

LIFE INSURANCE COMPANY OF NORTH AMERICA

(called the Insurance Company)

NOTICE OF HAWAII TEMPORARY DISABILITY INSURANCE BENEFITS

THIS CERTIFIES that each Employee in the eligible class(es) of Employees shown below is covered under the Group Temporary Disability Insurance policy referred to below.

Policyholder: Association of Universities for Research in Astronomy Inc. (AURA)-NOAO/Gemini

Group Policy No.: TDI-600033

Eligible Class(es) of Employee: All active employees whose principal place of employment is in Hawaii and who have at least 14 weeks of employment at 20 or more hours per week during the last 52 calendar weeks immediately preceding the first day of disability and earned at least \$400. Employees working less than 20 hours per week for a particular employer may be eligible based on previous or concurrent employment.

The Insurance Company will pay the disability benefits which an Employee is entitled to receive under Part II of the Temporary Disability Insurance Law of the State of Hawaii because of employment with the Employer. The Employee must be within an eligible class shown above while such class is covered by the Group Policy.

The Group Policy provides only for the disability of an Employee:

- (a) which begins while such Employee is insured under the Group Policy; or
- (b) whose employment with the Employer ends while such Employee is insured under the Group Policy, provided the disability begins:
 - (1) while the Employee is in employment with the Employer immediately before, or, not less than two weeks before, the date the period of Total Disability began; and
 - (2) before he (or she) begins employment with another Employer subject to the Temporary Disability Insurance Law who is not insured under this Rider.

NOTICE OF HAWAII TEMPORARY DISABILITY INSURANCE BENEFITS (Continued)

This Notice of Insurance is a brief summary of the benefits and terms of the Group Policy. The Group Policy is the agreement under which payments are made.

A more complete description of the benefits is available from your Employer.

If an insured Employee becomes Totally Disabled, he (or she) should notify the Employer immediately. An Employee will be considered to be Totally Disabled if, because of an Injury or a Sickness, he (or she) is unable to perform the essential duties of his (or her) employment. The Employer will furnish the Employee with the Proper claim form. The form should be completed and returned as soon as possible. An Employee's claim for Temporary Disability Insurance Benefits must be submitted with:

- (a) a form to certify the Employee's Total Disability;
- (b) the probable duration of the Total Disability; and
- (c) other pertinent medical facts.

Proof of the Employee's Total Disability must be certified by a licensed Physician, dentist, osteopath, chiropractor, naturopath, or an authorized or accredited religious practitioner if the Employee is a member of any group which depend upon prayer or other spiritual means for healing.

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Matthew G. Manders, President]