## YOUR GROUP PERSONAL ACCIDENT INSURANCE PLAN

For Employees of Canon Medical Systems USA, Inc.

6CC000 B-17106 (08-21)

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This certificate provides coverage for losses due to ACCIDENTS only. It does not provide insurance coverage for sickness or losses due to sickness.

IF YOU HAVE A QUESTION ABOUT YOUR POLICY, IF YOU NEED ASSISTANCE WITH A PROBLEM, OR IF YOU HAVE QUESTIONS ABOUT A CLAIM, YOU MAY WRITE OR CALL US AT:

ReliaStar Life Insurance Company P.O. Box 20

Minneapolis, Minnesota 55440 Telephone Number: (800) 955-7736

YOU WILL NEED TO PROVIDE YOUR POLICY NUMBER WITH ANY COMMUNICATION.

IF YOU DO NOT REACH A SATISFACTORY RESOLUTION AFTER HAVING DISCUSSIONS WITH US, OR OUR AGENT OR REPRESENTATIVE, OR BOTH, YOU MAY CONTACT THE FOLLOWING UNIT WITHIN THE DEPARTMENT OF INSURANCE THAT DEALS WITH CONSUMER AFFAIRS:

California Department of Insurance Consumer Communications Bureau 300 South Spring Street, South Tower Los Angeles, California 90013 Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)

Los Angeles: (213) 897-8921

Web Site: www.insurance.ca.gov/01-consumers/101-help

If you are age 65 or older on the effective date of any coverage under the Group Policy for which you are required to pay all or part of the premium, then you have 30 days from the date you receive your initial certificate to cancel your coverage and have your full premium contribution refunded, by returning the certificate to the Policyholder for cancellation without claim.

Arizona residents:

Notice: This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

Florida residents:

THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE GOVERNED BY THE LAW OF A STATE OTHER THAN FLORIDA.

Maryland residents:

Notice: This certificate of insurance may not provide all benefits required for a policy issued and delivered in Maryland.

West Virginia residents:

Please read this certificate carefully. If you are not satisfied with it for any reason, you may return it within 10 days after receipt for a refund of any premium you paid.

B-17106 (08-21)

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# RELIASTAR LIFE INSURANCE COMPANY OUTLINE OF COVERAGE

This outline is only a summary of certain provisions in your certificate. You must consult the policy and certificate for contract provisions regarding coverage.

## Accidental Death and Dismemberment (AD&D) Insurance

	Section(s) of Certificate
BENEFITS	Schedule of Benefits Accidental Death and Dismemberment Insurance
EXCEPTIONS, REDUCTIONS AND LIMITATIONS	Accidental Death and Dismemberment Insurance
ELIGIBILITY, TERMINATION AND CONTINUATION	Employee's Insurance Dependent's Insurance
PREMIUMS: Information about your premium of Policyholder.	contribution for coverage may be obtained from the

## RELIASTAR LIFE INSURANCE COMPANY Minneapolis, Minnesota 55440

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

ReliaStar Life also certifies that the person named below is insured under the Group Policy.\*

## 69492-4PAI Canon Medical Systems USA, Inc.

\*If you are actively at work on the effective date. If you are not, your insurance is effective on the date you return to active work.

The insurance included in this certificate applies to you only if you have elected and are insured for it.

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.

Julie Nelson

Registrar

## **SCHEDULE OF BENEFITS**

## Accidental Death and Dismemberment (AD&D) Insurance

## Class Full Amount of AD&D Insurance\*

All Eligible Employees

\$25,000 to \$250,000 in increments of \$25,000

- \*Beginning on and after your 70th birthday, ReliaStar Life decreases the amount of your insurance. ReliaStar Life pays a percentage of the amount otherwise payable as follows:
- From your 70th birthday to age 75, ReliaStar Life pays 65%,
- From your 75th birthday and after, ReliaStar Life pays 50%.

## Dependent Accidental Death and Dismemberment (AD&D) Insurance

For Spouse coverage, you must file a copy of your marriage certificate with the Policyholder. For Domestic Partner coverage, you must file a copy of either the Policyholder's Affidavit of Domestic Partnership or the governmental registration certification.

Class	Full Amount of AD&D Insurance
Spouse or Domestic Partner • if children are not insured • if children are insured	60% of Employee's Full Amount 50% of Employee's Full Amount
Child (each) • if Spouse or Domestic Partner is not insured • if Spouse or Domestic Partner is insured	20% of Employee's Full Amount 10% of Employee's Full Amount

## **EMPLOYEE'S INSURANCE**

## Eligibility

You are eligible on the first day of the month on or after the date you start continuous service with the Policyholder.

You must meet the following conditions to become insured –

- Be eligible for the insurance.
- Be actively at work.
- Apply for the insurance, if you have to pay any part of the premium.

### **Effective Date of Employee's Insurance**

Your insurance starts on the latest of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The date you apply for insurance, if you have to pay any part of the premium.

#### **Effective Date of Change in Amount of Insurance**

If there is an increase in the amount of your insurance, the increase will take effect on -

- the Policy Anniversary on or next following the date of the increase, if you are actively at work on the date
  of the increase.
- the date you return to active work, if you are not actively at work on the Policy Anniversary on or next following the date of the increase.
- the Policy Anniversary on or next following the date your insurance increases, if the Policy Anniversary is a nonworking day and you were actively at work on your last scheduled working day before the nonworking day.

A decrease in the amount of your insurance will take effect on the date of the decrease.

#### **Termination of Insurance**

Your insurance stops on the earliest of the following dates:

- The last day of the month during which you were last actively at work for the Policyholder.
- The last day of the month during which you are no longer eligible for insurance under the Group Policy.
- The date the Group Policy stops.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
- The last day of the month during which you retire.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy.

## Family and Medical Leave Act of 1993

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

#### **Non-Medical Reasons**

If you stop active work because of non-medical leave of absence, temporary layoff, or the Policyholder suspending operations, the Policyholder may continue your Insurance to the end of the policy month after the policy month you stop active work.

#### Sickness or Accidental Injury

If you stop active work because of sickness or accidental injury, the Policyholder may continue your Insurance to the end of the first policy month after the policy month you stop active work.

## **DEPENDENT'S INSURANCE**

NOTE: YOUR DOMESTIC PARTNER AND YOUR DOMESTIC PARTNER'S CHILDREN MAY BE ELIGIBLE FOR INSURANCE UNDER THIS PLAN, AS DEFINED UNDER DEFINITIONS OF DEPENDENT AND DOMESTIC PARTNER AND CHILD. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.

### Eligibility

You are eligible for Dependent's Insurance on the later of the following dates:

- The date you are eligible for Employee's Insurance.
- The date you first acquire a dependent.

You must meet all of the following conditions to become insured for Dependent's Insurance:

- Be insured for Employee's Insurance.
- Apply for Dependent's Insurance, if you must pay any part of the premium. You must apply for all dependents you have within 31 days of the date you are eligible for Dependent's Insurance.

If you and your spouse or domestic partner are insured as employees under the Group Policy, either you or your spouse or domestic partner, but not both, can apply for Dependent's Insurance on the same child dependents. If the spouse or domestic partner carrying the Dependent's Insurance stops being insured as an employee, the other spouse or domestic partner may become insured for Dependent's Insurance by applying within 31 days.

#### **Effective Date of Dependent's Insurance**

Your Dependent's Insurance starts on the latest of the following dates:

- The date you become eligible for Dependent's Insurance.
- The date you apply for Dependent's Insurance, if you have to pay any part of the premium.

A newborn dependent is insured from the date of birth if you apply within 31 days following the date of birth.

If you are insured for Dependent's Insurance and you acquire a new dependent by birth, marriage, adoption or placement for adoption, or domestic partnership, you must apply for coverage for the new dependent within 31 days following the event. Coverage for the new dependent is effective on the date of the event. If required by state law, a newborn dependent is insured automatically for the first 31 days after birth.

#### **Effective Date of Change in Amount of Insurance**

If there is an increase in the amount of your dependent's insurance, the increase will take effect on the effective date of the increase.

A decrease in the amount of your dependent's insurance will take effect on the date of the decrease.

#### **Termination of Insurance**

Your Dependent's Insurance stops on the earliest of the following dates:

- The date the Dependent's Insurance part of the Group Policy stops.
- The date the Group Policy terminates.
- The end of the period for which you made your last premium contribution for Dependent's Insurance if you do not make the next required contribution when due.
- The date your insurance stops.
- The last day of the month during which your insured dependent is no longer a dependent or a student dependent as defined.

ReliaStar Life stops providing a specific benefit under your dependent's insurance on the date that benefit is no longer provided under the Group Policy.

#### Family and Medical Leave Act of 1993

If your coverage remains in force due to a certified leave under the FMLA, then your dependents' coverage will also remain in force so long as you continue to meet the requirements as set forth in the FMLA.

## **DEPENDENT'S INSURANCE**

#### **Continuation of Insurance**

Your insured dependent's insurance may be continued. Premiums must be paid. Your insured dependent's insurance stops on the earlier of:

- the end of the period for which the last premium was paid if the next premium is not paid on time, or
- the date your insurance stops.

Your insured dependent's continuation is subject to all other terms of the Group Policy.

#### You Stop Active Work

If you stop active work and your insurance is being continued, your dependent's insurance will also be continued as shown in the Employee's Insurance part of this certificate.

## **Incapacitated Dependent Child**

If your insured dependent child has an intellectual disability or physical handicap and reaches the maximum age for Dependent's Insurance, you may continue this child's insurance as long as all required premiums are paid. You must give ReliaStar Life proof that:

- The child is incapable of self-sustaining employment due to an intellectual disability or physical handicap.
- The child became incapacitated before reaching the maximum age for Dependent's Insurance.
- The child is chiefly dependent on you for support and maintenance.

Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, ReliaStar Life may require that a doctor examine the child. ReliaStar Life will specify the doctor and pay the fee for all exams ReliaStar Life requires. During the 2 years after the child reaches the maximum age, ReliaStar Life may ask for regular proof of the child's continued incapacity. After the 2 year period, ReliaStar Life will not ask for proof, including doctor's exams, more often than once a year.

This incapacitated child's continuation stops on the earliest of the following dates:

- The date the child becomes covered under any other group plan.
- The date the child is no longer incapacitated.
- The date you do not give ReliaStar Life proof of the child's incapacity when requested.
- The end of the period for which you paid premiums for this continuation, if you do not make the next required premium contribution when due.
- The date your Dependent's Insurance would otherwise stop under the Group Policy.

## Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit for covered losses due to a covered accident. All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- The loss occurs within 365 days of the date of the accident.
- The cause of the loss is not excluded.

**Covered Accident Resulting In:** 

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits. For example, if you have a loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

The benefit is:

#### **AD&D Benefit**

## 

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Unless otherwise indicated, ReliaStar Life does not pay a benefit for loss of use of one or both hands or feet, or thumb and index finger of the same hand.

**Quadriplegia** means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

Death benefits are paid to your beneficiary. Unless otherwise indicated, all other benefits are paid to you.

## **Exposure and Disappearance Benefit**

ReliaStar Life pays an **Exposure** benefit if:

- the loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

## ReliaStar Life pays a Disappearance benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and

ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

The amount payable for the Exposure benefit is the amount of AD&D benefit otherwise payable for the loss. The amount payable for the Disappearance benefit is the Full Amount.

Exposure benefits are paid to you if living, otherwise to your beneficiary. Disappearance benefits are paid to your beneficiary.

If ReliaStar Life pays the Disappearance benefit and it is later found you are alive, the amount of benefits paid must be refunded to ReliaStar Life.

#### Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if you were:

- · killed due to an automobile accident, and
- · wearing a properly fastened safety belt at the time of the accident.

of AD&D benefit to a maximum of \$20,000

**Automobile** means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which you were riding.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was in consequence of your being intoxicated or under the influence of any controlled substance unless administered on the advice of a doctor.

Safe Driver benefits are paid to your beneficiary.

#### **Accidental Death and Dismemberment Exclusions**

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- · Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a crime.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

ReliaStar Life does not pay benefits for loss sustained or contracted in consequence of your being under the influence of any controlled substance unless administered on the advice of a doctor.

## Dependent's Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit for covered losses due to a covered accident suffered by your insured dependent. All of the following conditions must be met:

- Your insured dependent is covered for AD&D Insurance on the date of the accident.
- The loss occurs within 365 days of the date of the accident.
- The cause of the loss is not excluded.

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for all losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits. For example, if your insured dependent has a loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

#### **AD&D Benefit**

## **Covered Accident Resulting In:** The benefit is: Loss of speech and hearing in both ears...... Full Amount Paraplegia ...... 50% of Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Unless otherwise indicated, ReliaStar Life does not pay a benefit for loss of use of one or both hands or feet, or thumb and index finger of the same hand.

**Quadriplegia** means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

Unless otherwise indicated, ReliaStar Life pays benefits for all covered AD&D losses for your insured dependent to you.

#### **Exposure and Disappearance Benefit**

ReliaStar Life pays an Exposure benefit if:

- your insured dependent's loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

#### ReliaStar Life pays a **Disappearance** benefit if:

- your insured dependent is in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- your insured dependent disappears and your insured dependent's body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that your insured dependent is living.

The amount payable for the Exposure benefit is the amount of Dependent AD&D benefit otherwise payable for the loss. The amount payable for the Disappearance benefit is the Full Amount of Dependent AD&D.

Exposure and Disappearance benefits for your insured dependent are paid to you.

If ReliaStar Life pays the Disappearance benefit and it is later found your insured dependent is alive, the amount of benefits paid must be refunded to ReliaStar Life.

#### Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if your insured dependent was:

- · killed due to an automobile accident, and
- · wearing a properly fastened safety belt at the time of the accident.

Your dependent must be insured for at least \$10,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Safe Driver benefit.

For loss of:

Life (with safety belt only)

An additional 20% of Full Amount of Dependent AD&D benefit to a maximum of \$20,000

**Automobile** means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which your insured dependent was riding.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was in consequence of your insured dependent being intoxicated or under the influence of any controlled substance unless administered on the advice of a doctor.

Safe Driver benefits for your insured dependent are paid to you.

#### **Accidental Death and Dismemberment Exclusions**

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- · Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- · Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- · Injury which occurs when your insured dependent commits or attempts to commit a crime.
- Your insured dependent's intoxication. Intoxication means your insured dependent's blood alcohol
  content meets or exceeds the legal presumption of intoxication under the laws of the state where the
  accident occurred.

ReliaStar Life does not pay benefits for loss sustained or contracted in consequence of your insured dependent being under the influence of any controlled substance unless administered on the advice of a doctor.

## **CLAIM PROCEDURES**

## **Submitting a Claim**

You, your insured dependent or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must –

- include information to identify you or your insured dependent, like your name, address and Group Policy number
- be sent to ReliaStar Life or one of its licensed agents authorized to accept claims.
- be sent within 91 days after the loss for which claim is based has occurred or as soon as reasonably possible.

#### **Claim Forms**

ReliaStar Life or its authorized agent will send proof of loss claim forms to you, to your insured dependent or to the Policyholder to give to you. ReliaStar Life will send the forms within 15 days after ReliaStar Life receives your notice of claim.

You, your insured dependent or someone on your behalf must return the completed proof of loss claim forms to ReliaStar Life within 91 days of the loss. Even if you or your insured dependent do not receive the forms, written proof of loss must be sent to ReliaStar Life within 91 days after the loss or as soon as reasonably possible. Written proof of loss includes details of how the loss occurred.

#### **Benefit Payments**

Benefits under the Group Policy are paid when proof of loss is received. Claims are paid in the order received.

#### **Payment of Proceeds**

Where indicated, ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- · The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

- 1. Your spouse or domestic partner.
- 2. Your natural and adopted children.
- 3. Your parents.
- 4. Your estate.

The person must be living on the tenth day after your death.

#### Overpayment

If ReliaStar Life pays a benefit under the Group Policy and it is later shown that a lesser amount should have been paid, ReliaStar Life will be entitled to a refund of the excess.

## **GENERAL PROVISIONS**

## **Health Insurance Assignment**

You or your insured dependent may not transfer to anyone else -

- ownership of any certificate issued under the Group Policy.
- insurance under the Group Policy.

## **Legal Action**

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

## **Exam and Autopsy**

When reasonably necessary, ReliaStar Life may have you or your insured dependent examined while a claim is pending under the Group Policy. ReliaStar Life pays for the initial exam. If not forbidden by state law, ReliaStar Life may have an autopsy made if you or your insured dependent die.

#### Incontestability

Your and your dependent's insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your and your dependent's insurance because of inaccurate or false information received relating to your and your insured dependent's insurability. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance.

## **DEFINITIONS**

**Accident, Accidental Injury –** bodily injury resulting from a sudden, violent, unexpected and external event. ReliaStar Life considers all injuries received in one accident as one accidental injury. Infection resulting from a cut or wound caused by an accident is also an accidental injury.

Accidental injury does not include poisoning, disease or any other type of infection, except as stated above.

**Active Work, Actively at Work –** the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

#### Child -

- your natural or adopted child, who is dependent on you for support and maintenance.
- a child who is placed in your physical custody for purposes of adoption.
- a child who is your stepchild, your domestic partner's child, your foster child, or a child for whom you are legal guardian, who is primarily dependent on you for support and lives with you in a permanent parent-child relationship.

**Close Relative –** you, your spouse, your domestic partner, and a child, brother, sister, or parent of you or your spouse or domestic partner.

#### Dependent -

- · your legal spouse.
- · your domestic partner, as defined.
- · your unmarried child until 26 years of age.

The term "dependent" does not include -

- a spouse, domestic partner or child living outside the United States.
- a spouse, domestic partner or child eligible for Employee's Insurance under the Group Policy.
- a spouse, domestic partner or child on active military duty.
- a parent of you or your spouse or domestic partner.

**Doctor –** a person, other than a close relative, licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require that benefits be paid for professional services of a practitioner other than a medical doctor. If so, the term "doctor" also includes persons recognized as qualified to treat the accidental injury for which claim is made, by the state in which treatment is received.

**Domestic Partner** – another adult with whom you meet either of the following requirements:

- 1. You have registered your domestic partnership with the California Secretary of State. A copy of the certified registration form may be required as proof.
- 2. You have completed and signed the Policyholder's Affidavit of Domestic Partnership and filed it with the Policyholder attesting that
  - neither of you are married to anyone and you are the sole partners of each other,
  - you are both at least 18 years of age,
  - you are not related by blood closer than would bar marriage in your State,
  - you are both mentally competent to consent to contract,
  - · you share a common residence,
  - you have lived together continuously for at least 6 months.
  - you are in a committed and mutually exclusive relationship, and
  - you meet any other requirements listed in the Affidavit.

You must notify the Policyholder in writing if the domestic partner registration is terminated or if there is any change of circumstances attested to in the Affidavit within 30 days of such change.

**Employee** – an active employee residing in the United States who is employed by the Policyholder and is regularly scheduled to work on at least a 20-hour-per-week basis. Such employees of companies and affiliates controlled by the Policyholder are included. Temporary and seasonal employees are excluded.

Group Policy - the written group insurance contract between ReliaStar Life and the Policyholder.

## **DEFINITIONS**

**Nonworking Day –** a day on which the employee is not regularly scheduled to work, including time off for the following:

- · Vacations.
- · Personal holidays.
- · Weekends and holidays.
- · Approved nonmedical leave of absence.
- · Paid Time Off for nonmedical-related absences.

Nonworking day does not include time off for any of the following:

- Medical leave of absence. Time off for a medical leave of absence will be considered a scheduled working day.
- Temporary layoff.
- The Policyholder suspending its operations, in part or total.
- Strike

Policyholder - Canon Medical Systems USA, Inc.

ReliaStar Life - ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

Retirement - the first of the following dates to occur:

- The effective date of the employee's retirement benefits under –
- any plan of a federal, a state, a county, a municipal or an association retirement system for which the employee is eligible as a result of employment with the employer;
- -any plan the employer sponsors; or
- -any plan for which the employer makes or has made contributions.
- The effective date of the employee's retirement benefits under the United States Social Security Act or any similar plan or act.

However, any employee in active employment and receiving retirement benefits under the United States Social Security Act or any similar plan or act will not be considered retired.

Sickness - any physical illness.

**Spouse –** your lawful husband or wife.

Written, In Writing – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

You, Your – an employee insured for Employee's Insurance under the Group Policy.

