

GROUP TERM LIFE INSURANCE SUMMARY OF COVERAGE



Cerro Wire LLC
GLUG-24B7

Revised: January 1, 2010

All eligible active hourly employees located at Hartselle, AL

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Life Insurance Benefit for You	An amount equal to one times Your Annual Salary, up to \$250,000. In no event will the Amount of Life Insurance be less than \$10,000. Any Amount of Life Insurance not a multiple of \$1,000 will be changed to the next higher multiple of \$1,000. Annual Salary means Your annual base salary or rate of pay as verified by the Employer's pay records and premium We have received. It does not include overtime, bonus or other additional pay.
Reductions	Your Life Insurance Benefit will reduce to: <ul style="list-style-type: none">• 50% at age 70 If You are age 70 or older on the day You become insured under the Policy, the reduction will be made in accord with Your attained age. Life Insurance Benefits end on the date of Your retirement as defined by the employer.
EMPLOYEE ELIGIBILITY	
Minimum Work Hours Required	30 hours per week
Eligibility Waiting Period	30 days

Confinement Rule	<p>If You are:</p> <ul style="list-style-type: none"> • hospital confined; • confined in any institution/facility other than a hospital due to an Injury or Sickness; or • confined at home and under the supervision of a Physician; <p>insurance will begin on the first day of the Policy month which coincides with or follows the day after such confinement ends.</p> <p>If You are:</p> <ul style="list-style-type: none"> • not confined; and • not available for work because of Injury or Sickness; <p>insurance will begin on the first day of the Policy month which coincides with or follows the day You return to active work.</p>
When Your Insurance Begins	You will become insured on the first day of the Policy month which coincides with or follows the day You become eligible, provided You are actively at work on that day.
Changes in Your Classification or in the Amount of Your Coverage	<p>Any change in Your classification or coverage will take effect on the first day of the Policy month which coincides with or follows the day of the change, provided You are actively at work on that day.</p> <p>If You are not actively at work, the following conditions will apply:</p> <ul style="list-style-type: none"> • If the change involves an increase in coverage, the change will not take effect until the first day of the Policy month which coincides with or follows the day You return full-time to Your regular job. • If the change involves a decrease in coverage, the change will take effect on the day of the change.
When Your Insurance Ends	<p>Your insurance will end at midnight on the earliest of:</p> <ul style="list-style-type: none"> • the day the Policy ends; • the day any premium for Your insurance is due and unpaid; • the day before You enter the Armed Forces on active duty (except for temporary active duty of two weeks or less); or • the last day of the Policy month which You are no longer eligible under the Policy. <p>You will no longer be eligible when:</p> <ul style="list-style-type: none"> • You are no longer in an eligible class; or • You do not satisfy: <ul style="list-style-type: none"> • the requirement for hours worked; or • any other eligibility condition in the Policy.
FEATURES	
Continuation of Insurance	<p>In the event of Injury or Sickness, Your insurance will be continued while You are receiving company sponsored sick pay for a period not to exceed six months.</p> <p>If Your coverage ends because of an Employer approved leave of absence or layoff, Your insurance will be continued until the last day of the Policy month following the month in which the leave/layoff commenced.</p>
Conversion	If Your employment ends, You may apply for an individual life insurance Policy without evidence of good health. You will be responsible for the premium for the coverage.