

**Group Life
Insurance Certificate**

Empire State Supervisors and Administrators
Association

CLAIM PAYMENT NOTICE

MANNER OF PAYMENTS OF CLAIMS

THE POLICYHOLDER AUTHORIZES THAT ANY BENEFIT PAYMENT DUE AS A LUMP SUM OF \$5,000 OR MORE SHALL BE CREDITED TO A DRAFT ACCOUNT WITH THE INSURANCE COMPANY, IN THE NAME OF THE CLAIMANT. THE CLAIMANT MAY WITHDRAW THE ENTIRE PROCEEDS AT ANY TIME BY ISSUING ONE OR MORE DRAFTS, OR MAY WITHDRAW LESSER AMOUNTS, SUBJECT TO A MINIMUM ACCOUNT BALANCE SET BY THE INSURANCE COMPANY FROM TIME TO TIME. INTEREST SHALL BE CREDITED TO SUCH ACCOUNT AT RATES AS DETERMINED FROM TIME TO TIME BY THE INSURANCE COMPANY.

DRAFT ACCOUNTS

THE INSURANCE COMPANY SHALL BE ENTITLED TO RETAIN, AS PART OF ITS COMPENSATION, ANY EARNINGS ON DRAFT ACCOUNTS CREATED IN CONNECTION WITH BENEFIT CLAIMS, IN EXCESS OF INTEREST CREDITED UNDER THE TERMS OF THE POLICY.

FOREWORD

Life insurance provides individuals and their families with financial protection. The Life Insurance Benefit described in this booklet will help secure your family's financial security in the event of your death.

The need for life insurance protection depends on individual circumstances and financial situations. This valuable coverage should add an extra dimension to your personal insurance portfolio.

In an effort to make your benefit program more comprehensive and responsive to your needs, Empire State Supervisors and Administrators Association is providing this insurance to you at no cost.

CIGNA LIFE INSURANCE COMPANY OF NEW YORK
140 EAST 45TH STREET
NEW YORK, NY 10017-3144
(800) 732-1603 TDD (800) 336-2485
A STOCK INSURANCE COMPANY

**GROUP INSURANCE
CERTIFICATE**

We, the CIGNA LIFE INSURANCE COMPANY OF NEW YORK, certify that we have issued a Group Policy, AGV-001410, to Empire State Supervisors and Administrators Association.

We certify that we insure all eligible persons, who are enrolled according to the terms of the Policy. Your coverage will begin and end according to the terms set forth in this certificate.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.

Nothing in this group policy will invalidate or impair the rights granted to holders of any certificates issued under this policy, under the terms of the certificate or by law.



Matthew G. Manders, President

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SCHEDULE OF BENEFITS

Policy Effective Date: February 1, 2016

Policy Anniversary Date: February 1

Policy Number: AGV-001410

Class Definition

You are eligible for insurance if you are a member of the class defined below.

All dues paying members of Empire State Supervisors and Administrators Association in good standing.

Your Eligibility Waiting Period

If you were hired on or before the Policy Effective Date:

No Waiting Period

If you were hired after the Policy Effective Date:

No Waiting Period

LIFE INSURANCE BENEFITS

Member Benefits

Amount of Insurance \$10,000
Guaranteed Issue Amount: \$10,000

Maximum Benefit: \$10,000

Age Based Reductions When you are age 80 or older, your Life Insurance Benefit will reduce to the percentage shown below:
50% of the Life Insurance Benefit at age 80

TY-005161

Terminal Illness Benefit

Maximum Benefit: 50% of the Maximum Benefit applicable to your Life Insurance Benefits.

ACCIDENT INSURANCE BENEFITS

Member Benefits

Amount of Insurance - Principal Sum 100% of the Life Insurance Benefit

Age Based Reductions Accident Insurance Benefits will reduce the same as Life Insurance Benefits

Seatbelt Benefit 10% of the Insured's Principal Sum. The Limited Seatbelt Benefit is \$1,000.

TY-005159

WHO IS ELIGIBLE

Classes of Eligible Persons

A person may be insured only once under the Policy as a Member, even though he or she may be eligible under more than one class.

Member

If you qualify under the Class Definition shown in the Schedule of Benefits, you are eligible to be insured under the Policy on the Policy Effective Date, or the day after you complete the applicable Eligibility Waiting Period, if later.

If you have previously converted your insurance under the Policy, you will not become eligible until your converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of insurance available to you.

Except as noted in the Reinstatement Provision, if you terminate coverage and later wish to reapply, or if you are a former Member who is rehired, a new Eligibility Waiting Period must be satisfied. You are not required to satisfy a new Eligibility Waiting Period, if insurance ends because you are no longer in a Class of Eligible Members and within one year you become a member of an eligible class.

TY-005154-2

WHEN COVERAGE BEGINS

You will be insured for an amount not to exceed the Guaranteed Issue Amount on the date you become eligible, if you are not required to contribute to the cost of this insurance.

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WHEN COVERAGE ENDS

Coverage will end on the earliest of the following dates:

1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date we terminate the Policy;
3. the date you are no longer in an eligible class;
4. the date coinciding with the end of the last period for which required premiums are paid; and
5. for a Member, the date the Policyholder cancels participation under the Policy.

TY-005156-1

WHAT IS COVERED

LIFE INSURANCE BENEFITS

Death Benefit

If an Insured dies, we will pay the Life Insurance Benefit in force for that Insured on the date of his or her death. The Amount of Life Insurance is shown in the Schedule of Benefits.

TY-005164

Accelerated Benefits

You will become insured under this Accelerated Benefits provision on the date you become insured for life insurance under the Policy if these benefits apply to your class under the Policy and these benefits were not previously payable to you.

If you execute an absolute assignment or transfer of ownership of your insurance, this benefit terminates with respect to your insurance.

Any benefits payable under this Accelerated Benefits provision will reduce the Death Benefit payable for Life Insurance at the Insured's death. Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision. The Conversion Privilege is not activated when Accelerated Benefits are paid.

Terminal Illness Benefit

We will pay a Terminal Illness Benefit if we determine you are Terminally Ill. The Benefit Determination Date is the date we determine you have a Terminal Illness.

The Terminal Illness Benefit is up to 50% of the Life Insurance Benefit in effect on the Benefit Determination Date. The Insured's premium will be based on the Life Insurance Benefit plus the amount paid as a Terminal Illness Benefit. A separate claim must be filed and established for Waiver of Premium in accordance with the provisions of the Waiver of Premium Benefit.

The Terminal Illness Benefit is payable only once in an Insured's lifetime.

Determination of Terminal Illness

For the purpose of determining the existence of a Terminal Illness, we will require you to submit the following proof.

1. A written diagnosis and prognosis by two Physicians licensed to practice in the United States.
2. Supportive evidence satisfactory to us, including but not limited to radiological, histological or laboratory reports documenting the Terminal Illness.

We may require, at our expense, you to be examined and a review of the documented evidence by a Physician of our choice.

"Terminal Illness" means a person is diagnosed by a Physician to have a prognosis of 12 months or less to live.

TY-005171

Conversion Privilege for Life Insurance

If coverage ends for any reason except non-payment of premium, any Insured may apply for a conversion policy of life insurance. You may also apply if your life insurance benefit is reduced due to a change in age, class or the Policy. Conversion which becomes available due to a reduction in insurance will be permitted up to the amount of the reduction.

The conversion insurance may be a type of life insurance currently being offered for conversion by us at your age and in the amount requested. It may not be term insurance, except for the first year after your insurance ends. For that year, you may elect term insurance to precede to the permanent plan. It may not be an amount greater than Life Insurance Benefits under the Policy on the last day the Insured is covered under the Policy. Conversion life insurance will not provide accident, disability or other benefits. The conversion coverage will not exclude suicide occurring more than two years after the effective date of coverage under the Policy.

If we do not have an individual life insurance form which meets the requirements of this privilege, we will offer an individual life insurance policy of Connecticut General Life Insurance Company which does meet such requirements.

If coverage ends because the Policy is terminated or amended, or the Policyholder cancels participation under the Policy, and you are or become eligible for coverage under any group policy within 45 days, you may not convert an amount of insurance greater than the amount for which you were covered under the Policy, less the amount of life insurance for which you are eligible under the other policy.

To apply for conversion insurance, you must submit an application to us and pay the required premium within 31 days after coverage under this Group Policy ends. Evidence of insurability is not required. Premium for the conversion insurance will be based on your age and class of risk and the type and amount of coverage issued.

Conversion insurance will become effective on the 31st day after the date coverage under this Policy ends if your application has been received by us and the required premium is paid on that date. If you die during the conversion period, whether or not it is extended beyond 31 days, as described below, the amount of life insurance which could have been converted will be paid under this Policy regardless of whether you applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any benefits payable for that type and amount of insurance under the Policy.

Notice of Conversion

You must be notified within 15 days before or after an event that results in termination, or reduction in your group life insurance, but if notice is given more than 15 days but less than 90 days after the event, the time period allowed for the exercise of the conversion privilege shall be extended to 45 days after giving notice. If such notice is not given within 90 days after the event, the time allowed for the exercise of the conversion privilege expires at the end of 90 days. Notice, for the purpose of this section, means written notice presented to you by the Policyholder or mailed to your last known address as reported by the Policyholder.

If you die during the extended conversion period, the amount of life insurance which could have been converted will be paid under this Policy, regardless of whether or not you applied for the conversion insurance. If your application for conversion insurance is received by us and the required premium is paid, Life Insurance Benefits will be payable under the conversion insurance.

ACCIDENT INSURANCE

We will pay benefits for any of the losses listed below if you are insured under the Policy for Accident Insurance on the date of an Accident. The loss must:

1. be a result of bodily injuries caused directly, and from no other causes, by an Accident; and
2. occur within 365 days of the Accident.

Accidental Death and Dismemberment Benefit

If you suffer a loss, we will pay the benefit amount set opposite the loss in the table below. If more than one loss results from the same Accident, we will pay only the largest benefit amount to which you are entitled.

Loss Benefit	Amount
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet.....	100% of the Principal Sum
Loss of Entire Sight of Both Eyes.....	100% of the Principal Sum
Loss of Speech and Hearing (in both ears).....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
Hemiplegia.....	50% of the Principal Sum
Uniplegia.....	25% of the Principal Sum
Severance and Reattachment of One Hand or Foot.....	50% of the Principal Sum
Loss of One Hand or Foot.....	50% of the Principal Sum
Loss of Speech.....	50% of the Principal Sum
Loss of Hearing	50% of the Principal Sum
Loss of Entire Sight of One Eye	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand.....	25% of the Principal Sum
Loss of All the Toes of the Same Foot.....	20% of the Principal Sum

The Principal Sum is shown in the Schedule of Benefits.

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Quadriplegia means total Paralysis of both upper and lower limbs. Paraplegia means total Paralysis of both lower limbs. Hemiplegia means total Paralysis of upper and lower limbs on one side of the body.

“Severance” means the complete separation and dismemberment of the part from the body.

“Paralysis” means the loss of use, without Severance, of a limb. This loss must be determined by a Physician to be complete and not reversible.

Seatbelt Benefit

We will pay a Seatbelt Benefit if you die as a result of an Accident and the following conditions are met.

1. The Accident occurs while you are covered under the Policy.
2. You are driving or riding as a passenger in a Private Passenger Car, the car is equipped with seatbelts and the seatbelt was in actual use and properly fastened at the time of the Accident. The use and position of the seatbelt must be certified in the official report of the Accident. However, if an official report is not available or it is unclear if you were properly wearing a seatbelt, we will pay the Limited Seatbelt Benefit. If such report indicates that a seatbelt was not in use, we will not pay the Seatbelt Benefit nor the Limited Seatbelt Benefit.

The Seatbelt Benefit will not be paid for an Accident which occurs while you are participating in a race, speed or endurance test.

"Private Passenger Car" means a validly registered four-wheel vehicle limited to private passenger cars, station wagons, jeeps, pick-up trucks and van-type cars. "Private Passenger Car" means a validly registered four-wheel vehicle which is listed here. Listed vehicles are limited to private passenger cars, station wagons, jeeps, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. In the case of a child, "seatbelt" means a child restraint, as required by the state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the accident.

The Seatbelt Benefit is payable to your designated beneficiary, or if there is none, to the person determined to be entitled to receive the death benefit under the Plan. The Seatbelt Benefit is an additional 10% of the Insured's Principal Sum. The Limited Seatbelt Benefit is \$1,000.

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ACCIDENT INSURANCE EXCLUSIONS

The Insurance Company will not pay Accident Insurance benefits for a loss that results, directly or indirectly, from any of the following circumstances.

1. Suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane.
2. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor.
3. Sickness, disease or bodily infirmity; medical or surgical treatment; or bacterial or viral infection, no matter how contracted.
4. War or an act of war, whether or not declared; or while an Insured is on full-time active duty for more than 30 days in any Armed Forces.
5. Travel or flight in, or getting in or out of: an aircraft being used for test or experiment; an aircraft the Insured is flying, is learning to fly, or is part of the crew of; a similar air transport service or another country; an aircraft owned or leased by or for the Policyholder, its subsidiaries or affiliates, or the Insured or a member of his or her household; an aircraft that does not have a valid FAA normal or transport type certificate of airworthiness; or an aircraft that is not flown by a pilot with a valid license.
 - A. the aircraft or device is being used:
 - 1) for test or experimental purposes; or
 - 2) by or for any military authority. (Aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country are not excluded); or
 - 3) for travel, or is designed for travel, beyond the earth's atmosphere; or
 - 4) by or for the named organization or any of its subsidiaries and affiliates.

(This exclusion applies whether the aircraft or device is owned, leased, operated or controlled as defined); or

B. You are:

- 1) serving as a pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
- 2) hang-gliding; or
- 3) parachuting, except where the You have to make a parachute jump for self-preservation.

“Owned Aircraft” means an aircraft to which You hold legal or equitable title. You can use, alter or sell the property as desired. “Leased Aircraft” means an aircraft You do not own. You may use the aircraft as desired for the term of the written lease. The time of the lease must be longer than a few days or one or two trips. You cannot alter or sell the aircraft without the consent of the owner.

“Operated or Controlled Aircraft” means an aircraft You do not own, but is leased, rented or borrowed for more than 10 straight days. You can use it as desired, but cannot alter or sell the aircraft without consent of the owner.

“Chartered Aircraft” means an aircraft You do not own. It will be hired for one purpose or one trip or for general use. The time You have it may not exceed 10 straight days nor more than 15 days in any one year. One or more aircraft hired on a regular or frequent basis are not chartered.

6. Commission of a felony.

TY-007090

CLAIM PROVISIONS

Notice of Claim

Written notice or notice by any other electronic or telephonic means authorized by us, must be given to us after a covered loss occurs or begins, or as soon as reasonably possible. If this notice is not given within a reasonable amount of time, the claim will not be invalidated or reduced if it is shown that such notice was given as soon as was reasonably possible. Written notice can be given at our home office in New York, New York or to our agent. Notice should include the Policyholder's name and policy number and the Insured's name and address.

Claim Forms

When we receive the notice of claim, we will send claim forms for filing proof of loss. If claim forms are not sent within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof or proof by any other electronic or telephonic means authorized by us, of the nature and extent of the loss.

Claimant Cooperation Provision

If you fail to cooperate with us in our administration of your claim, we may terminate the claim. A claimant will be required to provide any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

In case of claim for any loss, written proof or notice by any other electronic or telephonic means authorized by us, of loss must be given to us as soon as reasonably possible after the date of the loss for which a claim is made.

We will not deny or reduce any claim if it: 1) is not reasonably possible to furnish the required proof within that period; and 2) is shown that such proof of loss was given as soon as was reasonably possible.

Time of Payment

Any benefits due under the Policy for a loss, other than a loss for which the Policy provides installments, will be paid immediately upon receipt of due written proof of loss or proof by any other electronic/telephonic means authorized by us.

To Whom Payable

Death benefits for you will be paid to the beneficiary named in our records, if any, at the time of payment. If there is no named beneficiary or surviving beneficiary, or if you die while Disability Benefits are payable to you, we may, at our option, make direct payment to any of the following:

1. spouse of the Insured;
2. child or children of the Insured;
3. parents of the Insured;
4. sisters or brothers of the Insured; or
5. the estate of the Insured.

If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to \$500 at the Insured's death to a person appearing to us to be equitably entitled by reason of having incurred expenses on behalf of the Insured for his or her burial. This good faith payment satisfies our legal duty to the extent of that payment. Any other accrued benefits which are unpaid at the Insured's death may, at our option, be paid either to the Insured's beneficiary or to the Insured's estate. We may reduce the amount payable by any indebtedness due.

All other proceeds payable under the Policy, unless otherwise stated in the Policy, will be payable to the Insured.

Change of Beneficiary

You may change your beneficiary at any time by giving us written notice or notice by any other electronic or telephonic means authorized by us. The beneficiary's consent is not required for this or any other change which you may make unless the designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the request form is received by us. When the request form is received, it will take effect as of the date of the form. If you die before the request form is received, we will not be liable for any payment that was made before receipt of the request form.

Physical Examination and Autopsy

We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

Legal Actions

No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic or telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time written proof of loss is required to be furnished.

Time Limitations

If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship

You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TY-005178-1

ADMINISTRATIVE PROVISIONS**Premiums**

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

Reinstatement of Insurance

Your insurance may be reinstated only if reinstatement occurs within five years from the date your insurance ends. For your insurance to be reinstated all of the following conditions must be met.

1. You must be in a Class of Eligible Members.
2. The required premium must be paid.
3. A written request, or a request by any other telephonic or electronic means authorized by the Policyholder and the Insurance Company, for reinstatement must be received by us within 31 days from the date you return to Active Membership.
4. The Insurability Requirement, if any, is satisfied.

TY-005180-1

GENERAL PROVISIONS**Entire Contract**

The Policy, the application of the Policyholder (a copy of which is attached at issue), the Policyholder endorsements, riders, certificate and attached papers constitute the entire contract between the parties. If an application of any Member is required, it may also be made a part of this contract, at our option. Nothing in this Policy will invalidate or impair the rights granted to any certificateholders by their certificates or by law.

Incontestability

All statements made by the Policyholder, or by a Member are deemed representations and not warranties. No statement will cause us to deny or reduce benefits or be used as a defense to a claim, unless a copy of the written instrument, signed by the claimant, containing the statement is, or has been, furnished to such person while such person is still living. In the event of his death or legal incapacity, the beneficiary or representative must receive a copy. After two years from the Member's effective date of insurance, no such statement will cause insurance to be contested except for non-payment of premium. This also applies to any added or increased benefits, from the effective date of the addition or increase in benefits.

Workers' Compensation Insurance

The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance.

Assignment

The Insurance Company will not be affected by any assignment of your certificate until the original assignment or a certified copy of the assignment is filed with the Insurance Company. We do not assume responsibility for the validity or sufficiency of an assignment. An assignment of the certificate will operate so long as the assignment remains in force. To the extent provided under the terms of the assignment, an assignment will transfer all rights and obligations of the Insured, or of the owner if other than the Member.

This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where it is contrary to law.

Conformity with State Statutes

Any provision of the Policy in conflict on the Policy Effective Date with the laws of the state where the Policy is delivered is amended to conform to the minimum requirements of such laws.

Male Pronoun

The male pronoun as used herein will be deemed to include the female.

Clerical Error

Your coverage will not be affected by error or delay in keeping records of insurance under the Policy. If such an error or delay is found, the premium will be adjusted fairly.

TY-005182-1

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Insurability Requirement

You will be considered to have satisfied the Insurability Requirement on the day we agree in writing to accept you as covered under the Policy. To determine a person's acceptability for insurance, we will require evidence of good health and may require it be provided at your own expense.

Insurance Company

The Insurance Company underwriting the Policy is CIGNA Life Insurance Company of New York. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured

You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, any applicable Insurability Requirement is met, the required premium is paid and your insurance is in force under the Policy.

Physician

Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, your immediate family (including parents, children, siblings or spouses of any of the foregoing, whether related by blood or marriage) of either you or your spouse, or a person living in your household.

Policy Anniversary

A Policy Anniversary is the date so stated on the Policy cover and the same date that follows every 12 months for as long as the Policy is in effect.

Policy Effective Date

The Policy Effective Date is the date so stated on the Policy cover.

Prior Plan

The Prior Plan refers to the plan of insurance providing similar benefits sponsored by the Policyholder in effect directly prior to the Policy Effective Date.

Sickness

The term Sickness means a physical or mental illness. It also includes pregnancy.

TY-005153-1

**UNDERWRITTEN BY:
CIGNA LIFE INSURANCE COMPANY OF NEW YORK
a Cigna company**

Class 1
02/2016

