

IMPORTANT NOTICE

AVISO IMPORTANTE

To obtain information or make a complaint: Para obtener información o para someter una queja:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at: Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos, o quejas llamando al:
1-800-252-3439 1-800-252-3439

You may write the Texas Department of Insurance at: Puede escribir al Departamento de Seguros de Texas:

Texas Department of Insurance P.O. Box 149104 Austin, TX 78714-9104 FAX No. (512) 475-1771
Texas Department of Insurance P.O. Box 149104 Austin, TX 78714-9104 FAX No. (512) 475-1771

Premium or Claim Disputes: Should you have a dispute concerning your premium or about a claim you should contact Aetna first. If the dispute is not resolved you may contact the Texas Department of Insurance.
Disputas Sobre Primas o Reclamaciones: Si surge una disputa concerniente a su prima o a una reclamación, debe comunicarse con Aetna primero. Si no se resuelve la disputa puede comunicarse con el Departamento de Seguros de Texas.

Notice: This notice is for information only and does not become a part or condition of your Certificate.
Aviso: Este aviso es sólo para propósito de información y no se convierte en una parte o condición de su Folleto.

THE GROUP CONTRACT UNDER WHICH THIS BOOKLET-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.

Summary of Coverage

Employer: Roman Catholic Diocese of Dallas

Group Policy: GP-870560

SOC: 4A

Issue Date: December 10, 2008

Effective Date: January 1, 2009

Death benefits will be reduced if an accelerated death benefit is paid.

At the time an accelerated death benefit is paid, a statement will be sent to you specifying the amount of benefits paid, the effect of the benefit on other certificate benefits, future charges and premiums.

The Accelerated Death Benefits (ADB) offered under this certificate are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the ADB qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to ADB are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive ADB excludable from income under federal law.

Employee:

The benefits shown in this Summary of Coverage are available for you and your eligible dependents.

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 regular full-time employee, working a minimum of 30 hours per week, of an Employer participating in this Plan.

With respect to: All retired Diocese Priests and Sisters of the Holy Family of Nazareth:

You can remain in an Eligible Class as a retired employee if you retire under your Employer's Retirement Plan. You may continue your Life Insurance. Your Life Insurance will be subject to any reduction set forth below.

If you retired before the Effective Date of this Plan, you are also in an Eligible Class. You must follow the Enrollment Procedure. Your Life Insurance will be subject to any reduction set forth below.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the date you commence active work for your Employer or, if later, the date you enter the Eligible Class.

Life Insurance, Supplemental Life, Accidental Death & Personal and Dependent Life Insurance

Dependents

You may cover your:

- wife or husband; and
- unmarried children who are 14 days or older but under 25 years of age.

Your children include:

- Your biological children.
- Your adopted children.
- Your stepchildren.
- Any other child you support who lives with you in a parent-child relationship.

No person may be covered both as an employee and dependent and no person may be covered as a dependent of more than one employee.

Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer. This will allow your Employer to deduct your contributions, if any, from your pay. Be sure to enroll within 31 days of your Eligibility Date.

Your contributions, if any, toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your Employer. See your Employer for details. If you are eligible for any coverage as a retired employee, your Employer will advise you concerning the method and amount of any required contributions. When any of your Life Insurance or Accidental Death and Personal Loss coverage is reduced because of age, the rate of contribution per \$ 1,000 of these coverages will not be increased thereafter. The rate of contribution per \$ 1,000 of your Life Insurance will not be increased when you retire.

Effective Date of Coverage

Employees

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

- your Eligibility Date; and
- the date you return 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.

Active Work Rule: If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day. This rule also applies to an increase in your coverage.

Dependents

Coverage for your dependents will take effect on the date yours takes effect if, by then, you have enrolled for dependent coverage. You are not in an Eligible Class for Dependent Life Insurance coverage if you do not enroll for Supplemental Life Insurance. You should report any new dependents. This may affect your contributions. If you don't do so within 31 days of any dependent's eligibility date, evidence of his or her good health that is acceptable to Aetna will be required.

Life Insurance

Schedule of Life Insurance

Employees Schedule

Classification	Amount
All Employees	100% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$ 1,000, if not an integral multiple of \$ 1,000. Maximum: \$ 50,000 Minimum: \$ 20,000

Supplemental Schedule*

Classification	Amount
All Employees	Increments of \$ 25,000 to a maximum of \$ 500,000 not to exceed five times salary

NOTE: Your overall combined Basic and Supplemental Life maximum is \$ 550,000.

* If prior to the Effective Date of this Plan you had the option to elect Supplemental Life Insurance under any other group plan sponsored by the Policyholder, whether underwritten by Aetna or not and elected not to do so, Supplemental Life Insurance under this Plan will not take effect until you submit evidence of good health that is acceptable to Aetna.

Existing Retirees	If you are retired and become insured on the Effective Date of this Plan, the amount of your Life Insurance will be agreed upon by your Employer and Aetna and you will be notified of the amount.
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Evidence Requirements

You can become insured for an amount of Supplemental Life Insurance in excess of \$ 100,000 only if you submit evidence of good health to Aetna and such evidence is approved by Aetna.

If, while insured:

- you first become eligible for an amount of Supplemental Life Insurance in excess of \$ 100,000; or
- you elect to increase your Supplemental Life Insurance by any amount after you have applied for an Accelerated Death Benefit;

you can become insured for this higher amount only if you submit evidence of good health to Aetna and such evidence is approved by Aetna. This will not apply if the sole reason you become eligible for the higher amount is an earnings increase.

If you do not or did not elect Supplemental Life Insurance within 31 days of the date you were first eligible to elect Supplemental Life Insurance, whether under this Plan or any other group plan sponsored by the Policyholder, coverage under this Plan will not take effect until you submit evidence of good health to Aetna. If Evidence of Insurability is not acceptable to Aetna, you will not be eligible for coverage under this Plan.

The following applies to Basic Life Insurance:

Age Reduction Rule

Your Life Insurance will be reduced by: 35% at age 65; 45% at age 70. The reduction will take effect on the September 1st next following the date you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Life Insurance will be the applicable percentage of the amount shown for your classification.

The following applies to Supplemental Life Insurance:

Age Reduction Rule

Your Life Insurance amount in force on the day before the first day of the month in which you reach age 65 will be reduced by: 35% at age 65; 45% at age 70. The reduction will take effect on the September 1st next following the date you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Life Insurance will be the applicable percentage of the amount shown for your classification.

Dependents Schedule*

Classification	Amount
Wife or husband	Increments of \$ 5,000 to a maximum of \$ 250,000 **
Unmarried child(ren), age 14 days to age 25 years.	Increments of \$ 2,000 to a maximum of \$ 10,000 **

** but not more than 100% of the amount of your Supplemental Life Insurance under this Plan.

* If prior to the Effective Date of this Plan you had the option to elect Dependent Life Insurance under any other group plan sponsored by the Policyholder, whether underwritten by Aetna or not and elected not to do so, dependent spouse Life Insurance and dependent child Life Insurance in excess of \$10,000 under this Plan will not take effect until you submit evidence of that person's health that is acceptable to Aetna.

Evidence Requirements

If:

- you request Life Insurance coverage for a dependent within 31 days of the date you are first eligible to elect coverage for that dependent; and
- you are eligible for an amount of Life Insurance in excess of \$ 25,000 for your spouse;

you can become insured with respect to that dependent for an amount in excess of the above limits only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna.

If you request Life Insurance coverage for a dependent spouse more than 31 days after the date you are first eligible to elect coverage for that dependent spouse, whether under this Plan or any other group plan sponsored by the Policyholder, you can become insured with respect to that dependent spouse only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna.

If you request Life Insurance coverage for a dependent child more than 31 days after the date you are first eligible to elect coverage for that dependent child, whether under this Plan or any other group plan sponsored by the Policyholder, you can become insured with respect to that dependent child without having to submit evidence of good health to Aetna provided the amount is not more than \$ 10,000. To become insured for an amount over \$ 10,000 you must submit evidence of that dependent child's good health to Aetna and such evidence must be approved by Aetna. If the evidence of good health is not approved by Aetna, you can still become insured with respect to that dependent child for an amount not to exceed \$ 10,000.

If, while insured for dependent coverage under this Plan, you first become eligible for an amount of Life Insurance in excess of \$ 25,000 for your spouse, you can become insured with respect to that dependent for an amount in excess of the above limits only if you submit evidence of that dependent's good health to Aetna and such evidence is approved by Aetna. Thereafter, when eligible, you may increase your dependent coverage by one additional increment of up to \$ 25,000 without having to submit evidence of good health to Aetna. If you elect to increase coverage by more than one increment or if the incremental increase is more than \$ 25,000, evidence of good health will be required. This applies even if Aetna has approved evidence of your dependent's good health in the past.

Accelerated Death Benefit

Employees

ADB Months:	24
ADB Percentage:	75%
ADB Minimum:	\$ 5,000
ADB Maximum:	\$ 500,000

Accidental Death and Personal Loss Coverage

Schedule of Accidental Death and Personal Loss Coverage

Employees Schedule

Classification	Principal Sum
All Employees	100% of your basic annual earnings, as determined by your Employer, rounded to the next higher \$ 1,000, if not an integral multiple of \$ 1,000.
	Maximum: \$ 50,000
	Minimum: \$ 20,000

Age Reduction Rule

Your Accidental Death and Personal Loss Coverage will be reduced by: 35% at age 65; 45% at age 70. The reduction will take effect on the September 1st next following the date you reach the age specified.

If you become insured during or after the month in which you reach the above ages, your amount of Accidental Death and Personal Loss Principal Sum will be the applicable percentage of the amount shown for your classification.

Additional Accidental Death Benefit Maximums

Employees

Coma Benefit Percentage	5% of your full Principal Sum
Passenger Restraint Benefit Maximum	\$ 10,000
Airbag Benefit Maximum	One half of your Passenger Restraint Benefit
Education Benefit Maximum for each dependent child	5% of your Principal Sum not to exceed \$ 5,000 per year per child for up to 4 years
for your spouse	5% of your Principal Sum not to exceed \$ 5,000 per year for up to 4 years
Child Care Benefit Maximum for each child	3% of your Principal Sum not to exceed \$ 2,000 per year per child for up to 4 years
Repatriation of Remains Benefit Maximum	\$ 5,000

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**