

	<h1>NOTICE OF BENEFIT</h1> 
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For SEIU LOCAL 1000 Members

	<p>Membership Department 1108 "O" Street Sacramento, CA 95814 Toll free 866.471.SEIU (7348) www.seiu1000.org</p>
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NOTICE OF BENEFIT

As of February 1, 1983, actively employed rank-and-file members of SEIU Local 1000 were covered under a Death Benefit program. This benefit is provided by SEIU Local 1000 to its eligible members, and no premium payment or application form (except for SEIU Local 1000 membership) is required.

This program covers only actively employed, rank-and-file members of SEIU Local 1000 whose dues are paid directly to SEIU Local 1000. Benefits terminate at the date of retirement, termination of employment, termination of SEIU Local 1000 membership, or movement to a class excluded from collective bargaining rights.

BENEFIT SCHEDULE

Employees whose SEIU Local 1000 membership commenced after February 1, 1983, will be covered for \$1000 as of their initial date of membership, and benefits will increase according to the following schedule as of their membership anniversary:

MEMBERS AS OF FEBRUARY 1, 1983

Effective Date	Benefit
February 1, 1984	\$2000*
February 1, 1985	\$3000*

* Assuming membership has been continuous since February 1, 1983

NEW MEMBERS

Membership	Benefit
0-1 years	\$1000
1-2 years	\$2000
2-3 years	\$3000

NOTICE OF BENEFIT

Death benefit payment shall be made to the first surviving class of the following classes of successive preference beneficiaries: the member's (1) spouse; (2) surviving children born to or legally adopted by the member, in equal shares, or to the survivor; (3) surviving parents, in equal shares, or to the survivor; (4) surviving brothers and sisters, in equal shares, or to the survivor; (5) duly appointed executors or administrators of the estate of the member. Any payments made by SEIU Local 1000 in good faith pursuant to this provision shall fully discharge SEIU Local 1000 to the extent of such payment. In certain situations, the above designate beneficiary designation may not meet the need of the insured. In that case, the member can request a change of beneficiary form on which the insured can designate a specific beneficiary.

CLAIMS

Claims must be filed within 12 months to date of death of the member.

To make a claim or for more information regarding this program, contact:

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NOTE: You will not receive a policy or any other evidence of coverage for this program.