



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

**LIMITED BENEFIT CERTIFICATE FOR OCCUPATIONAL
POST-TRAUMATIC STRESS DISORDER INSURANCE**

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You are insured for the benefits described in this Certificate, subject to the provisions of this Certificate.

This Certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.** The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Certificate Effective Date:	January 1, 2025
Group Policyholder:	Association County Commissioners of Georgia - Interlocal Risk Management Agency
Group Policy Number:	254409-3-G
MetLife Toll Free Number(s):	
For Claim Information	1-888-262-6842
For General Information	1-888-262-6842
MetLife Website Address	www.MetLife.com

Important Notice: Subject to the provisions of this Certificate, including limitations, exclusions and Proof requirements, this Certificate provides limited benefits in the event You are Diagnosed with occupational post-traumatic stress disorder.

This is a supplement to health insurance and is not a substitute for Medical Coverage. Lack of Medical Coverage (or other minimum essential coverage) may result in an additional payment with Your taxes. You should have Medical Coverage when You have this insurance.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from MetLife.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICES(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

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SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule of Insurance is subject to all of the conditions, maximums, limitations, exclusions, and Proof requirements contained in the provisions of this Certificate. **PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.**

Benefit Amount and Total Benefit Amount

	For You
Total Benefit Amount	See your Participating Public Entity Specifications page

COVERED CONDITION CATEGORY: OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER	
COVERED CONDITION	BENEFIT AMOUNT
Occupational Post-Traumatic Stress Disorder	<ul style="list-style-type: none"> • See PARTICIPATING PUBLIC ENTITY SPECIFICATIONS page for the applicable benefit amount. • Note: The benefit is payable 1 time per lifetime of the Covered Person.

Total Benefit Amount means the maximum aggregate amount that We will pay under this Certificate per Covered Person, per lifetime, for the above Covered Condition. The maximum amount is not applicable to the Occupational Post-Traumatic Stress Disorder Disability benefit.

ADDITIONAL BENEFIT: OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY	
	BENEFIT
Class 1	See your Participating Public Entity Specifications page
Class 2	See your Participating Public Entity Specifications page

Maximum Benefit Period means the maximum number of monthly benefits that can be paid for a Disability. The Maximum Benefit Period for the Occupational Post-Traumatic Stress Disorder Disability benefit is 36 months. The maximum number of monthly payments We will make during the lifetime of the First Responder is 36, regardless of the number of occurrences of Disability.

LIMITATIONS

LIMITATION FOR FIRST RESPONDERS WHO PERFORM FIRST RESPONDER SERVICES FOR MULTIPLE PUBLIC ENTITIES

A First Responder who is simultaneously an employee of more than one Public Entity or a volunteer of more than one Public Entity will only be eligible for benefits under this Certificate from, or on behalf of, a single Public Entity. Benefits under this Certificate shall be payable only if the Traumatic Event occurred while You were performing First Responder services for the Public Entity named on the Participating Entity Specifications page or while performing First Responder services as a volunteer at another Public Entity while employed as a First Responder by the Public Entity named on the Participating Entity Specifications page.

A First Responder who is simultaneously a volunteer of one Public Entity and an employee of another Public Entity will only be eligible for benefits under this Certificate from, or on behalf of, the Public Entity where they are employed.

A First Responder who is simultaneously insured under the Group Policy as well as another group policy providing the same Georgia state-mandated occupational post-traumatic stress disorder insurance benefits will only be eligible for benefits from, or on behalf of, a single Public Entity.

GENERAL EXCLUSIONS

The exclusions that appear below apply to the Covered Condition and benefits set forth in this Certificate.

We will not pay benefits for any Covered Condition or Additional Benefits for a Covered Person caused by, or that takes place during:

- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any illegal occupation or activity that constitutes a felony under the laws of the jurisdiction in which the activity took place;
- the Covered Person's intentionally self-inflicted injury;
- the Covered Person's suicide or attempted suicide (while sane or insane);
- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. Motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile. For purposes of this exclusion intoxicated means that the Covered Person's:
 - blood alcohol level met or exceeded the limits of the jurisdiction where the incident took place; or
 - blood delta-9-tetrahydrocannabinol (THC) level met or exceeded the limit established by the laws of the jurisdiction for drug-impaired driving where the incident took place;
- the Covered Person voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician, or
 - an "over the counter" drug, medication or sedative taken according to package directions; or
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits if:

- the Clinical Diagnosis stems from a Traumatic Event that took place prior to July 1, 2024.
- the Clinical Diagnosis is made more than 24 months from the date of the Traumatic Event.
- the Clinical Diagnosis stems from a Traumatic Event that took place prior to the First Responder's effective date of coverage under this Certificate, unless the Traumatic Event took place between July 1, 2024 and December 31, 2024, and Your effective date was January 1, 2025;
- the Clinical Diagnosis occurs prior to the later of the Participating Public Entity Effective Date shown in the Participating Entity Specifications or start of the First Responder's services for the Participating Public Entity shown in the Participating Entity Specifications, unless:
 - the Traumatic Event and Diagnosis occur between July 1, 2024 and December 31, 2024 and;
 - Your effective date was January 1, 2025.
- the Traumatic Event takes place outside of the normal course of the First Responder's regular occupational or volunteer duties as a First Responder either on behalf of the entity named on the Participating Entity Specifications page or on behalf of another Public Entity for whom the First Responder performs volunteer First Responder services while simultaneously employed by the entity named on the Participating Entity Specifications page; or
- the symptoms experienced by the First Responder are primarily attributable to any of the following:
 - medication;
 - alcohol or substance abuse; or
 - another medical condition or mental health disorder.

In addition, We will not pay benefits for:

- an Occurrence of a Covered Condition for a Covered Person while such Covered Person is incarcerated in any type of penal or detention facility; or
- any Covered Condition for which Diagnosis is made outside the United States, Canada or Mexico unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States, Canada or Mexico.

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your paid or volunteer job as a First Responder on Your regular work schedule as required by the Participating Public Entity named on the Participating Public Entity Specifications page. This must be done at:

- Your Employer's place of business;
- an alternate place approved by Your employer; or
- a place to which Your Employer's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Employer approved vacations, holidays or temporary business closures if You were Actively at Work on the last scheduled workday preceding such time off.

Benefit Amount means the amount We use to determine the benefit payable for a Covered Condition.

Certificate means this Certificate including any riders and Participating Public Entity Specification page(s).

Clinical Diagnosis means a Diagnosis based on the study of symptoms and diagnostic test results.

Code Section means the applicable section of the Official Code of Georgia Annotated.

Covered Person means You.

Diagnosis or Diagnosed means the establishment of a Covered Condition by a Qualified Diagnostician through the use of clinical and/or laboratory findings and using generally accepted medical standards.

First Responder means:

- firefighter as defined in Code Section 25-4-2;
- peace officer as defined in Code Section 35-8-2;
- probation officer as defined in Code Section 45-1-8;
- emergency medical professional as defined in Code Section 16-10-24.2;
- emergency medical technician as defined in Code Section 16-10-24.2;
- communications officer, as defined in Code Section 37-12-1;
- highway emergency response operators as defined in Code Section 45-1-8;
- correctional officer as defined in Code Section 45-1-8;
- jail officer as defined in Code Section 45-1-8;
- juvenile correctional officer as defined in Code Section 45-1-8;
- law enforcement officer with the Department of Natural Resources.

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means the policyholder named on the first page of this Certificate.

Medical Coverage means coverage under Medicare or an insurance policy, health maintenance organization contract, or employer's plan of self-insurance providing benefits for hospital, surgical and medical expenses, or treatment. Medical Coverage does not include Medicaid.

Occupational Post-Traumatic Stress Disorder (PTSD) Covered Condition means that a Covered Person has a mental health disorder that is the direct result of an exposure to a Traumatic Event which takes place during the normal course of the Covered Person's regular occupational or voluntary duties on behalf of:

- the Public Entity named on the Participating Entity Specifications page or;
- another Public Entity for whom the Covered Person performs first responder services as a volunteer while employed by the Public Entity named on the Participating Entity Specifications page.

DEFINITIONS (Continued)

The post-traumatic stress disorder must satisfy the clinical diagnostic criteria set forth in the edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in effect on January 1, 2024. This definition may also be referred to as Covered Condition.

Occurs or Occurrence means that a Covered Person is Diagnosed with such Covered Condition following and as a result of a Traumatic Event that took place while coverage is in effect under this Certificate for such Covered Person. An Occupational Post-Traumatic Stress Disorder Covered Condition will be deemed to Occur on the date of the Traumatic Event. For Participating Public Entities insured under the Group Policy as of January 1, 2025, "Occurs" or "Occurrence" also means a Traumatic Event that took place between July 1, 2024 and December 31, 2024.

Participating Public Entity means a Public Entity participating in the plan provided by the Policyholder. The Participating Public Entity named on the Participating Public Entity Specifications page is referred to as "Your Employer" even if you perform services on a volunteer basis.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations provision of this Certificate, Proof must be provided at the claimant's expense.

Public Entity means any of the following entities:

- the State of Georgia and all departments, instrumentalities, and authorities;
- each county or consolidated government of the State of Georgia;
- each municipality in the State of Georgia as used under Code Section 36-30-1;
- each school district, independent school district, or other local school system in the State of Georgia; and
- any other political division of the State of Georgia.

Qualified Diagnostician means a physician, psychiatrist, or psychologist who is duly authorized to practice in Georgia who is certified in a medical specialty appropriate for trauma related mental health diagnoses.

The term Qualified Diagnostician does not include:

- You;
- Your spouse or anyone to whom You are related by blood or marriage;
- anyone who is a member of Your household;
- Your adopted or step-child;
- anyone with whom You share a business interest; or
- Your employee.

Schedule means the Schedule of Insurance that appears in this Certificate, and the Participating Public Entity Specifications page.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

DEFINITIONS (Continued)

Traumatic Event means a Covered Person experiences an exposure to actual or threatened death, serious injury, or sexual violence. Such event must occur on or after July 1, 2024 and during the normal course of the First Responder's regular occupational or volunteer duties as a First Responder on behalf of the Participating Public Entity:

- Named on the Participating Entity Specifications page; or
- Another Public Entity for whom the Covered Person performs first responder services as a volunteer while employed by the Public Entity named on the Participating Entity Specifications page.

In cases involving multiple traumatic events occurring on or after July 1, 2024, the traumatic event is the most recent event determined by the Qualified Diagnostician to be related to the symptoms of post-traumatic stress disorder.

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means a First Responder who is in an eligible class described on the Participating Entity Specifications page and therefore insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASSES

- Class 1: All Actively at Work First Responders employed by the Participating Public Entity named on the Participating Public Entity Specifications page.
- Class 2: All Actively at Work volunteer First Responders of a Participating Public Entity Who Are Not Employed as a First Responder by Any Other Public Entity.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the occupational post-traumatic stress disorder insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date insurance becomes available for that class.

If You enter an eligible class after the date insurance is made available to the members of that class, You will be eligible for insurance on the date You enter the eligible class.

ENROLLMENT PROCESS

If You become eligible for insurance, You will be automatically enrolled for such insurance.

DATE YOUR INSURANCE TAKES EFFECT

Insurance will take effect on the date You become eligible. This is referred to as the First Responder Effective Date.

EVIDENCE OF INSURABILITY

No evidence of insurability is required for the insurance described in this certificate.

COVERED CONDITION CATEGORY: OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER

BENEFIT FOR AN OCCUPATIONAL POST- TRAUMATIC STRESS DISORDER COVERED CONDITION

We will pay the benefit for an Occupational Post-Traumatic Stress Disorder Covered Condition shown on the Schedule.

PROOF REQUIREMENTS FOR AN OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER COVERED CONDITION

Proof of a Covered Person's Occupational Post-Traumatic Stress Disorder Covered Condition requires all of the following documentation:

- a Diagnosis of post-traumatic stress disorder made by a Qualified Diagnostician
 - on or after the First Responder's Effective Date; or
 - made between July 1, 2024 and December 31, 2024 if the Participating Public Entity was insured under the Group Policy as of January 1, 2025;
- which substantiates that the Diagnosis is the direct result of experiencing or witnessing a Traumatic Event, or repeated exposures to Traumatic Events, during the First Responder's regular occupational or volunteer duties as a First Responder on behalf the Public Entity named on the Participating Public Entity Specifications page or a Public Entity for which the First Responder volunteered while employed with the Public Entity named on the Participating Public Entity Specifications page. Such Diagnosis shall be made within two years following the date of the Traumatic Event(s) and shall include documentation that indicates the date and nature of the Traumatic Event(s), or the most recent Traumatic Event related to the symptoms of post-traumatic stress disorder if due to repeated exposures; and Written documentation of elements required for the Diagnosis of post-traumatic stress disorder under the edition of the Diagnostic and Statistical Manual of Mental Disorders in effect on January 1, 2024.

ADDITIONAL BENEFIT: OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY

ADDITIONAL DEFINITIONS THAT APPLY TO BENEFITS FOR OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY

Appropriate Care and Treatment means medical care and treatment that is:

- given by a physician or Qualified Diagnostician whose medical training and clinical specialty are appropriate for treating Your Disability;
- consistent in type, frequency and duration of treatment with relevant guidelines of national medical research, health care coverage organizations and governmental agencies;
- consistent with a Qualified Diagnostician's diagnosis of Your Disability; and
- intended to maximize Your medical and functional improvement.

Disability or Disabled means:

- a Qualified Diagnostician has determined that Your Occupational Post-Traumatic Stress Disorder Covered Condition precludes You from performing the regular duties of Your Regular Occupation as a First Responder; and
- You are receiving Appropriate Care and Treatment and complying with the requirements of such treatment.

Elimination Period means a period of 90 days during which You must be Disabled in order to qualify for any income replacement benefit payment(s). The Elimination Period begins on the first day of Disability. Benefits under this Certificate are not payable until the Elimination Period is completed.

If Your Participating Public Entity is insured under the Group Policy on January 1, 2025, Your Elimination Period may begin prior to January 1, 2025 if:

- You receive a Diagnosis from a Qualified Diagnostician on or after July 1, 2024; and
- MetLife determines that You were Disabled as a result of a Traumatic Event that occurred on or after July 1, 2024 (and the Diagnosis occurs within 24 months of the Traumatic Event) and have been Disabled and receiving Appropriate Care and Treatment for at least three consecutive months.

Maximum Benefit Period means the maximum number of monthly benefits that can be paid for a Disability. The maximum number of monthly payments We will make during the lifetime of the First Responder is 36, regardless of the number of occurrences of Disability.

Predisability Earnings means Your combined gross monthly salary or wages for First Responder services from all Public Entities while serving as a First Responder for the Public Entity named on the Participating Public Entity Specifications page as of Your last day of Active Work before Your Disability commenced. The term does not include:

- overtime pay;
- Your Employer's or the Group Policyholder's contributions on Your behalf to any deferred compensation arrangement or pension plan; or
- any other compensation from Your Employer or the Group Policyholder.

Regular Occupation means those duties that are generally and regularly required of You in the performance of Your position as a First Responder.

OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY BENEFIT

We will pay an income replacement benefit to You for a Disability that results from an Occupational Post-Traumatic Stress Disorder Covered Condition:

- that is Diagnosed by a Qualified Diagnostician on or after the First Responder's Effective Date, unless the Participating Public Entity was insured under the Group Policy on January 1, 2025 in which case the Diagnosis was made on or after July 1, 2024; and
- if the resulting Disability continues past the Elimination Period.

Occupational Post-Traumatic Stress Disorder Disability Benefit Amount

The benefit amount payable is the amount specified in the Schedule.

ADDITIONAL BENEFIT: OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY (Continued)

Concurrent Disability

We will pay benefits for only one Disability at a time even if it results from more than one Occupational Post-Traumatic Stress Disorder Covered Condition. If the Disability results from more than one Occupational Post-Traumatic Stress Disorder Covered Condition, it will be considered the same Disability and You will be entitled to only one monthly benefit under this Certificate.

Recurrent Disability

If You are Evaluated and Released to Return to Your Regular Occupation **Before** Completing Your Elimination Period

If You are evaluated and released to Your Regular Occupation before completing Your Elimination Period, and then You become Disabled due to the same Occupational Post-Traumatic Stress Disorder Covered Condition, Your Elimination Period will continue as if there were no break in Your Disability.

If You are Evaluated and Released to Return to Your Regular Occupation **After** Completing Your Elimination Period

If You are evaluated and released to return to Your Regular Occupation, and work in Your Regular Occupation, and then You become Disabled due to the same Occupational Post-Traumatic Stress Disorder Covered Condition, We will consider the subsequent Disability a continuation of the prior Disability. You do not need to complete a new Elimination Period and You will be eligible to receive any remaining monthly benefits from the prior period of Disability.

PAYMENT OF BENEFITS

If You become Disabled while insured under the Certificate, Proof of Disability must be sent to Us in accordance with the Claims section of the Certificate. When We receive such Proof, We will review the claim. If We approve the claim, We will pay the Occupational Post-Traumatic Stress Disorder Disability Benefit Amount, subject to the Date Benefit Payments ends section.

If We approve Your claim, benefits begin to be payable on the first day after the Elimination Period has been met. Benefits will be paid for up to the Maximum Benefit Period while You remain Disabled. We will pay the first monthly benefit one month after benefits accrue. We will make subsequent payments monthly thereafter, so long as You remain Disabled.

For a Disability period of less than one full month, one-thirtieth of the benefit amount will be payable for each day of Disability.

If You die while receiving benefits under the Certificate, We will pay the amount of any due and unpaid benefits under the Certificate in accordance with the subsection entitled Your Beneficiary in the Claims section of the Certificate.

To verify that You continue to be Disabled without interruption after Our initial approval of Your claim, We may periodically request that You send Us Proof that You continue to be Totally Disabled.

While You are insured under this Certificate, premium must continue to be paid for You whether or not You are Disabled.

ADDITIONAL BENEFIT: OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY (Continued)

REDUCTION FOR OTHER DISABILITY BENEFITS

We will reduce the benefits paid to You under this Certificate by the amount of any other disability income benefits You receive for a disability due to the same Occupational Post-Traumatic Stress Disorder Covered Condition for which We pay You a benefit under this Certificate, including Workers' Compensation and other employer-sponsored disability benefits provided at no cost to First Responder. However, We will not reduce benefits paid to You under this Certificate by:

- benefits paid under an individual disability income policy; or
- benefits paid under a group disability plan purchased in whole or in part by You.

INCOME WHICH WILL REDUCE YOUR DISABILITY BENEFIT.

If you are working while Disabled for the PPE or another Public Entity and receiving partial wages, disability income benefits paid to You under this Certificate will only be reduced to the extent that your wages from the PPE or another Public Entity while unable to perform Your First Responder duties and the disability income benefit paid under this Certificate exceed 100% of Your Predisability Earnings.

DATE BENEFIT PAYMENTS END

We will continue to pay benefits to You for a Disability until the earliest of the following:

- the date You are evaluated and determined to be no longer Disabled;
- the date You die;
- the date You fail to have a medical exam requested by Us as described in the Physical Exams subsection of the OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY CLAIMS section;
- the date following 12 consecutive months of Disability for which You were entitled to receive benefits while You are living outside of the United States;
- the date You fail to send Us Proof that You continue to be Disabled; or
- the date the Maximum Benefit Period for the Disability has been reached.

While You are Disabled, the monthly benefits described in this Occupational Post-Traumatic Stress Disorder Disability Benefit will not be affected if:

- Your insurance ends; or
- the Group Policy is amended to change the plan of benefits for Your class.

WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS

Your insurance under this Certificate will end on the earliest of:

- the date the Group Policy ends;
- the date You die;
- the date the Total Benefit Amount shown on the Schedule is exhausted (reduced to zero) for You;
- the end of the calendar month in which insurance ends for Your class;
- the end of the calendar month for which the last full premium has been paid for Your insurance;
- the end of the calendar month in which You cease to be in an eligible class; or
- the date the Participating Public Entity named on the Participating Public Entity Specifications page ceases to participate in the insurance plan provided by the Policyholder.

In certain cases when insurance would end, You may be eligible for extended insurance. Please refer to the section entitled **BENEFITS AFTER SEPARATION FROM PARTICIPATING PUBLIC ENTITY**.

BENEFITS AFTER SEPARATION FROM PARTICIPATING PUBLIC ENTITY

Benefits are only applicable to the Covered Condition Category: Occupational Post-Traumatic Stress Disorder benefit.

If Your insurance would end because You cease to be in an eligible class, You cease Active Work, or Your formal status as a First Responder ceases, Your insurance under this Certificate will be extended until the earliest of the following:

- 24 months from the date of separation from the Participating Public Entity.
- the date You become insured again under the Group Policy;
- the date You become insured for statutory occupational post-traumatic stress disorder insurance coverage under the group policy of another policyholder;
- the date the Group Policy ends; or
- the end of the calendar month for which the last full premium has been paid for Your insurance.

Eligibility for the Covered Condition Category: Occupational Post-Traumatic Stress Disorder benefit after separating from the Participating Public Entity is limited as follows:

- the Traumatic Event associated with the Covered Condition must have occurred while you were in an eligible class as set forth on the Participating Public Entity Specifications page;
- the Clinical Diagnosis of the Covered Condition must be made within 24 months of the date of the Traumatic event associated with the Covered Condition; and
- the claim was submitted within 24 months after you ceased to be in an eligible class.

Any benefits paid after termination of insurance shall be subject to all of the conditions, maximums, limitations, exclusions, and Proof requirements contained in the provisions of this Certificate.

OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll-free number shown on the face page of this Certificate within 30 days or as soon as reasonably possible from the date of Diagnosis.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant with a claim form. If We do not provide the claim form within 10 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF DIAGNOSIS

Proof must be provided to Us not later than 90 days after the date of Diagnosis. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible.

PAYMENT OF BENEFITS

When We receive the claim form and Proof We will review the claim and, if We approve it, We will pay benefits, subject to the terms and provisions of this Certificate and the Group Policy, as described below.

After We receive a claim, We will mail to You or other person claiming payment under this Certificate, within 15 working days for an electronic claim, and within 30 calendar days for a paper claim, either:

- payment of benefits if Proof has been established; or
- notice which states the reasons We may have for failing to pay the claim, either in whole or in part. Our notice will provide itemization of any documents or other information needed to process the claim or any portions of the claim which are not being paid. If We dispute a portion of the claim, benefits for the undisputed portion of the claim (for which Proof has been established) will be paid by Us in accordance with the terms and provisions of this Certificate.

When all of the itemized documents or other information needed to process the claim have been received by Us, We will then have, for an electronic claim, 15 working days, and for a paper claim 30 calendar days, within which to process the claim and either:

- pay benefits if Proof has been established; or
- mail a notice denying the claim, in whole or in part, which provides Our reasons for such denial.

Receipt of any Proof, claim, or documentation by an entity which administers, or processes claims on Our behalf will be deemed receipt of by Us. If We fail to comply with the timeframes stated in this provision, We will pay to You, or other person claiming payment under this Certificate, interest in an amount determined by applicable law on the benefits due under the terms of this Certificate.

All benefits paid under this Certificate will be paid to You, except as follows:

- If You are not alive to receive benefits that are payable to You, We will pay benefits in accordance with the provision below titled Your Beneficiary.

YOUR BENEFICIARY

A beneficiary may be named by You to receive a benefit that becomes payable to You under this Certificate that You are not alive to receive.

You may request to change Your beneficiary at any time. A beneficiary change request must be made to Us in Writing. Once the request is recorded, the change will take effect as of the date You sign the request, whether or not You are living when We receive the request. The change will be subject to any legal restrictions. It will also be subject to any payment We made or action We took before We recorded the

OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER CLAIMS (Continued)

change. If You designated two or more beneficiaries and their shares are not specified, they will share the benefit equally.

If there is no beneficiary designated or no surviving beneficiary at Your death, We will determine the beneficiary according to the following order:

1. Your spouse, if alive;
2. Your child(ren), if there is no surviving spouse;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Instead of making payment in the order above, We may pay Your estate. Any payment made in good faith will discharge Our liability to the extent of such payment. If a beneficiary or a Payee is a minor or incompetent to receive payment, We will pay that person's guardian.

A benefit due under this Certificate will be paid in one sum by check to the beneficiary. Unless the beneficiary requests payment by check, when this Certificate states that We will pay benefits in "one sum", We may pay the full benefits payable:

- by check;
- by establishing an account that earns interest and provides the beneficiary with immediate access to the proceeds; or
- by any other method that provides the beneficiary with immediate access to the full amount of benefits payable.

APPEALING A CLAIM DECISION

If We deny Your claim, You may appeal the decision by Writing to Us at the address indicated on the claim form within 180 days of receiving Our decision. Appeals must be in Writing and must include at least the following information:

- name of the Covered Person;
- name of the Group Policyholder as listed on the cover page of this Certificate;
- name of the Participating Public Entity as listed on the Participating Public Entity Specifications page;
- Group Policy number;
- claim number; and
- an explanation why You are appealing the decision.

As part of Your appeal, You may submit any Written comments, documents, records, or other information relating to Your claim. After We receive Your Written request appealing the decision, We will conduct a review of Your claim. We will notify You in Writing within 45 days after Our receipt of Your request for an appeal of: (i) Our decision; or (ii) if additional time will be required to complete the review. If additional time is needed, We will notify You of the reason additional time is required.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

EXAMINATIONS

With respect to a pending claim, at Our expense and as often as is reasonably necessary, in order to substantiate Our Proof requirements:

- We may require a Covered Person to have an independent examination by a Qualified Diagnostician of Our choice; and/or
- We may require a Covered Person to have an interview by phone or in person with Our representative.

Failure of a Covered Person to have an independent exam or to be interviewed at Our request as specified in this provision may result in the denial of the claim to which the exam or interview pertains.

OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER CLAIMS (Continued)

TIME LIMIT ON LEGAL ACTIONS

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends three years after the date such Proof is required to be filed.

REFUND TO US FOR OVERPAYMENT OF BENEFITS

If, at any time, We determine that benefits paid under this Certificate were more than the benefits due:

- You, or any other person, entity, or health care provider to whom We overpaid benefits have the obligation to reimburse Us for the amount of such overpayment; and
- We have the right to recover the amount of such overpayment from You, or any other person, entity, or health care provider to whom We overpaid benefits, including offsetting future benefits payable under this Certificate to You or such other person, entity or health care provider by an amount equal to the overpayment.

OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY CLAIMS

See the Participating Public Entity Specifications page for information about how to obtain a claim form. Fill the claim form out carefully. Return the completed claim form with the required Proof to Us.

If You are unable to perform Your regular duties as a First Responder due to an Occupational Post-Traumatic Stress Disorder Covered Condition, and You think that You may be Disabled, You should visit www.gfrptsdinsurance.com to obtain claim materials to be submitted to MetLife. We recommend that You do so no later than 14 days after the first day You are unable to perform Your regular duties as a First Responder so that Your claim can be processed in a timely manner.

When You file an initial claim for the Occupational Post-Traumatic Stress Disorder Disability insurance benefits described in this Certificate, both the notice of claim and the required Proof should be sent to Us within 90 days after the end of the Elimination Period.

Notice of claim and Proof for Occupational Post-Traumatic Stress Disorder Disability insurance may also be given to Us by following the steps set forth below:

Step 1

You may give Us notice by calling Us at the toll-free number shown in the Certificate Face Page within 20 days of the date of Diagnosis.

Step 2

We will send a claim form to You and explain how to complete it. You should receive the claim form within 10 days of giving Us notice of claim.

Step 3

When You receive the claim form You should fill it out as instructed and return it with the required Proof described in the claim form. If You do not receive a claim form within 10 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

Step 4

You must give Us Proof not later than 90 days after the end of the Elimination Period.

If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given within 90 days after the end of the Elimination Period or if it is not reasonably possible to give notice of claim or Proof within such period, they are given as soon as is reasonably possible thereafter.

Items To Be Submitted For An Occupational Post-Traumatic Stress Disorder Disability Insurance Claim

When submitting Proof on an initial or continuing claim for Occupational Post-Traumatic Stress Disorder Disability insurance, the following items may be required:

- documentation which must include, but is not limited to, the following information:
 - the date Your Disability started;
 - the cause of Your Disability;
 - the prognosis of Your Disability;
 - the continuity of Your Disability; and
- Your application for other Disability benefits that may result in an offset to Disability benefits We pay.
- Written authorization for Us to obtain and release medical, employment, and financial information and any other items We may reasonably require to document Your disability or to determine Your receipt of or eligibility for other benefit sources;

OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY CLAIMS (Continued)

- any and all relevant medical information, including, but not limited to:
 - photocopies of medical records, including:
 - histories;
 - physical, mental, or diagnostic examinations; and
 - treatment notes; and
 - the names and addresses of all:
 - physicians and medical practitioners who have provided You with diagnosis, treatment or consultation;
 - hospitals or other medical facilities which have provided You with diagnosis, treatment, or consultation;
 - pharmacies which have filled Your prescriptions within the past three years; and
- additional Proof elements as required and described within the additional plan provisions for which you are filing a claim for benefits.

Time Limit on Legal Actions. A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

PHYSICAL AND MENTAL HEALTH EXAMS

If a claim is submitted for Occupational Post-Traumatic Stress Disorder Disability insurance benefits, We have the right to ask the insured to be examined by a Qualified Diagnostician of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam. Such Proof may include physical exams, exams by independent medical examiners, in-home interviews, or functional capacity exams, as needed.

OVERPAYMENTS FOR OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY INSURANCE

Recovery of Overpayments

We have the right to recover any amount that We determine to be an overpayment.

An overpayment occurs if We determine that:

- the total amount paid by Us on Your claim is more than the total of the benefits due to You under this Certificate; or
- payment We made should have been made by another group plan.

If such overpayment occurs, You have an obligation to reimburse Us. Our rights and Your obligations in this regard are described in the reimbursement agreement that You are required to sign when You submit a claim for benefits under this Certificate. This agreement:

- confirms that You will reimburse Us for all overpayments; and
- authorizes Us to obtain any information relating to sources of Other Income.

How We Recover Overpayments

We may recover the overpayment from You by:

- stopping or reducing any future Occupational Post-Traumatic Stress Disorder Disability benefits payable to You or any other payee under this Certificate;
- demanding an immediate refund of the overpayment from You; and
- taking legal action.

If the overpayment results from Our having made a payment to You that should have been made under another group plan, We may recover such overpayment from one or more of the following:

- any other insurance company;
- any other organization; or
- any person to or for whom payment was made.

OCCUPATIONAL POST-TRAUMATIC STRESS DISORDER DISABILITY CLAIMS (Continued)

Lien and Repayment

If You become Disabled and You receive Occupational Post-Traumatic Stress Disorder Disability benefits under this Certificate and You receive payment from an employer funded group long term disability plan (not including any disability insurance purchased in whole or in part by You) for loss of income with respect to the same loss of income for which You received benefits under this Certificate (for example, payment pursuant to Workers' Compensation laws), You shall reimburse Us from the proceeds of such payment up to an amount equal to the benefits paid to You under this Certificate for such Disability. Our right to receive reimbursement from any such proceeds shall be a claim or lien against such proceeds and Our right shall provide Us with a first priority claim or lien over any such proceeds up to the full amount of the benefits paid to You under this Certificate for such Disability. You agree to take all action necessary to enable Us to exercise Our rights under this provision, including, without limitation:

- notifying Us as soon as possible of any payment You receive or are entitled to receive from a third party for loss of income with respect to the same loss of income for which You received benefits under this Certificate;
- furnishing of documents and other information as requested by Us or any person working on Our behalf; and
- holding in escrow, or causing Your legal representative to hold in escrow, any proceeds paid to You or any party by a third party for loss of income with respect to the same loss of income for which You received benefits under this Certificate, up to an amount equal to the benefits paid to You under this Certificate for such Disability, to be paid immediately to Us upon Your receipt of said proceeds.

You shall cooperate and You shall cause Your legal representative to cooperate with Us in any recovery efforts and You shall not interfere with Our rights under this provision. Our rights under this provision apply whether or not You have been or will be fully compensated by a third party for any Disability for which You received or are entitled to receive benefits under this Certificate.

Disability Income Benefit Payments: Who We Will Pay

We will make any benefit payments during Your lifetime to You or Your legal representative as beneficiary. Any payment made in good faith will discharge Us from liability to the extent of such payment. Upon Your death, We will pay any amount that is or becomes due to Your designated beneficiary. If there is no beneficiary designated or no surviving designated beneficiary at Your death, we may determine the beneficiary for any amount that is or becomes due, according to the following order:

1. Your spouse if alive;
2. Your child(ren) if there is no surviving spouse;
3. Your parent(s) if there is no surviving child(ren);
4. Your sibling(s) if there is no surviving parent(s);
5. Your estate if there is no such surviving sibling(s).

If more than one person is eligible to receive payment, We will divide the benefit amount in equal shares.

Payment to a minor or incompetent will be made to such person's guardian. The term "children" or "child" includes natural and adopted children.

Any periodic payments owed to Your estate may be paid in a single sum.

GENERAL PROVISIONS

CHANGES IN STANDARDS

This Certificate refers to classification standards for disease that have been developed by independent third parties. If those independent third parties change the classification standards, or if new standards are developed that become generally accepted in the medical community in the United States, We will interpret this Certificate in a manner that recognizes such changed or new standards when We determine it is appropriate to do so.

- Claims under this plan will be reviewed based on the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, in effect on January 1, 2024.

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

INCONTESTABILITY: STATEMENTS MADE BY YOU

Any statement made by You will be considered a representation and not a warranty. We will not use such a statement to void insurance, reduce benefits or defend a claim unless the following requirements are met:

- the statement is in a form that is in Writing;
- You have Signed the form; and
- a copy of the form has been given to You or Your beneficiary.

We will not use Your statements which relate to insurability to contest this insurance after it has been in force for 2 years unless the statement is fraudulent. In addition, We will not use such statements to contest an increase in benefits after the increase has been in force for 2 years during Your lifetime.

MISSTATEMENTS

If Your age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable prior to a claim for benefits, except as required by law.

CONFORMITY WITH LAW

If the terms and provision of this Certificate do not conform to any applicable law, this Certificate shall be interpreted to so conform.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed.

ACCESS TO DISCOUNTS FOR SERVICES

You will receive access to discounts for certain services, where available.