Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D)
Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage in the amount of 1.5 times your base annual earnings, at no cost to you. Your Basic AD&D amount is equal to your Basic Life amount.

Accidental Death & Dismemberment (AD&D) coverage complements your Basic Life and Optional Life insurance and helps protect you 24 hours a day, 365 days a year.

This valuable coverage is available to you even if you already have accident insurance. It provides benefits beyond your disability or life insurance for severe accidents or loss of life on or off the job — while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer an accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a fatal accident, benefits will be paid to your beneficiary.

Please note that a REDUCTION SCHEDULE applies. The amount of Life and Accidental Death and Dismemberment Insurance applicable to the covered employee's class of benefits will reduce at age 65 to 65%.

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

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag Benefit: 10% of Full Amount, up to a maximum of $10,000
- Seat Belt Benefit: 10% of Full Amount, up to a maximum of $25,000
- Common Carrier Benefit: Full Amount, up to a maximum of $500,000

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

What Is Not Covered?

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Features
This insurance offering from your employer and MetLife comes with a variety of added features that can provide assistance to you and your family members today and during a difficult time.

**Accelerated Benefits Option***

*For access to funds during a difficult time*

You can receive up to 80% of your Basic Life insurance proceeds to a maximum of $400,000 in the event that you become terminally ill and are diagnosed with less than 24 months to live. The Accelerated Benefits option is subject to a minimum coverage amount of $20,000. This can go a long way toward helping your family meet medical and other related expenses at this difficult time.

*The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.*

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

**Conversion**

*For those who wish to have more permanent coverage*

You can generally convert your Group Term Life insurance benefits to an **Individual Whole Life** insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or a change in your employee class. Conversion is available on all Group Life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please contact your employer for more information.

**Premium Pay**

*Continued premium payments during a Total Disability*

If you become Totally Disabled prior to age 60, your employer may continue your term life insurance (and any term life insurance for your dependents) while you remain Totally Disabled if you make any required contributions. Coverage during Total Disability will be continued during the period of Disability subject to the appropriate premium payments, but will not exceed age 65. If Total Disability is expected to last more than 12 months, written proof that Total Disability has existed for at least 3 months must be furnished to the insurer between 3 and 12 months after Total Disability starts. Total Disability, or Totally Disabled, means your inability to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. Your disability status shall be determined by MetLife. This provision allows coverage for you as a disabled employee to be continued as if you were still active.

**Total Control Account®**

*For immediate access to death proceeds*

If the benefit amount payable to a beneficiary is $5,000 or more, the claim may be paid by the establishment of a Total Control Account (TCA). The TCA is a settlement option or method used to pay claims in full. MetLife establishes an interest-bearing account that provides your beneficiary with immediate access to the entire amount of the insurance proceeds. MetLife pays interest on the balance in the TCA from the date the TCA is established, and the account provides for a guaranteed minimum rate. Your beneficiary can access the TCA balance at any time without charge or penalty, simply by writing drafts in an amount of $250 or more. Your beneficiary may withdraw the entire amount of the benefit payment immediately if he or she wishes. Please note the TCA is not a bank account and not a checking, savings or money market account. Lump sum or single sum benefit payments may also be paid by check or by any other means that ensures immediate access of the proceeds to the beneficiary(ies).
Who Can Be A Designated Beneficiary?
You can select any beneficiary(ies) other than your employer, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary.

About Your Coverage Effective Date
Any increase or addition to the benefits will take effect on the date of the change. Any such change applies only to loss of life or accidental injury that occurs on or after the effective date of the change. Any decrease in or deletion of benefits will take effect on the date of the change. Any such change applies to loss of life or accidental injury that occurs after the effective date of the change.

You must be “Actively at Work” on the date your coverage becomes effective or an increase or addition is to take effect. If you do not have to pay for the cost of coverage, the coverage begins on your eligibility date.

Effective 7/1/2014, if you are in an eligible class and are insured for life insurance under YMCA Employee Benefits and you transfer to an eligible class at another YMCA that offers life insurance under YMCA Employee Benefits, you will be eligible for life insurance on the date you transfer to the new class, provided you are Actively at Work on that date.

This summary provides an overview of your plan’s benefits. These benefits are subject to the terms and conditions of the contract between MetLife and YMCA Employee Benefits and are subject to each state’s laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer’s plan terminate the earliest of: termination of the group contract, when any required Life and AD&D contributions cease, or on the last day of the month your employment ceases or eligibility ends. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.
ERISA INFORMATION

Below, please find ERISA information related to your Life Insurance Plan provided by YMCA Employee Benefits.

PLAN NAME
The official name of the Plan is the YMCA Employee Benefits Plan, but it is referred to in this summary as the “Plan.”

NAME AND ADDRESS OF PLAN SPONSOR:
National Council of Young Men’s Christian Associations of the United States of America
101 N. Wacker Drive
Chicago, IL 60606

PLAN ADMINISTRATOR:
Management Committee of the
YMCA Employee Benefits Plan
Sponsored by the National Council of Young Men’s Christian Associations of the United States of America
101 N. Wacker Drive
Chicago, IL 60606
Phone Number: 312-977-0031

EMPLOYER IDENTIFICATION NUMBER / PLAN NUMBER:
36-3258696 / 501

TYPE OF PLAN
The Plan is a welfare plan providing life insurance benefits.

TYPE OF ADMINISTRATION
Your Life Insurance benefits are insured by Metropolitan Life Insurance Company ("MetLife"). The Plan is funded through both employer and employee contributions.

AGENT FOR SERVICE OF LEGAL PROCESS
For disputes arising under the Plan, service of legal process may be made upon the Plan Administrator at the above address.

ELIGIBILITY FOR INSURANCE; DESCRIPTION OR SUMMARY OF BENEFITS
Your MetLife certificate describes the eligibility requirements for insurance provided by MetLife under the Plan. It also includes a detailed description of the insurance provided by MetLife under the Plan. You become eligible for the insurance available for your eligible class as shown in the SCHEDULE OF BENEFITS. The MetLife certificate can be obtained by asking your Human Resource Department.
END OF COVERAGE
Your insurance will end on the earliest of:
1. the date the Group Policy ends; or
2. the date insurance ends for Your class; or
3. the end of the period for which the last premium has been paid for You; or
4. the last day of the calendar month in which Your employment ends; Your employment will end if you cease to be actively at work in any eligible class; or
5. the date you retire.

PLAN TERMINATION OR CHANGES
The group policy sets forth those situations in which YMCA Employee Benefits and/or MetLife have the rights to end the policy. YMCA Employee Benefits reserves the right to change or terminate the Plan at any time. Therefore, there is no guarantee that you will be eligible for the Plan. Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan. The circumstances under which benefits are available are described in the MetLife certificate which can be obtained through your Human Resource Department.

CONTRIBUTIONS
No contribution is required for Basic Life Insurance and Accidental Death and Dismemberment Insurance. You must make a contribution to the cost of Optional Life Insurance and Dependent Life Insurance.

PLAN YEAR
The Plan’s fiscal records are kept on a plan year basis beginning each January 1st and ending on the following December 31st.

CLAIMS INFORMATION

Procedures for Presenting Claims for Life and Accidental Death and Dismemberment Benefits
All claim forms needed to file for benefits under the group insurance program can be obtained from your YMCA Human Resources department. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions
If there is any question about a claim payment, an explanation may be requested from MetLife.

CLAIM SUBMISSION
In submitting claims for life and accidental death and dismemberment benefits ("Benefits"), the you, your authorized representative, or your beneficiary must complete the appropriate claim form and submit the required Proof as described in the certificate. Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination
After MetLife receives your claim for Benefits, MetLife will review your claim and notify you of its decision to approve or deny your claim. Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date MetLife received your claim, unless
MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

**Appealing the Initial Determination**

In the event a claim has been denied in whole or in part, you, your authorized representative, or, if applicable, your beneficiary can request a review of your claim by MetLife. This request for review should be sent in writing to Group Insurance Claims Review at the address of MetLife's office which processed the claim within 60 days after you, your authorized representative, or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you, your authorized representative, or, if applicable, your beneficiary believe the claim was improperly denied and submit in writing any written comments, documents, records or other information you, your authorized representative, or, if applicable, your beneficiary deem appropriate. Upon your written request, MetLife will provide you free of charge with copies of relevant documents, records and other information. MetLife will re-evaluate all the information, will conduct a full and fair review of the claim, and you, your authorized representative, or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date MetLife received your request for review, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision(s) on which the denial is based, describes any voluntary appeal procedures offered by the Plan, and includes a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

MetLife’s decision on appeal is final. Benefits will be paid under the Plan only if the Plan Administrator, or its delegate such as MetLife, determines in its discretion that you are entitled to them. After exhaustion of the Plan’s claims procedures, any further legal action taken against the Plan or its fiduciaries for benefits under the Plan must be filed in a court of law no later than 90 days after the Plan Administrator’s, or its delegate’s, final decision regarding the claim. No action at law or in equity shall be brought to recover benefits under this Plan until the appeal rights herein provided have been exercised and the Plan benefits requested in such appeal have been denied in whole or in part. If any judicial or administrative proceeding is undertaken, the evidence presented will be strictly limited to the evidence timely presented to the Plan Administrator, or its delegate.

**Discretionary Authority of Plan Administrator and Other Plan Fiduciaries**

In carrying out their respective responsibilities under the Plan, the Plan Administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.
STATEMENT OF ERISA RIGHTS
The following statement is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

**Receive Information About Your Plan and Benefits**
Examine, without charge, at your YMCA Human Resources office, all Plan documents, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The administrator may make a reasonable charge for the copies. Receive a summary of the Plan's annual financial report. The YMCA Employee Benefits administrator is required by law to furnish each participant with a copy of this summary annual report.

**Prudent Actions by Plan Fiduciaries**
In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

**Enforce Your Rights**
If your claim for a welfare benefit is denied or ignored in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the YMCA Employee Benefits administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.
**Assistance with Your Questions**
If you have any questions about your Plan, you should contact YMCA Employee Benefits. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

**FUTURE OF THE PLAN**
It is hoped that the Plan will be continued indefinitely, but YMCA Employee Benefits reserves the right to change or terminate the Plan in the future. Any such action would be taken only after careful consideration. The Board of Directors of YMCA Employee Benefits shall be empowered to amend or terminate the Plan or any benefit under the Plan at any time.

**MISCELLANEOUS**
The operation of Plan is governed by the official Plan document. If there is any inconsistency between the official Plan document and any oral representation or any informal written communication (such as this one), the Plan document will always govern. National Council of Young Men’s Christian Associations of the United States of America reserves the right to amend or terminate any of its employee benefit plans, in whole or in part, at any time for any reason. National Council of Young Men’s Christian Associations of the United States of America does not guarantee, and does not have any responsibility for, the tax, legal or other implications of an employee’s participation in any employee benefit plan. Neither the Plan nor this communication are to be considered an employment contract or to impose any limit on the National Council of Young Men’s Christian Associations of the United States of America’s right to discharge any employee.