

APPLYING FOR BENEFITS

You or Your, for the purpose of this provision may mean You, Your beneficiary or Your personal representative, as applicable.

If You have a claim for benefits under the Policy, You should contact Your institution HR/Benefits Office within 20 days or as soon as reasonably possible after the date of the covered loss. That office will give You the forms You need to apply for any of the following benefits:

- Accidental Death
- Accidental Dismemberment
- Seat Belt Benefit for Accidental Death (Employee Only)
- Air Bag Benefit for Accidental Death (Employee Only)
- Coma Benefit
- Exposure (Employee only)
- Public Conveyance Benefit (Employee only)
- Brain Damage Benefit (Employee only)
- Waiver of Premium (Dependent only)
- Child Care Center Benefit (Voluntary AD&D Only)
- Common Disaster Benefit (Voluntary AD&D Only)
- Education Benefit (Voluntary AD&D Only)
- Felonious Assault Benefit (Employee Only) (Voluntary AD&D Only)
- Increased Dependent Child Benefit (Voluntary AD&D Only)
- Rehabilitation Benefit (Employee Only) (Voluntary AD&D Only)
- Medical Continuation Premium Reimbursement Benefit (Voluntary AD&D Only)
- Spouse Training Benefit (Voluntary AD&D Only)
- Repatriation (Basic AD&D Only)

You must submit the claim to Your institution HR/Benefits Office, together with all necessary attachments, to be forwarded to Us.

Fort Dearborn (FDL) will pay the cost of any examination it requires. Disagreements about benefits are rare, but should You and FDL disagree about Your eligibility for a benefit or the amount of a benefit, You or Your beneficiary may follow an appeal process.

HOW TO APPEAL A CLAIM

If Your claim for benefits is denied in whole or in part, FDL will notify You in writing. The written notice will give specific reasons for the denial and reference the specific plan provisions on which the denial is based. It will also describe any additional material You must submit and explain the claim review procedures.

You or Your authorized representative may submit a written request for reconsideration to FDL within 90 days of receiving the denial. Be sure to state why You believe the claim should not have been denied and submit any data, questions or comments You think are appropriate. You may also review any pertinent plan documents. Your appeal will be reviewed by the claims administrator.

FDL's decision on Your appeal will be sent to You in writing and will include the specific reasons for the decision as well as specific references to the appropriate plan provisions on which the decision is based.

CLAIM PAYMENTS

All benefits will be paid in accordance with the Beneficiary Provisions of the Policy.