficiary’s name is credited interest at a rate set by Prudential’s discretion, subject to a minimum rate that will change no more than once every 90 days on advance notice to the Beneficiary. The Beneficiary is provided a draft book and has immediate access to the entire amount by writing drafts for any amount up to the account balance. The retained asset account is not a bank account and is not insured by the Federal Deposit Insurance Corporation; it is a contractual undertaking between Prudential and the Beneficiary. Further information about the account is provided at the time of claim. Prudential may at its discretion provide other forms of payment in one sum. But another mode of settlement may be arranged with Prudential for all or part of the insurance, as stated below.

Arrangements for Mode of Settlement: You may arrange a mode of settlement by proper written request to Prudential.
If, at a Covered Person’s death, no mode of settlement has been arranged for an amount of the person’s Life or Accident Insurance, the Beneficiary and Prudential may then mutually agree on a mode of settlement for that amount.

The Beneficiary may request one of the following modes of settlement: a life income option, an income option for fixed amounts or fixed time periods, and the option to select an interest-bearing account with Prudential with the right to select another option at a later date.

Conditions for mode of settlement: The Beneficiary must be a natural person taking in the Beneficiary's own right. A mode of settlement will apply to secondary Beneficiaries only if Prudential agrees in writing. Each installment to a person must not be less than $20.00. A change of Beneficiary will void any mode of settlement arranged before the change.

Choice by Beneficiary: A Beneficiary being paid under a mode of settlement may, if Prudential agrees, choose (or change the Beneficiary's choice of) a payee or payees to receive, in one sum, any amount which would otherwise be payable to the Beneficiary's estate.

Prudential has prepared information about the modes of settlement available. Ask the Contract Holder for this.

INCONTESTABILITY OF LIFE INSURANCE

This limits Prudential’s use of your statements in contesting an amount of Life Insurance for which you are insured. These are statements made to persuade Prudential to accept the person for insurance. They will be considered to be made to the best of your knowledge and belief. These rules apply to each statement:

1. It will not be used in the contest unless:
   a. It is in a written instrument signed by you; and
   b. A copy of that instrument is or has been furnished to you or to your beneficiary.

2. If it relates to your insurability, it will not be used to contest the validity of insurance which has been in force, before the contest, for at least two years during your lifetime.

LIMITS ON ASSIGNMENTS

You may assign your insurance under a coverage. Unless the Schedule of Benefits states otherwise, insurance under any coverage providing death benefits or periodic benefits on account of disability may be assigned only as a gift assignment or a collateral assignment. Any rights, benefits or privileges that you have as a Participant may be assigned. This includes any right you have to choose a Beneficiary or to convert to another contract of insurance. Prudential will not decide if an assignment does what it is intended to do. Prudential will not be held to know that one has been made unless it or a copy is filed with Prudential through the Contract Holder.

This paragraph applies only to insurance for which you have the right to choose a beneficiary, when that right has been assigned. If an assigned amount of insurance becomes payable on account of your death and, on the date of that death, there is no beneficiary chosen by the assignee, it will be payable to:

1. the assignee, if living; or
2. the estate of the assignee, if the assignee is not living.

It will not be payable as stated in the Beneficiary Rules.
EFFECT OF GIFT ASSIGNMENT OF RIGHTS OF GROUP LIFE INSURANCE UNDER ANOTHER GROUP CONTRACT

This section applies to all coverages providing Participant death benefits.

If you are eligible for insurance under the Group Contract on the Group Contract’s effective date you will have no rights, benefits or privileges under any such coverage if, on the day before that date, all the following were true:

1. You were insured for group life insurance under another group contract. That contract was issued by Prudential or another insurance carrier to cover Participant.
2. Your group life insurance under the other group contract ended.
3. An irrevocable and absolute gift assignment made by you was in effect. It was made before the other contract ended. That assignment was of all your rights, benefits and privileges of the group life insurance under the other group contract. Those rights were owned by the assignee or the assignee’s successor.

The owner of those rights of the group life insurance under the other group contract on the day before this Group Contract’s effective date will be the owner of the rights, benefits, and privileges you would have had under a coverage if this section did not apply. This includes, but is not limited to, any right of assignment you would have had under the Limits on Assignments section above. The term “assignee” as used in that section includes such an owner.

The term “group life insurance”, as used above, means only group life insurance provided under a group contract in effect on the day before the effective date of the Group Contract.

DEFINITIONS

Active Training Requirement: A requirement that you be currently enrolled in a Mayo Program and actively engaged in that program at the Mayo School of Graduate Medical Education, Mayo School of Health Sciences or any other location that the Mayo Program requires you to go. You are considered actively engaged in a Mayo Program during normal holidays or vacations if you were actively engaged in a Mayo Program on the last day prior to that holiday or vacation, and are scheduled to be actively engaged in the Mayo Program once the holiday or vacation ends.

Annual Stipend: This is your Annual Stipend as determined by the Contract Holder and means the Mayo Program Stipend or such other stipend payable to you because of your attendance in such program.

Calendar Year: A year starting January 1.

Contributory Insurance, Non-contributory Insurance: Contributory Insurance is insurance for which the Contract Holder has the right to require your contributions. Non-contributory Insurance is insurance for which the Contract Holder does not have the right to require your contributions. The Schedule of Benefits shows whether insurance under a coverage is Contributory Insurance or Non-contributory Insurance.

Coverage: A part of the booklet consisting of:

1. A benefit page labeled as a coverage in its title.
2. Any page or pages that continue the same kind of benefits.
3. A Schedule of Benefits entry and other benefit pages or forms that by their terms apply to that kind of benefits.
**Covered Person under a Coverage:** A Participant who is insured for Participant Insurance under that coverage; a qualified dependent for whom a participant is insured for dependents insurance, if any, under that coverage.

**Dependents Insurance:** Insurance on the person of a dependent.

**Doctor:** A licensed practitioner of the healing arts acting within the scope of the license.

**Injury:** Injury to the body of a covered person.

**Mayo Program:** A training program for the Mayo School of Graduate Medical Education or Mayo School of Health Sciences Resident and Fellow.

**Participant:** A Mayo School of Graduate Medical Education Appointee; Mayo School of Health Sciences Resident or Fellow or Research Appointee.

**Participant Insurance:** Insurance on the person of a participant.

**Prudential:** The Prudential Insurance Company of America.

**Sickness:** Any disorder of the body or mind of a covered person, but not an injury; pregnancy of a covered person, including abortion, miscarriage or childbirth.

**You:** A Participant.
WHEN YOUR INSURANCE ENDS

PARTICIPANT AND DEPENDENTS INSURANCE
Your participant insurance under a coverage or your dependents insurance under a coverage will end when the first of these occurs:

- Your membership in the Covered Classes for the insurance ends because your termination of your active training or for any other reason.
- The part of the Group Contract providing the insurance ends.
- For Contributory Insurance under a coverage of the Group Contract, you fail to pay, when due, any contribution required. But, if participant insurance is contributory, failure to contribute for dependents insurance will not cause your participant insurance to end.
- The insurance is dependents insurance under the Dependents Term Life Coverage and your Participant Insurance under the Participant Term Life Coverage ends.

Your dependents insurance for a qualified dependent under a coverage will end when that person ceases to be a qualified dependent for that coverage. (See Continued Coverage for an Incapacitated Child below.)

End of Active Training: For insurance purposes, your active training will end two months after your last day of your appointment. But, under the terms of the Group Contract, the Contract Holder may consider you in active training in the Covered Classes during certain types of absences from in active training. This is subject to any time limits or other conditions stated in the Group Contract.

If you stop active training for any reason, you should contact the Contract Holder at once to determine what arrangements, if any, have been made to continue any of your insurance.

Continued Coverage for an Incapacitated Child: This applies to the dependents insurance you have for a child. The insurance for the child will not end on the date the age limit in the definition of Qualified Dependent is reached if both of these are true:

(1) The child is then mentally or physically incapable of earning a living. Prudential must receive proof of this within the next 31 days.
(2) The child otherwise meets the definition of qualified dependent.

If these conditions are met, the age limit will not cause the child to stop being a qualified dependent under that coverage. This will apply as long as the child remains so incapacitated.

CONTINUED PARTICIPANT AND DEPENDENTS TERM LIFE INSURANCE COVERAGE AT YOUR OPTION
These provisions apply to the life coverages of the Group Contract. They describe who has the right to continue insurance under the Participant and Dependents Term Life Insurance and how it may be continued beyond the date it would otherwise have ended above.

Right to Continue Insurance: A right under this part is subject to the rest of these provisions:

You have the right to continue your Participant and Dependents Term Life Insurance under the life coverages of the Group Contract if your insurance would have ended because: (1) your employment ended; or (2) your work hours were reduced.

Continuation: The Contract Holder will give a written notice of the right to elect to continue the insurance. Such notice will state the amount of the payments, if any, required for the continued insurance and the manner in which any payments must be made. The amount of the contributions required to keep the insurance in force may be different from the amount you have been contributing.
But, in no event will the amount exceed 102% of the cost for other Participants in like circumstances whose employment is not ending or whose work hours have not been reduced. Thereafter, Prudential reserves the right to increase premium rates.

If you want to continue the insurance, the election notice must be completed and returned to the Contract Holder, along with any required first payment, within 60 days of the later of: (1) the date the insurance would otherwise have ended; or (2) the date you receive the notice informing you of the right to continue. If this is done, the insurance will be continued from the date it would have ended until the first of these occurs:

1. The day 18 months from the date employment ended or work hours were reduced.
2. If you fail to make any payment required by the Contract Holder for the continued insurance, the end of the period for which you have made required payments.
3. The day you become covered under any other group life plan.
4. The part of the Group Contract providing the insurance ends.

If you or your dependent die during the 60 day election period but prior to making an election to continue or reject continuation of the insurance, a death benefit is payable for that person. The amount of the death benefit is equal to the amount you were entitled to continue, less any unpaid premium contributions owed on the date of death.

While Participant and Dependents Term Life Insurance is continued under this part, all other terms of the Group Contract will apply, except that the For Participant Insurance part of the Delay of Effective Date section will not apply.

When continued insurance under this provision ends, you may elect to convert your coverage. See the Conversion section below.

**CONVERSION AFTER CONTINUATION**

At the expiration of the Continuation coverage, you may convert all or part of your insurance under this coverage, which then ends, to an individual life insurance contract. Evidence of insurability is not required. Any such conversion is subject to the rest of this section.

**Availability:** You must apply for the individual contract and pay the first premium within 31 days after the expiration of your continued coverage.

**Individual Contract Rules:** The individual contract must conform to the following:

**Amount:** Not more than your Participant and Dependents Term Life Insurance under this coverage when your continued coverage ends.

**Form:** Any form of a life insurance contract that:

1. conforms to Title VII of the Civil Rights Act of 1964, as amended, having no distinction based on sex; and
2. is one that Prudential usually issues at the age and amount applied for; and
3. provides the same or substantially similar benefits.

**Premium:** Based on Prudential’s rate as it applies to the form and amount, and to your class of risk and age at the time.

**Effective Date:** The end of the 31 day period during which you may apply for it.
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA
CERTIFICATE OF COVERAGE

Prudential certifies that insurance is provided according to the Group Contract(s) for each Insured Employee. Your Booklet's Schedule of Benefits shows the Contract Holder and the Group Contract Number(s).

Insured Employee: You are eligible to become insured under the Group Contract if you are in the Covered Classes of the Booklet's Schedule of Benefits and meet the requirements in the Booklet's Who is Eligible section. The When You Become Insured section of the Booklet states how and when you may become insured for each coverage. Your insurance will end when the rules in the When Your Insurance Ends section so provide. Your Booklet and this Certificate of Coverage together form your Group Insurance Certificate.

Beneficiary for Employee Death Benefits: See the Booklet's Beneficiary Rules.

Coverages and Amounts: The available coverages and the amounts of insurance are described in the Booklet.

If you are insured, your Booklet and this Certificate of Coverage form your Group Insurance Certificate. Together they replace any older booklets and certificates issued to you for the coverages in the Booklet's Schedule of Benefits. All Benefits are subject in every way to the entire Group Contract which includes the Group Insurance Certificate.

The Prudential Insurance Company of America
751 Broad Street
Newark, New Jersey 07102

Guarantee Association Notices
PART 2: ADMINISTRATIVE SECTION
GENERAL PLAN INFORMATION

Plan Benefits Provided by

The Prudential Insurance Company of America
751 Broad Street
Newark, NJ 07102

This Group Contract underwritten by The Prudential Insurance Company of America provides insured benefits under your Employer's ERISA plan(s). For all purposes of this Group Contract, the Employer/Policyholder acts on its own behalf or as an agent of its employees. Under no circumstances will the Employer/Policyholder be deemed the agent of The Prudential Insurance Company of America, absent a written authorization of such status executed between the Employer/Policyholder and The Prudential Insurance Company of America. Nothing in these documents shall, of themselves, be deemed to be such written execution.

The Prudential Insurance Company of America as Claims Administrator has the sole discretion to interpret the terms of the Group Contract, to make factual findings, and to determine eligibility for benefits. The decision of the Claims Administrator shall not be overturned unless arbitrary and capricious.

Claim Procedures

1. Determination of Benefits

Prudential shall notify you of the claim determination within 45 days of the receipt of your claim. This period may be extended by 30 days if such an extension is necessary due to matters beyond the control of the plan. A written notice of the extension, the reason for the extension and the date by which the plan expects to decide your claim, shall be furnished to you within the initial 45-day period. This period may be extended for an additional 30 days beyond the original 30-day extension if necessary due to matters beyond the control of the plan. A written notice of the additional extension, the reason for the additional extension and the date by which the plan expects to decide on your claim, shall be furnished to you within the first 30-day extension period if an additional extension of time is needed.

However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by Prudential will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from Prudential of your denial. The notice will be written in a manner calculated to be understood by you and shall include:

(a) the specific reason(s) for the denial, which will include a discussion of the decision describing, if applicable, the basis for disagreeing with or not following (i) the views of your treating providers, (ii) 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 (iii) an award of Social Security Administration disability benefits;

(b) references to the specific Plan provisions on which the benefit determination was based;
(c) a description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary;

(d) a description of Prudential’s appeal procedures and applicable time limits, including a statement of your right to bring a civil action under section 502(a) of ERISA following your appeals;

(e) a statement that, if an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request; and

(f) copies of any internal rules or guidelines relied upon in making this determination, if applicable.

2. Appeal of Adverse Determination

If your claim for benefits is denied, you or your representative may appeal your denied claim in writing to Prudential within 180 days of the receipt of the written notice of denial. Your appeal should describe the decision you are appealing and state the reasons why you think the decision on your claim was incorrect. You may submit with your appeal any written comments, documents, records, and other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records, and information relevant to your claim free of charge.

A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by Prudential, utilizing individuals not involved in the initial benefit determination. This review will not afford any deference to the initial benefit determination.

Prudential will provide you, free of charge and prior to any adverse decision on appeal, with any new or additional evidence that is considered by Prudential in connection with the claim (including evidence that may be the basis for denial as well as any evidence that may support granting the claim), and any new or additional rationale that will form the basis for the Prudential’s decision on appeal. Any such evidence will be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination must be provided in order to give you a reasonable opportunity to respond prior to that date.

Prudential shall make a determination on your claim appeal within 45 days of the receipt of your appeal request. This period may be extended by up to an additional 45 days if Prudential determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension, and the date Prudential expects to render a decision shall be furnished to you within the initial 45-day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled (i.e., suspended) from the date on which the notification of the extension is sent to you until the date on which you respond to the request for additional information.

If the appeal is denied in whole or in part, you will receive a written notification from Prudential of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include:

(a) the specific reason(s) for the adverse determination, which will include a discussion of the decision describing, if applicable, the basis for disagreeing with or not following (i) the views of your treating providers, (ii) 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 (iii) an award of Social Security Administration disability benefits;

(b) references to the specific Plan provisions on which the determination was based;

(c) a statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all records, documents, and other information relevant to your benefit claim upon request;

(d) a statement that, if an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request;

(e) a statement that you have the right to obtain upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination; and

(f) a statement describing any appeal procedures offered by the Plan and your right to bring a civil suit under ERISA.