



Offered by Life Insurance Company of North America

Employee-Paid Term Life and Accidental Death and Dismemberment Insurance

Summary of Benefits

Prepared for: Edmund Optics, Inc.
Class 1

Eligibility:

All active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States, excluding Employees who are classified as Executives.

Employee: You will be eligible for coverage First of the month following 30 days of Active Service.

Spouse/Domestic Partner*: Is eligible as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

Available Coverage: You and your dependent child(ren) will receive equal amounts of Term Life and Accidental Death and Dismemberment insurance.

	Benefit Amount	Maximum*	Guaranteed Issue Amount
Employee	Units of \$1,000	Lesser of 5 Times Annual Compensation or \$500,000	\$200,000
Spouse/Domestic Partner	Units of \$1,000	\$250,000	\$20,000
Child(ren)	Units of \$2,500	\$10,000; under 6 months old \$1,000	All Amounts

* Amount will be rounded to the next higher \$10,000, if not already a multiple thereof

Ongoing Annual Enrollment Event Option: All eligible employees that are currently insured under this Voluntary Life Policy, may increase their Voluntary Life Insurance Benefit up to one units of \$10,000 as long as the total benefit does not exceed the Guaranteed Issue Amount without completing Evidence of Insurability.

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See "Guaranteed Issue" below for more information.

AD&D Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Quadriplegia; Loss of two or more hands or feet; Loss of sight in both eyes; Loss of one hand or one foot and sight in one eye; Loss of speech and hearing (both ears)	100%
Paraplegia	75%
Hemiplegia; Loss of one hand or foot; Loss of sight in one eye; Loss of speech; Loss of hearing (both ears); Severance & Reattachment of one hand or foot	50%
Uniplegia; Loss of all four fingers of the same hand; Loss of thumb & index finger of the same hand	25%
Loss of all toes of the same foot	20%

Additional AD&D Features:

Conversion – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

For Wearing a Seatbelt & Protection by an Airbag – You will receive an additional 10% benefit but not more than \$25,000 if the covered person dies in a Covered Automobile Accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Comas – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

For Exposure & Disappearance – Benefits are payable if you or an insured family member suffer a Covered Loss due to unavoidable exposure to the elements as a result of a Covered Accident. If you or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

For Furthering Education and Spouse Training

The education benefit provides training or education as follows:

For your children – If you die in a Covered Accident, we will pay an extra benefit for each insured child under age 25 who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 3% or \$3,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education. If you have no spouse who qualifies within one year of your death, we will pay an additional \$1,000 to your beneficiary.

For your spouse – If you die in a Covered Accident and your insured spouse enrolls in an accredited school to gain skills needed for employment within one year of your death, we will pay 3% of the actual cost of this education or training program for not more than 4 after enrollment begins, up to a maximum of \$3,000. If you have no child who qualifies within one year of your death, we will pay an additional \$1,000 to your beneficiary.

Additional Term Life Features:

Extended Death Benefit with Waiver of Premium – Life insurance for you and your dependents can be continued for up to 12 months while you are disabled or receiving benefits under your employer's disability plan. If you become totally disabled before reaching age 60, life insurance for you and your dependents can be continued, without payment of premium, until age 65, subject to proof of disability (inability to work in any occupation).

Accelerated Death Benefit – Terminal Illness – If two unaffiliated doctors diagnose you or your spouse as terminally ill while the coverage is active, with a life expectancy of 12 months or less, the benefit for Terminal Illness provides up to:

Employee: 75% of your Term Life Insurance coverage amount or \$375,000, whichever is less.

Spouse: 75% of your Term Life Insurance coverage amount.

Portability – If your employment is terminated, you can continue your life insurance, and life insurance for your insured spouse and dependent children, on a direct-bill basis. Your spouse and dependent children may also continue their life insurance, following your death, following divorce, or when the child reaches the age limit. Premiums will increase at this time. Coverage can be continued to age 70, unless the insurance company terminates portability for all insured persons. Refer to your certificate for details.

Conversion – To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends.

Your Bi-Weekly Cost of Coverage:

Age	Employee Life and AD&D Combined Cost Per \$1,000	Age	Employee Life and AD&D Combined Cost Per \$1,000
0-19	\$0.051	60-64	\$0.549
20-24	\$0.051	65-69	\$0.729
25-29	\$0.051	70-74	\$1.440
30-34	\$0.060	75-79	\$2.732
35-39	\$0.074	80-84	\$2.732
40-44	\$0.092	85-89	\$2.732
45-49	\$0.134	90-94	\$2.732
50-54	\$0.199	95-99	\$2.732
55-59	\$0.360		
Age	Spouse Life and AD&D Combined Cost Per \$1,000	Age	Spouse Life and AD&D Combined Cost Per \$1,000
0-19	\$0.042	60-64	\$0.540
20-24	\$0.042	65-69	\$0.720
25-29	\$0.042	70-74	\$1.431
30-34	\$0.051	75-79	\$2.723
35-39	\$0.065	80-84	\$2.723
40-44	\$0.083	85-89	\$2.723
45-49	\$0.125	90-94	\$2.723
50-54	\$0.189	95-99	\$2.723

Spouse Life and AD&D Combined Cost Per \$1,000 = \$0.009

Child Life and AD&D Combined Cost Per \$1,000 = \$0.139

Actual per pay period premiums may differ slightly due to rounding. All spouse rates are based on employee age. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

How to Calculate Your Bi-Weekly Cost:

Step 1: Find the appropriate cost for employee and/or dependents above.

Step 2: Take the coverage amount you choose and divide it by 1,000 to get the number of units.

Step 3: Multiply the rate by your desired coverage amount in units.

Step 4: The result is the **Bi-Weekly** cost.

Important Definitions and Policy Provisions:

When Your Coverage Begins and Ends – If you elect Accidental Death and Dismemberment Insurance your Accident insurance begins when your voluntary Life insurance coverage begins. Accident insurance for each of your dependents, if applicable, begins when the person's voluntary Life insurance coverage under Policy FLX0969695, begins.

A person's Accident coverage ends at the earlier of (1) the date their voluntary Life insurance under Policy FLX0969695, ends, (2) the date the person is no longer eligible for Accidental Death and Dismemberment insurance or (3) the date Accident policy OK0971128, ends.

Term Life Benefit Reductions, Exclusions and Limitations:

Benefit Reduction Schedule: If you are still employed, your benefits and your spouse's benefits will reduce to 65% at age 65 and 50% at age 70. Your premiums will also reduce to match your benefits. Spouse reductions are based on employee age.

Exclusions: Voluntary life insurance will not be paid if you commit suicide, while sane or insane, within the first two years of coverage.

Limitations: The Accelerated Death Benefit is payable only once. Using this benefit reduces the life insurance death benefit. The amount payable under the Accelerated Death Benefit may be reduced by the amount of other

benefits already paid to the insured under the policy. See your certificate for details. Benefits will be extended without premium payment until the earlier of the date you are no longer disabled, or the date you fail to qualify for Waiver of Premium or fail to provide proof of Disability.

AD&D Exclusions and Limitations:

Exclusions: Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

Limitations: For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

Guaranteed Issue: If you are a new hire and you apply within 31 days after you are eligible to elect coverage for yourself, you are entitled to choose any coverage offered up to the Guaranteed Issue Amount, without providing proof of good health. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. If you apply for coverage yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply. Coverage will not be issued until the insurance company approves acceptable proof of good health.

These are summarized definitions only. To be eligible for coverage, the covered illness or event must meet the definitions and other terms and conditions set forth in the group policy.

THIS POLICY PROVIDES LIMITED COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE. THIS COVERAGE DOES NOT SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT BECAUSE THE COVERAGE DOES NOT MEET THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE.

Terms and conditions of coverage for Term Life insurance are set forth in Group Policy No. FLX0969695. Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK0971128. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible conditions, their respective payments and policy exclusions and limitations are contained in the Policy. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability, costs, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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