Employee Group Term Life Certificate of Insurance

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

SECURIAN®

POLICYHOLDER: Chevron Corporation

POLICY NUMBER: 70592

Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

Renée D. Montz
Secretary

President

TABLE OF CONTENTS

Definitions 2
General Information 2
Premiums 3
Death Benefit 3
Termination 4
Conversion Right 4
Additional Information 5

GROUP TERM LIFE CERTIFICATE OF INSURANCE

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

Securian Life Insurance Company
To get information or file a complaint with your insurance company:
Call: Consumer Complaints, toll free at: 1-855-651-3500
Email: ConsumerComplaints@securian.com
Mail: 400 Robert Street North, St. Paul, MN 55101-2098

The Texas Department of Insurance
To get help with an insurance question or file a complaint with the state:
Call with a question: 1-800-252-3439
File a complaint: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

Securian Life Insurance Company
Para obtener información o para presentar una queja ante su compañía de seguros:
Llame a: Consumer Complaints, teléfono gratuito al 1-855-651-3500
Correo electrónico: ConsumerComplaints@securian.com
Dirección postal: 400 Robert Street North, St. Paul, MN 55101-2098

El Departamento de Seguros de Texas
Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:
Llame con sus preguntas al: 1-800-252-3439
Presente una queja en: www.tdi.texas.gov
Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: MC 111-1A, P.O. Box 12030, Austin, TX 78711-2030

Certificate Specifications Page

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SECURIAN®

GENERAL INFORMATION

POLICYHOLDER: Chevron Corporation

POLICY NUMBER: 70592

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.

POLICY SITUS: The policy was issued and delivered in Texas.

POLICY EFFECTIVE DATE: January 1, 2024.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all active employees of the policyholder and its associated companies in the following classes:

Class 1	All Employees on U.S. payroll and determined to be benefit eligible by the Employer
Class 2	All eligible Employees who retired on or after July 1, 2002
Class 3	All Retirees who pay retiree rate table 2 (2-1, 2-2, 2-3) Closed Class
Class 4	All Retirees who pay retiree rate table 6 (6-1) Closed Class
Class 5	All Retirees who pay retiree rate table 7 (7-1) Closed Class

DOUBLE COVERAGE: A person cannot be covered under more than one class. A person cannot be covered as both an active employee and a retiree. Any person who is eligible as an employee/retiree and a dependent can only be covered as either the employee/retiree or the dependent, double coverage is not allowed. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: Not applicable for noncontributory insurance; 31 days from the first day of eligibility for contributory insurance

WAITING PERIOD: None

MINIMUM HOURS PER WEEK REQUIRED: 30 hours per week (applies to class 1 only)

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

Eligible Class	Amount of Basic Life Insurance
Class 1	Two times annual earnings, rounded to the nearest dollar, subject to a minimum of $10,000 and a maximum of $10,000,000. *

Supplemental Life Insurance

Eligible Class	Amount of Supplemental Life Insurance
Class 1	One, two, three, four, five, six, seven or eight times annual earnings, multiplied then rounded to the next higher $5,000 if not already a multiple thereof, subject to a minimum of $20,000 and a maximum of $10,000,000. *

*The combined amount of basic and supplemental insurance for an employee shall not exceed $10,000,000.

RETIREE TERM LIFE INSURANCE:

Basic Retiree Life Insurance

Eligible Class	Amount of Retiree Basic Life Insurance
Class 3	Amounts as on file with the recordholder, subject to a minimum of $31 and a maximum of $1,231,831*

Additional Basic Retiree Life Insurance

Eligible Class	Amount of Additional Retiree Basic Life Insurance
Class 3	Amounts as on file with the recordholder, subject to a minimum of $5,000 and a maximum of $875,000*

Supplemental Retiree Life Insurance

Eligible Class	Amount of Supplemental Retiree Life Insurance
Classes 2, 3, 4 and 5	Amounts as on file with the recordholder, subject to a minimum of $1,000 and a maximum of $10,000,000*

*The combined amount of basic retiree life, additional basic retiree life and supplemental retiree life insurance for a retiree shall not exceed $10,000,000

EMPLOYEE OCCUPATIONAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic Occupational AD&D Insurance

Eligible Class	Amount of Occupational AD&D Insurance
Class 1	The greater of one time annual earnings or $500,000 subject to a maximum of $1,000,000 (Limit of $5,000,000 for a single air travel accident)

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS (applies to Retiree Basic Life, and Retiree Additional Basic Life for former Texaco and Chevron employees in classes 3, 4 and 5 only):	Beginning at age 65, your coverage will reduce by 15% annually (on the anniversary of your retirement, or on your birthday if you continue employment at age 65 or beyond) for up to five years, subject to a minimum remaining amount of insurance of $5,000.
CONTRIBUTORY/NONCONTRIBUTORY:	Basic insurance is noncontributory insurance; supplemental insurance is contributory insurance.
GUARANTEED ISSUE AMOUNT:	The guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance:
All basic insurance is guaranteed issue.

For supplemental insurance:
The lesser of four times annual earnings or $1,500,000.

NOTE: For an employee who was covered for supplemental life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for supplemental life is the amount of supplemental life in force under that prior plan immediately prior to the policy effective date.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS: Increases and decreases due to a change in eligible class or earnings will become effective the date of the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement.

DEPENDENTS BENEFIT SCHEDULE

DEPENDENTS TERM LIFE INSURANCE:
An employee must notify us or the employer when a dependent is no longer eligible for coverage under this certificate so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this certificate will be refunded without any payment of claim.

Spouse/Domestic Partner Life Insurance

Eligible Class	Amount of Spouse/Domestic Partner Life Insurance
Class 1	An amount elected by the employee, in $10,000 increments, subject to a minimum of $10,000 and a maximum of $250,000 not to exceed 100% of the amount of coverage the employee is eligible for.

Child Life Insurance

Eligible Class	Amount of Child Life Insurance
Class 1	$10,000 or $20,000, as elected by the employee not to exceed 100% of the amount of coverage the employee is eligible for. An employee's first eligible newborn child is automatically covered for $5,000 for 31 days from the child's live birth. To continue coverage on the first child, the employee must elect child coverage within those 31 days; otherwise, the coverage shall terminate at the end of the 31-day period.

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

SPOUSE/DOMESTIC PARTNER AGE REDUCTIONS: None

CONTRIBUTORY/NONCONTRIBUTORY: Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT: The guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For spouse/domestic partner insurance: $30,000
For child insurance: All child life is guaranteed issue

NOTE: For employees with eligible dependents immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

EFFECT OF EMPLOYEE'S RETIREMENT: All dependents insurance terminates upon the employee's retirement except as provided under the portability provision.

ADDITIONAL INFORMATION

CONVERSION OF RETIREE AGE REDUCTIONS: All retirees in classes 2, 3, 4, or 5 who are subject to age reductions will have the option to convert the amount of coverage lost due to the reduction. Application for conversion must be made within 60 days of the reduction in accordance with the Conversion section in the Employee Group Term Life Certificate of Insurance.

ELECTION CHANGES: Changes to your elections can only be made at annual open enrollment or within 31 days of a Qualified Status Change, as that term is defined by your employer. Coverage that does not require evidence of insurability will be effective on the date of the change in status for a Qualified Status Change, and on the following January 1 for an election change at annual enrollment. Coverage that requires evidence of insurability will be effective on the date it is approved by us for a Qualified Status Change or the later of the date it is approved by us or the following January 1 for a request made at annual enrollment.

EVIDENCE OF INSURABILITY: Evidence of insurability satisfactory to us will be required:

- In order for a newly eligible employee to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.
- In order for a newly eligible spouse/domestic partner to become insured for an amount of insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the spouse/domestic partner will be insured for the guaranteed issue amount.
- At Qualified Status Change, a request that exceeds the amounts indicated below as not requiring evidence of insurability.
- At Qualified Status Change if the change is not in the list below in the "Certain Qualified Status Changes" section.
- A request for an increase in coverage at any open enrollment period as determined by your employer.

ONE TIME OPEN ENROLLMENT: The employer will hold a one-time open enrollment prior to the policy effective date. During this enrollment, the following elections will not require evidence of insurability:

- Employee may elect supplemental life coverage for the first time at the one time earnings level or increase existing supplemental life coverage by one increment not to exceed the guaranteed issue amount of $1,500,000.
- An employee may elect spouse/domestic partner life insurance for the first time at the $10,000 level, or increase existing spouse/domestic partner life insurance by one level not to exceed the plan maximum amount of $250,000 or 100% of the amount of coverage the employee is eligible for.
- Any child life election, providing the resulting amount does not exceed 100% of the amount of coverage employee is eligible for.

Coverage will be effective on the policy effective date, subject to the actively at work requirement for employees.

CERTAIN QUALIFIED STATUS CHANGES:

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 31 days of the status change:

- An employee may elect supplemental life insurance for the first time at the one-time annual earnings level or increase his or her existing supplemental life coverage by one time annual earnings, provided the resulting amount of insurance does not exceed the lesser of four times annual earnings or $1,500,000.
- An employee may elect or increase his or her spouse/domestic partner life insurance by one increment, including enrolling in spouse/domestic partner life insurance for the first time at the $10,000 level, provided the resulting insurance amount does not exceed $250,000 or 100% of the amount of coverage the employee is eligible for.
- An employee may elect any child life amount providing the amount does not exceed 100% of the amount of coverage the employee is eligible for.

Coverage will be effective on the first of the month following the date of the qualifying event, subject to the actively at work requirement for employees.

Qualified Status Change for this purpose means:

- Birth or adoption or otherwise acquiring a newly eligible child
- Marriage or creation of a domestic partnership
- Divorce, annulment, dissolution of a domestic partnership.
- Legal separation.
- Death of a spouse/domestic partner or child.
- Termination of spouse/domestic partner's employment.
- Change in benefit plan available to spouse/domestic partner.
- Change in employment status for you or your spouse/domestic partner that affects eligibility for benefits.

CERTIFICATE SUPPLEMENTS (found later in this document):

Accelerated Benefits	Applies to all classes. Employees of Unocal are not eligible for this benefit.
Business Travel Accident	Applies to Class 1 (see Business Travel Accident Certificate Supplement for details on other employees eligible for this benefit)
Dependents Term Life	Applies to class 1
Occupational Accidental Death and Dismemberment (OJA)	Applies to Class 1
Portability	Applies to class 1

Definitions

application

Your application for insurance under the group policy and, if required, your evidence of insurability application.

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your regular pay determined on an annualized basis as follows: If your regular pay is an annual salary, such annual salary amount will be your annualized regular pay (earnings). If your regular pay is paid on a weekly or hourly basis, your annualized regular pay (earnings) will be determined by multiplying your base rate of pay by the annual number of weeks or hours in your regular work schedule as determined by the Corporation. In general, regular pay includes pay received while on a paid leave of absence and any before-tax contributions to benefit plans but not the premium portion of overtime pay, shift differentials, special payments (bonuses or incentives), commissions, or any pay you may receive for work you do outside of your regular schedule.

employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees or corporate directors who are not otherwise employees.

employer

The policyholder or any designated associated companies.

evidence of insurability

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured

A person who is eligible for and becomes insured according to the terms of this certificate, including any person insured by supplement to this certificate.

non-work day

A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance

Insurance for which you are not required to make premium contributions.

policyholder

The owner of the group policy as shown on the specifications page.

waiting period

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page. You are not eligible until the first day following the waiting period.

we, our, us

Securian Life Insurance Company.

you, your

An insured employee.

General Information

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application as defined under this certificate is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application.

Can this certificate be amended?

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Who is eligible for insurance?

You are eligible if you:

(1) are a member of the eligible group and of an eligible class as shown on the specifications page; and
(2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page; and
(3) have satisfied the waiting period as shown on the specifications page; and
(4) meet the actively at work requirement as shown in the section entitled "What is the actively at work requirement?".

Are employees of associated companies eligible for insurance under the group policy?

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to the policy terminating will apply to such employees.

Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as reflected in the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

When will we require evidence of insurability?

The specifications page describes when evidence of insurability is required.

When does insurance become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

(1) you meet all eligibility requirements; and
(2) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
(3) we are satisfied with your evidence of insurability, if we require evidence.

Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

Premiums

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a regular, periodic basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the applicable premium rate multiplied by the number of $1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

Premium rates are subject to change according to the provisions of the group policy.

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is equal to the amount of insurance for which you are insured, based on the plan of insurance applicable to your class as described on the specifications page, and your elections.

Can you request a change in the amount of your contributory insurance?

Yes. The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

(1) your coverage is in force; and
(2) we have written consent of all irrevocable beneficiaries; and
(3) you have not assigned the ownership of your insurance.

A beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed but will not affect any payment we make or action we take before receiving the designation.

You may also choose to name a beneficiary that you cannot change without the beneficiary's consent. This is called an irrevocable beneficiary.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries.

In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

(1) your lawful spouse or domestic partner, as applicable, if living; otherwise
(2) your natural or legally adopted child (children) in equal shares if living; otherwise
(3) your parents in equal shares, if living; otherwise
(4) your natural or legally adopted siblings in equal shares, if living; otherwise
(5) your estate.

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

(1) the date the group policy ends; or
(2) the date you no longer meet the eligibility requirements (for Class 1 this includes termination of coverage on the first day of a strike); or
(3) the date the group policy is amended so you are no longer eligible; or
(4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
(5) the last day for which premium contributions have been paid following your request to cease participation under this certificate.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within 31 days and within the same plan year after the date your coverage under this certificate terminated (12 months for termination due to a strike), your prior coverage may be reinstated, without evidence of insurability. If you die prior to our receipt of your reinstatement application and the required premium, no benefit will be paid.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 60 days prior written notice. We reserve the right to terminate the group policy on the earlier of the following to occur:

(1) 31 days (the grace period) after the due date of any premiums which are not paid; or
(2) 60 days after we provide the policyholder with notice of our intent to terminate the group policy.

Conversion Right

What is the conversion right?

You may be able to convert this insurance to a new individual life insurance policy if all or part of your life

insurance under the group policy terminates due to the reasons listed below.

What is the full conversion right?

You may convert up to the full amount of terminated insurance if termination occurs because of termination of employment or of membership in the class or classes eligible for coverage.

What is the limited conversion right?

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

(1) the group policy is terminated; or
(2) the group policy is changed, by amendment or otherwise, to reduce or terminate your insurance.

For a limited conversion, you may convert an amount up to the lesser of:

(1) $10,000; and
(2) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 60 days of the date your insurance terminated under the group policy.

When is conversion not available?

Neither the full conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

To what type of policy may you convert?

Under both the full conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits or accidental death and dismemberment benefits.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within 60 days after the date your group insurance terminates. No evidence of insurability will be required.

How is the premium for the individual policy determined?

The premium for the individual policy is based upon the individual policy type, risk class, coverage amount and your age on the date of conversion.

When is the individual policy effective?

The individual policy takes effect 60 days after the group insurance provided under the group policy terminates.

What happens if you die within 60 days of when your group insurance terminates?

If you die within 60 days of when your group insurance terminates, and meet the conversion eligibility requirements, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section. If you have completed a conversion application, we will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to your beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

Additional Information

What if your age has been misstated?

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment from any benefit payable will be made so that the actual premium required at your correct age is paid. If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

Is there any cash value to this coverage?

No. This is term life insurance and it does not build cash value.

What is the suicide limitation?

If you, whether sane or insane, commit suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in your amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

Can your insurance coverage be contested?

Yes. If you die or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage,

we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded, and an otherwise valid claim will be denied. This two year period can be extended for fraud or as otherwise allowed by law.

Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application.

Who is the owner of this coverage?

Unless assigned otherwise, you, the insured employee, are the owner of all coverage provided under your certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the amount of insurance, assigning any or all ownership rights, converting coverage to an individual policy and terminating the coverage.

Can your insurance be assigned?

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

Can a change in ownership for a certificate be requested?

Yes. A change in ownership is a type of assignment. All provisions for assignments apply to ownership changes.

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the group policy, and shall provide access to such records when required for us to administer the policy.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. A clerical or administrative error, however, does not continue insurance which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

What is the policy interpretation right and authority?

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Securian Life has the exclusive right and authority, in its sole discretion, to interpret the group policy and decide all matters arising thereunder. Securian Life's exercise of that authority shall be conclusive and binding on all persons unless it can be shown that the determination was arbitrary and capricious.

Benefits received under this Accelerated Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

General Information

This supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount of an insured's death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit. An accelerated payment will not include any accidental death or dismemberment benefit payable under an Accidental Death and Dismemberment Certificate Supplement. You must give notice of claim while living and while your life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 24 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse of any such individuals.

Accelerated Benefit

Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse/domestic partner or dependent child insured under your certificate.

When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

(1) the insurance is in force and all premiums due are fully paid; and
(2) you have not assigned and are the sole owner of the certificate; and
(3) the certificate does not have an irrevocable beneficiary.

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is $10,000. The maximum death benefit that can be accelerated for Class 1 is the lesser of 100% of an insured's death benefit provided for under the certificate or $1,000,000. For Classes 2, 3, 4 and 5, the lesser of 80% of an insured's death benefit provided for under the certificate or $500,000.

Is a partial accelerated benefit available?

Yes. You may choose to accelerate only a portion of an insured's death benefit, providing the remaining amount of insurance is at least $25,000. This is called a partial accelerated benefit.

You may reapply for the payment of the remaining amount of insurance at any time. However, the total amount of the death benefit for all accelerated benefit payments for Class 1 cannot exceed the lesser of 100% of the insured's death benefit provided under the certificate or $1,000,000, and the lesser of 80% of the insured's death benefit provided under the certificate or $500,000 for Classes 2, 3, 4 and 5. We may ask for further evidence satisfactory to us in substance and in form that the insured meets all requirements for the accelerated benefit.

When will we pay an accelerated benefit?

We will pay an accelerated benefit upon receipt at our home office of written proof satisfactory to us in substance and in form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If you die before we issue payment of an accelerated benefit to you, we will pay the life insurance benefits to your life insurance beneficiary(s).

What is the effect on the insured's coverage of the receipt of an accelerated benefit?

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of

individual life insurance according to the conversion right section of the certificate.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

Termination

When does an insured's coverage under this supplement terminate?

An insured's accelerated benefits coverage terminates on the earliest of:

(1) the date the insured is no longer insured for life insurance under the certificate; or
(2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
(3) the date the group policy is terminated.

Additional Information

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, an accelerated benefit is not available if you:

(1) are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
(2) are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

Do we have the right to obtain independent medical verification?

Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid.

Secretary

President

Business Travel Accident Certificate Supplement

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

SECURIAN®

General Information

This supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of the certificate of insurance unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

What does this supplement provide?

This supplement provides a benefit for certain business travelers' accidental death and dismemberment which occurs as a result of an accidental injury that is sustained during certain business related travel.

Who is eligible for insurance under this supplement?

The following classes of travelers are eligible to be insured under this supplement:

Class 1: All U.S. Health and Welfare Benefits eligible active employees as defined by Chevron Corporation, excluding U.S. Payroll Expatriate Employees of Chevron Corporation assigned overseas; and
Class 2: Spouses/Domestic Partners of Class 1 and Class 4 members; and
Class 3: Dependent Children of Class 1 and Class 4 members; and
Class 4: All U.S. Payroll Expatriate Employees of Chevron Corporation assigned overseas.

When does insurance under this supplement become effective?

A person will become insured on the date he or she becomes eligible for the insurance.

Definitions

Airworthiness Certificate

"Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the government authority having jurisdiction over civil aviation in the country of registry.

Passenger

A person not performing as a pilot, operator or crew member of a conveyance.

Employer Aircraft

Any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the employer.

This includes the temporary use of a substitute aircraft, with no greater seating capacity, if the employer owned or leased aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction.

Sojourn or Personal Deviation

Non-business travel or activities while on the business of the employer but unrelated to furthering the business of the employer. Soujorn or personal deviation cannot exceed seven consecutive days immediately before, during or after the authorized trip.

Specialized Aviation Activity

An aircraft while it is being used for one or more of the following activities:

(1) acrobatic or stunt flying;
(2) racing;
(3) any endurance tests;
(4) any flight on a rocket-propelled or rocket-launched aircraft;
(5) crop dusting;
(6) crop seeding;
(7) crop spraying;
(8) fire fighting;
(9) exploration;
(10) pipe line inspection;
(11) power line inspection;
(12) any form of hunting;
(13) bird or fowl herding;
(14) aerial photography;
(15) banner towing;
(16) any test or experimental purpose;
(17) any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

Trip

A trip taken by an insured which begins when the insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last) and is deemed to end when the insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the insured is on an authorized leave of absence or vacation or travel to and from the insured's place of regular employment.

While on the business of the employer

While on assignment by or at the direction of the employer for the purpose of furthering the business of the employer. This does not include any period of time:

(1) while the insured person is working at his or her regular place of employment, even if that regular place of employment includes travel in a vehicle. For example, driving or riding in a truck or other work vehicle as part of normal job duties is not considered business travel; or
(2) during local travel during the course of a normal day's work, such as running errands, picking up supplies or similar activities or traveling from one worksite to another; or
(3) during the course of everyday travel to and from work; or
(4) during an authorized leave of absence or vacation.

Accidental Death and Dismemberment Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when the insured's loss, death, or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of the insured's death or dismemberment. The injury and accidental loss, death or dismemberment must occur while the insured's coverage is in force. The insured's loss, death or dismemberment must occur within 365 days after the date of the accidental injury. The injury must be sustained under the circumstances of the Description(s) of Hazards and any Additional Covered Hazards that apply to the insured.

In no event will we pay the accidental death or dismemberment benefit where the insured's accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

(1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
(2) suicide or attempted suicide, whether sane or insane; or
(3) the insured's participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
(4) bodily or mental infirmity, illness or disease; or
(5) the use of alcohol; or
(6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
(7) motor vehicle collision or accident where the insured is the operator of the motor vehicle and the insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
(8) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
(9) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
(10) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flights or other non-scheduled flights on a licensed passenger aircraft; or
(11) war or any act of war, whether declared or undeclared.

What is the amount of insurance?

The amount of insurance for each insured is based on his or her class, as follows:

CLASS	AMOUNT OF INSURANCE
1	Three times annualized regular pay as determined by the employer, up to a maximum benefit of $1,000,000.
2	Three times the employee's annualized regular pay as determined by the employer, up to a maximum benefit of $500,000.
3	$50,000
4	Three times annualized regular pay as determined by the employer, up to a maximum benefit of $1,000,000.

AGGREGATE LIMIT: Our total liability for all losses for any one accident will not exceed $5,000,000. If the total benefits otherwise payable would exceed this amount, the amount payable for each insured will be in the same proportion as the $5,000,000 bears to the total amount of insurance that would have otherwise been payable except for this provision.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of the insured's insurance. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
Speech and Hearing in Both Ears	100%
One Hand and One Foot	100%
One Foot and Sight of One Eye	100%

One Hand and Sight of One Eye 100%
Quadriplegia 100%
Paraplegia..... 75%
Sight of One Eye 50%
Speech or Hearing in Both Ears 50%
One Hand or One Foot..... 50%
Hemiplegia……..50%
Thumb and Index Finger of One Hand.....25%
Uniplegia……..25%
Loss of Hearing in One Ear……..25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb or finger means complete severance at or above the metacarpophalangeal joints (the joints closest to the palm of the hand).

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet). Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body. Uniplegia means total and permanent paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming the upper limb, and from the waist down including total paralysis of the foot if claiming a lower limb)

A benefit is not payable for both loss of one hand and the loss of thumb and index finger of one hand for injury to the same hand as a result of any one accident (the largest benefit of these overlapping losses only will be paid). Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of insurance payable for an insured's losses due to any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of insurance shown in the section of this supplement entitled, "What is the amount of insurance?".

Benefits are also subject to the Aggregate Limit, which applies to all payments for any one accident, including any Additional Benefits.

When will the business travel accident benefit be payable?

We will pay the business travel accident benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that the insured died or suffered dismemberment as a result of a covered accidental injury meeting the requirements of the applicable Description(s) of Hazards and any Additional Covered Hazards. All payments by us are payable from our home office. The benefit will be paid in a single sum or in any other method agreeable to us and the beneficiary.

Note: Any benefit payable under the policy as noted above, shall be reduced by any benefits payable by a Foreign Compulsory Plan. A Foreign Compulsory Plan means any form of life insurance, death, paralysis, or dismemberment benefit that laws of any foreign country require you to provide for an Insured or an Insured's beneficiary, surviving spouse or dependent, to the extent that the cost of such benefits is borne directly or indirectly by you.

To whom do we pay the benefit?

In the case of an insured's accidental death, the benefit will be paid to the beneficiary or beneficiaries in accordance with the Death Benefit section of the group policy. The benefit for other losses sustained by an insured will be paid to the insured, if living, otherwise to his or her estate.

Description(s) of Hazards

What are the Description(s) of Hazards?

The Description(s) of Hazards explains the circumstances under which a loss due to an accidental injury will be eligible for a payment under this supplement.

I. Description of Hazards – 24 Hour Accident Protection While on a Trip (Business Only – Common Carrier Only) Applicable to Classes 1, 2, 3 and 4 (class 4 covered on and after the 91st day of coverage)

This Description of Hazards covers the insured for covered loss due to an injury sustained while on the business of the employer during the course of any trip, including Sojourn or Personal Deviation taken during the course of any such trip, made by the insured as described below:

(1) Air Travel while on the business of the employer and while riding (includes getting on or off) as a fare-paying passenger on a regularly scheduled commercial airlines, or on any other non-scheduled flight on a licensed aircraft (excluding employer aircraft or an insured's personal aircraft). This would include coverage if the insured had to make a parachute jump from a covered aircraft to save their own life.
(2) Other Travel while on the business of the employer while riding (includes getting on or off) as a fare-paying passenger in a vehicle licensed to transport passengers for hire, including taxi, train or bus. Coverage does not include an accident involving an automobile owned or leased by the insured, engaged by the insured from a rental agency, or assigned or provided to the insured by the employer.

II. Description of Hazards – 24 Hour Accident Protection Applicable to Class 4 only for the first 90 days of coverage only

This Description of Hazards covers the insured for injuries sustained anywhere in the world. Coverage is subject to all of the terms and exclusions of the policy.

III. Description of Hazards – Employer Aircraft-Passenger Only (Business Only)
Applicable to classes 1, 2, 3 and 4 (class 4 covered on and after 91st day of coverage)

This Description of Hazards covers injuries that happen to an insured anywhere in the world while on the business of the employer and while riding in (includes getting on or off) an employer aircraft. Such aircraft must be piloted by a properly licensed pilot with the employer's consent and must not be being used for specialized aviation activities.

Exclusion (10) on page 2 of this supplement is waived with respect to an insured to whom this hazard applies, with respect to injury sustained by such person under the circumstances described in this hazard.

IV. Description of Hazards – Pilot/Crew Member (Business Only) Applicable to classes 1 and 4 (class 4 covered on and after the 91st day of coverage)

This Description of Hazards applies to employees while on the business of the employer and flying as a pilot or crew member on a employer aircraft with the employer's consent. Such aircraft must be piloted by a person holding a currently effective pilot certificate with appropriate ratings for the aircraft and flight involved. The aircraft must not be being used for specialized aviation activities.

Additional Covered Hazards

Relocation Hazard (applies to classes 2 and 3)

This hazard covers an insured spouse/domestic partner and/or dependent child(ren) for injuries sustained as a result of a covered accident which occurs during a trip due to the employee's relocation. Coverage begins when the insured leaves their current place of residence and is deemed to end when the insured reaches their new place of residence.

Relocation means a change in the insured employee's place of employment to another location by the policyholder. Personal deviations are not included.

War Risk Hazard (applies to all classes)

This hazard covers the insured for injury sustained while on the business of the employer and as a result of declared or undeclared war, or any act of declared or undeclared war which occurs within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of a war risk territory.

A designated war risk territory means named countries or parts of countries.

War risk territory does not include: Afghanistan, Algeria, Iran, Iraq, Libya, North Korea, Pakistan, Syria, Ukraine, United States of America, Yemen, or the insured's country of permanent residence.

Any benefit payable for losses caused directly or indirectly by war or an act of war outside of these limits shall not exceed $5,000,000 for all insureds' losses due to the same accident. A benefit will not be payable for war or any act of declared or undeclared war in which the insured is an active participant.

This hazard does not apply with respect to an insured traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such injury occurs while the insured is performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.

We may change the premium rate for the inclusion of war risk coverage under this plan at any time if:

(1) war risk conditions change in the designated war risk territories; or
(2) there is a change in which areas are defined to be designated war risk territories; or
(3) the employer's exposure to war risk in the designated war risk territories changes in any way.

We will provide the employer written notice of any change in the premium rate for the inclusion of the war risk at least 10 days in advance of the effective date of the change.

The employer agrees to report, in writing, exposure of insured persons in the designated war risk territories monthly. The report must include the name of each insured person exposed, his or her specific itinerary and destinations in the designated war risk territories, the effective and termination date of his or her exposure, and his or her principal sum with respect to the war risk during the period of exposure.

The terms and conditions of the war risk, including but not limited to the definition of the designated war risk territories, may be changed at any time, to reflect conditions that, in our opinion, constitute a change in the employer's war risk exposure.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the business travel accident benefits. Additional benefits are paid in addition to any business travel accident benefits described in the Accidental Death and Dismemberment section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions and requirements listed under the "What does accidental death or

dismemberment by accidental injury mean?" section, shall apply to these additional benefits**.**

Air Bag Benefit (applies to all classes)

What is the air bag benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional accidental death and dismemberment equal to the lesser of:

(1) $50,000; or
(2) 10% of the insured's amount of business travel accident insurance.

In order to be eligible for this benefit, the following must apply:

(1) the seat in which the insured was seated was equipped with a properly installed airbag at the time of the accident; and
(2) the private passenger car is equipped with seatbelts; and
(3) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
(4) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag means a passive restraint device in a vehicle which inflates upon collision to protect an individual from injury or death.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency. A private passenger car means a validly registered four-wheeled private passenger car or employer-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Child Care Benefit (applies to Classes 1, 2 and 4)

What is the child care benefit?

If an insured employee or spouse/domestic partner dies as a result of a covered accident and is survived by one or more dependent children under age 13, we will pay additional benefits to reimburse for child care expenses incurred for the dependent children while under age 13.

The benefit for each child per year will be the lesser of:

(1) 5% of the employee's amount of business travel accident insurance; or
(2) $5,000; or
(3) actual incurred child care expenses.

Child care expenses are those expenses which are for a service or supply furnished by a licensed child care provider or facility for a dependent child's care. No payment will be made for expenses incurred more than four years after the date of the employee's death or for expenses incurred for dependent children over age 13. Proof of incurred child care expenses shall be required before any benefit payment is made.

The child care benefit will be paid to the surviving parent, to the child's guardian, the custodian under the Uniform Transfers to Minors Act or to an adult caretaker when permitted under state law.

Coma Benefit (applies to all classes)

What is the coma benefit?

If an insured lapses into a coma as a result of and within 90 days of a covered accidental injury, and such coma has lasted for a minimum of 31 days, we will pay a monthly benefit equal to the lesser of:

(1) 1% of the insured's amount of business travel accident insurance; or
(2) 1% of the difference between the insured's amount of business travel accident insurance and the amount of any benefits paid under the loss schedule for the same accident. (if the full amount of business travel accident insurance has been paid, no benefit is payable under this section).

This benefit will be paid monthly until the earliest of the following:

(1) the date the insured recovers such that he or she is no longer in a coma as defined herein; or
(2) the date of the insured's death. If an accidental death payment is due under this supplement, the amount of such payment will be reduced by the amount of business travel accident insurance paid under this coma provision; or
(3) 100 monthly benefits have been paid.

Coma means a state of profound unconsciousness with no evidence of appropriate responses to stimulation. The insured must be confined in a medical facility and diagnosed as comatose by a licensed physician.

Dependent Child Education Benefit (applies to Classes 1, 2 and 4)

What is the dependent child education benefit?

We will pay an education benefit on behalf of the insured's dependent children if an insured employee or spouse/domestic partner dies as a result of a covered accident and is survived by one or more insured dependent children, provided that:

(1) at the time of the insured employee's death, the dependent child is enrolled as a full-time student at an accredited post-secondary educational

institution (however, no benefit will be payable for the current school year); or
(2) the dependent child enrolls on a full-time basis in an accredited post-secondary educational institution within one year of the employee's death.

The benefit payable will be the lesser of:

(1) the actual tuition charged, exclusive of room and board; or
(2) 5% of the insured employee's amount of business travel accident insurance; or
(3) $5,000.

The benefit will be payable at the beginning of each school year for a maximum of four consecutive years, but not beyond the date the child attains age 25. The benefit will be paid to the insured dependent child if he or she is of legal age. If the insured dependent child is not of legal age the benefit will be paid to the person who provides proof they have paid or will pay the tuition bill for that school year. Proof of enrollment and tuition costs are required for each school year.

Disappearance Benefit (applies to all classes)

What is the disappearance benefit?

If an insured's body has not been found after one year from the date the conveyance in which he or she was traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy and proof satisfactory to us that the accident occurred and the insured was a passenger on the conveyance, that the insured has died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under this supplement.

Exposure Benefit (applies to all classes)

What is the exposure benefit?

If an insured suffers a loss under the Type of Loss schedule due to exposure to the elements, it will be covered as if it were due to injury, provided such loss results from unavoidable exposure to the elements by reason of a covered accident.

Seatbelt Benefit (applies to all classes)

What is the seatbelt benefit?

If an insured dies or suffers a covered dismemberment as a result of a covered accident which occurs while he or she is driving or riding in a private passenger car, we will pay an additional accidental death and dismemberment benefit equal to the lesser of:

(1) $50,000; or
(2) 10% of the insured's amount of business travel accident insurance.

In order to be eligible for this benefit, the following must apply:

(1) the private passenger car was equipped with seatbelts; and
(2) a seatbelt was in proper use by the insured at the time of the accident as certified in the official accident report or by the investigating officer; and
(3) at the time of the accident, the driver of the private passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs.

Seatbelt means a properly installed seatbelt (or child restraint if the insured is a child), lap and shoulder restraint, or other restraint approved by the National Highway Traffic Safety Administration or any successor governmental agency.

A private passenger car means a validly registered four-wheeled private passenger car or employer-owned car, jeep, pickup truck or van, including a sport utility vehicle (SUV), that is not licensed commercially or being used for racing, or acrobatic or stunt driving.

Spouse/Domestic Partner Education Benefit (applies to classes 1 and 4)

What is the spouse/domestic partner education benefit?

We will pay an education benefit on behalf of the employee's spouse/domestic partner if an insured employee dies as a result of a covered accident and is survived by his or her spouse/domestic partner, provided that the spouse/domestic partner enrolls in a program of higher education within 12 months after the employee's death.

The benefit payable will be the least of:

(1) the actual tuition charged for all such education; or
(2) $5,000.

Only expenses occurring within four years after the date of the employee's death will be eligible for reimbursement.

Total and Permanent Accidental Disability Single Payment Benefit (applies to classes 1 and 4)

What is the total and permanent accidental disability single payment benefit?

If an insured employee becomes totally and permanently disabled as a result of a covered accident for which a benefit is not already payable under the schedule of losses, subject to all exclusions and limitations, we will pay a single payment benefit of 100% of his or her amount of business travel accident insurance

A total and permanent accidental disability is an accidental disability which occurs prior to your 70th birthday, has continued for at least 12 consecutive months, and will continuously prevent you from engaging in a business or

an occupation for compensation or profit on a full or part time basis, and which will presumably prevent you for life from performing any work or engaging in any business on a full or part time basis.

If an accidental death payment is due under this supplement, the amount of such payment will be reduced by the amount of business travel accident insurance paid under this total and permanent accidental disability benefit.

Termination

When does an insured's coverage under this supplement terminate?

An insured's coverage ends on the earliest of:

(1) the date this supplement terminates; or
(2) the date the insured ceases to be in an eligible class; or
(3) 31 days (the grace period) after the due date of any premium contribution which is not paid.

When does this supplement terminate?

This supplement will terminate on the earlier of:

(1) the date requested from the policyholder to terminate the Business Travel Accident coverage for its plan; or
(2) the date the group policy is terminated.

Additional Information

Can insurance under this supplement be converted to a policy of individual insurance upon termination?

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

Renée D. Montz
Secretary

President

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

(1) your lawful spouse who is not legally separated from you; or
(2) your domestic partner who meets and continues to meet all of the criteria detailed in Chevron's Affidavit of Domestic Partnership and the Domestic Partnership has been internally registered with the Corporation by filing an original, properly completed, notarized Chevron Affidavit of Domestic Partnership that has been accepted by the Corporation; and
(3) your or your spouse/domestic partner's natural, legally adopted, stepchildren, or children for whom you or your spouse/domestic partner are legal guardians for, who are less than 26 years old. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or unborn children are not eligible). Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26 and are financially dependent on your for more than one-half of their support and maintenance.

A person who is eligible as an employee or retiree under the policy, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

(1) the dependent meets all eligibility requirements; and
(2) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and
(3) we are satisfied with the dependent's evidence of insurability, if we require evidence.

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page.

To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise to your estate.

Termination

When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

(1) the date the dependent no longer meets the eligibility requirements; or
(2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
(3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
(4) the date you are no longer covered under the group policy; or
(5) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

(1) the date requested by the policyholder to cancel the Dependents Term Life coverage for its plan; or
(2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because he or she is no longer eligible, or because of your death, or because of termination or

amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate to which this supplement is attached will apply.

What is the suicide limitation?

If an insured dependent, whether sane or insane, commits suicide within two years from the effective date of any contributory life insurance, our liability with respect to that coverage will be limited to an amount equal to the premiums paid for the coverage.

If there has been an increase in an insured dependent's amount of contributory life insurance for which you were required to apply or for which we required evidence of insurability, and if the dependent dies by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

The suicide exclusion does not apply to an insured child.

Renée D. Montz

Secretary

President

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

What does this supplement provide?

This supplement provides a benefit for your occupational accidental death or dismemberment. The death or dismemberment must occur as a result of an accidental injury occurring while performing your customary duties at the employer's normal place of business or at other places the employer's business requires you to travel.

Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to life insurance coverage under the certificate and who is in a class eligible for this benefit, as shown on the specifications page, is eligible for insurance under this supplement.

When does insurance under this supplement become effective?

Insurance becomes effective on the date that the following conditions have been met:

(1) you meet all eligibility requirements; and
(2) for contributory coverage, application is made in accordance with the application methods agreed upon by the employer and us.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when your loss, death, or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen and which occurs while you are performing your customary duties for the employer. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of your death. The injury and accidental loss, death or dismemberment must occur while your coverage is in force. Your loss, death or dismemberment must occur within 365 days after the date of the accidental injury. In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

(1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane; or
(2) suicide or attempted suicide, whether sane or insane; or
(3) an injury which occurs outside the course and scope of your employment; or
(4) your participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto; or
(5) bodily or mental infirmity, illness or disease; or
(6) the use of alcohol; or
(7) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or
(8) motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto; or
(9) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the accidental injury; or
(10) medical or surgical treatment or diagnostic procedures or any resulting complications, including complications from medical misadventure; or
(11) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight , or as a passenger, pilot or crew member on an aircraft owned or operated by the employer on a licensed passenger aircraft carrier; or
(12) war or any act of war, whether declared or undeclared.

What is the amount of the AD&D benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page. The percentage if determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
Speech and Hearing in Both Ears	100%
One Hand and One Foot	100%
One Foot and Sight of One Eye	100%

One Hand and Sight of One Eye 100%
Quadriplegia 100%
Paraplegia..... 75%
Sight of One Eye 50%
Speech or Hearing in Both Ears 50%
One Hand or One Foot..... 50%
Hemiplegia..... 50%
Thumb and Index Finger of One Hand..... 25%
Uniplegia..... 25%
Loss of Hearing in One Ear……..25%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb or finger means complete severance at or above the metacarpophalangeal joints (the joints closest to the palm of the hand).

Quadriplegia means total and permanent paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet). Paraplegia means total and permanent paralysis of both lower limbs (from the waist down including total paralysis of both feet). Hemiplegia means total and permanent paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body. Uniplegia means total and permanent paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming an upper limb and from the waist down including total paralysis of the foot if claiming a lower limb).

A benefit is not payable for both loss of one hand and the loss of thumb and index finger of one hand for injury to the same hand as a result of any one accident (the largest benefit of these overlapping losses only will be paid). Under no circumstance will more than one payment be made for the loss or paralysis of the same limb, eye, finger, thumb, hand, foot, sight, speech, or hearing if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this supplement for any one accident, not including any amount paid according to the terms of the Additional Benefits section of this supplement, will never exceed the full amount of an insured's AD&D insurance.

When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died or suffered a covered dismemberment as a result of an accidental injury meeting the requirements of this supplement.

All payments by us are payable from our home office. The benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom do we pay the benefit?

Your accidental death benefit will be paid to the person or persons entitled to receive a death benefit under the terms of the certificate. The benefit for all other losses sustained by you will be paid to you, if living, otherwise to your estate.

Additional Benefits

Unless stated otherwise, additional benefits are payable to the same person or persons who receive the AD&D benefits. Additional benefits are paid in addition to any AD&D benefits described in the Accidental Death and Dismemberment Benefit section, unless otherwise stated. All provisions of this supplement, including but not limited to the exclusions and requirements listed under the "What does accidental death or dismemberment by accidental injury mean?" section, shall apply to these additional benefits

Disappearance Benefit

What is the disappearance benefit?

If your body has not been found after one year from the date the conveyance in which you were traveling disappeared, exploded, sank, became stranded, made a forced landing or was wrecked, it shall be presumed, subject to all other terms of the policy and proof satisfactory to us that the accident occurred and you were a passenger on the conveyance, that you have died as a result of an accidental injury which was unintended, unexpected and unforeseen. If all other requirements of this supplement are met, such death shall be considered a covered loss under this supplement.

Exposure Benefit

What is the exposure benefit?

A loss under the Type of Loss schedule due to exposure to the elements will be covered as if it were due to injury, provided such loss results from unavoidable exposure to the elements by reason of a covered accident.

Termination

When does your coverage under this supplement terminate?

Your coverage ends on the earlier of:

(1) the date you are no longer eligible for the coverage; or
(2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
(3) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

(1) the date requested by the participating employer to cancel this Occupational Accidental Death and Dismemberment benefit for its plan; or
(2) the date the group policy is terminated.

Additional Information

Can insurance under this supplement be converted to a policy of individual insurance upon termination?

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

Renée D. Montz

Secretary

President

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

SECURIAN®

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance, the insured must make a written request and make the first premium payment within 60 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage provided by this supplement will be effective the date we receive the completed application. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

Who is eligible to continue insurance under this supplement?

An insured employee is eligible to continue group life insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

(1) the employee terminates employment; or
(2) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
(3) a class or group of employees insured under the policy is no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under this policy.

An insured will not be eligible to request coverage under this supplement if he or she:

(1) has attained the age of 80; or
(2) has converted his or her insurance to an individual life policy under the terms of the certificate's conversion right section; or
(3) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
(4) loses eligibility due to termination of the group policy.

What insurance can be continued under this supplement?

Only contributory insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue contributory insurance for any dependent insured under his or her certificate.

An insured may also continue coverage under all certificate supplements which apply to his or her contributory insurance and by which he or she was insured immediately preceding his or her portability date, except the Accidental Death and Dismemberment Certificate Supplement, Business Travel Accident Certificate Supplement and Occupational Accidental Death and Dismemberment Certificate Supplement which shall terminate upon porting.

Is there a minimum amount of insurance that can be continued under this supplement?

Yes. The minimum amount of insurance that can be continued on an employee's life under this supplement is $20,000. The minimum for dependents life is $10,000.

Is there a maximum amount of insurance that can be continued under this supplement?

Yes. The maximum amount of insurance that can be continued under this supplement is the amount of insurance that was in force on the insured's portability date, but not more than $1,000,000 for an employee or $500,000 for a spouse/domestic partner. However, for an insured age 65 or older on his or her portability date, the amount will not be more than $650,000 for an employee or $325,000 for a spouse/domestic partner.

Will the amount of insurance continued under this supplement change?

Yes. On the first day of the month following the date an insured attains age 65, the amount of insurance on his or her life continued under this supplement will reduce to 65% of the amount of insurance in force on the day prior to attainment of age 65. Coverage will further reduce to 50% of the amount of insurance in force on the day prior to attainment of age 65 at age 70 and to 30% at age 75. Insurance terminates at age 80.

Can an insured request a change in the amount of insurance continued under this supplement?

Yes. An insured may elect to reduce the amount of insurance on his or her life, subject to the minimum

amount. The amount of insurance continued under this supplement will never increase.

How will premium contributions be paid?

Premium contributions will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period. We may adjust the amount of the charge, but not more often than once per year.

Can the premium rate change?

Yes. The premium rate may increase on the portability date. The premium rate may also increase in the future.

Can insurance continued under this supplement be converted to a policy of individual insurance?

Yes. At any time after insurance has been continued under the provisions of this supplement, but not beyond 60 days after coverage terminates under the provisions of this supplement, it may be converted to a policy of individual insurance with us. All other conditions and provisions of the conversion right section of the certificate to which this supplement is attached will apply. Coverage cannot be continued under both this supplement and the conversion privilege.

What happens if an insured again becomes eligible under the certificate?

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate, the insured shall no longer be considered to have portability status, ported coverage will terminate and only one death benefit will be paid under the coverage. Insurance may be continued only under the terms of the certificate, not including this supplement unless and until the insured no longer meets the eligibility requirements of the certificate and again return to portability status as provided for herein.

What happens to insurance provided under this supplement when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy will not terminate life insurance then in force for any person under the terms of this supplement. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder.

Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled “When will insurance continued under this supplement terminate?”.

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

When will insurance continued under this supplement terminate?

Insurance being continued under this supplement will terminate on the earliest of the following:

(1) the insured’s 80th birthday; or
(2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement; or
(3) in the case of a dependent child or a spouse/domestic partner who is insured by a supplement to the employee’s certificate, the date the employee’s coverage is no longer being continued under this supplement or the date the spouse/domestic partner or child ceases to be eligible as defined under the terms of the certificate,; or
(4) 31 days after the due date of any premium contribution which is not made; or
(5) the date an insured requests to terminate his or her coverage being continued under this supplement; or

Secretary President

Group Term Life Insurance
Certificate Endorsement

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 70592, issued by Securian Life Insurance Company to Chevron Corporation. This endorsement is subject to every term, condition, exclusion, and provision of the certificate unless otherwise expressly provided for herein.

The following applies to all employees:

1. The provision entitled **"When will the death benefit be payable?"** under the **Death Benefit** section of the certificate is amended in its entirety and replaced with the following:

   When will the death benefit be payable?

   We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that you died while insured under this certificate. All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

   We will pay interest on any proceeds that become due upon the death of the insured upon the date of the death of the insured. Interest payable shall be computed from the date of death at the current rate of interest on proceeds left on deposit with the insurer.

2. The provision entitled **Can your insurance coverage be contested?** under the **Additional Information** section of the certificate is amended in its entirety and replaced with the following:

   Can your insurance coverage be contested?

   Yes. If you die or sustain a loss under one of your certificate supplements, within two years of your original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided by you during the application process. If we discover a material misrepresentation, your coverage will be rescinded and an otherwise valid claim will be denied.

   Any statements you make in your application as defined under this certificate will, in the absence of fraud, be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the application.

3. The disclosure paragraph on page 1 of the Accelerated Benefits Certificate Supplement is amended in its entirety and replaced with the following:

   The acceleration-of-life-insurance benefits offered under this supplement are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from the insureds income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. The insured is advised to consult with a qualified tax advisor about circumstances under which the insured could receive acceleration-of-life-insurance benefits excludable from income under federal law.

   Receipt of acceleration-of-life-insurance benefits may affect the insured's, the insured's spouse, or his or her family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. The insured is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the insured's, the insured's spouse, and his or her family's eligibility for public assistance.

   The death benefit will be reduced if an accelerated benefit is paid.

4. The provision entitled "**What is a terminal condition?**" under the **General Information** section of the Accelerated Benefits Certificate Supplement is amended in its entirety and replaced with the following:

   What is a terminal condition?

   A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of 24 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal condition. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers or sisters; or the spouse of any such individuals.

5. The provision entitled "**Is there a minimum or maximum death benefit eligible for an accelerated benefit?**" under the **Accelerated Benefit** section of the Accelerated Benefits Certificate Supplement is amended in its entirety and replaced with the following:

   Is there a minimum or maximum death benefit eligible for an accelerated benefit?

   Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is $10,000. The maximum death benefit that can be accelerated for Class 1 is the lesser of 100% of an insured's death benefit provided for under the certificate or $1,000,000. For Classes 2, 3, 4 and 5, the lesser of 80% of an insured's death benefit provided for under the certificate or $500,000.

6. The provision entitled **What is the effect on the insured's coverage of the receipt of an accelerated benefit?** under the **Accelerated Benefit** section of the Accelerated Benefits Certificate Supplement is amended in its entirety and replaced with the following:

   What is the effect on the insured's coverage of the receipt of an accelerated benefit?

   If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

   If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under the certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

   If an insured elects to receive accelerated benefits, we will send the insured a statement which illustrates the effects of the accelerated benefit payment on his or her coverage.

7. The provision entitled **Do we have the right to obtain independent medical verification?** under the **Additional Information** section of the Accelerated Benefits Certificate Supplement is amended in its entirety and replaced with the following:

   Do we have the right to obtain independent medical verification?

   Yes. Although you are responsible for submitting proof satisfactory to us that you meet the requirements for the accelerated benefit, we do retain the right to have an insured medically examined at our expense to verify the insured's medical condition. We may do this as often as reasonably required while an accelerated benefit is being considered or paid. In the case of a difference of opinion, the opinion of our physician will prevail.

Renée D. Montz
Secretary

President

How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
  - Up to $500,000 for health benefit plans, with some exceptions.
  - Up to $300,000 for disability income benefits.
  - Up to $300,000 for long-term care insurance benefits.
  - Up to $200,000 for all other types of health insurance.
- **Life insurance**
  - Up to $100,000 in net cash surrender or withdrawal value.
  - Up to $300,000 in death benefits.
- **Individual annuities:** Up to $250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to $300,000 per person, regardless of the number of policies or contracts. A limit of $500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

Texas Life and Health Insurance Guaranty Association
1717 West 6th Street, Suite 230
Austin, Texas 78703-4776
1-800-982-6362 or www.txlifega.org

For questions about insurance, contact:

Texas Department of Insurance
PO Box 12030
Austin, Texas 78711
1-800-252-3439 or www.tdi.texas.gov

Note: You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.

Your Rights Under ERISA_____

The following section contains information provided to you by the Plan Administrator, to meet the requirements of the Employee Retirement Income Security Act of 1974 (ERISA) for the Plans identified below in which you are enrolled. It does not constitute a part of the insurance policy issued in connection with the Plan. All inquiries relating to the following material should be referred directly to your Plan Administrator. This information should be attached to your certificate of insurance. Along with any document designated by the Plan Administrator as the applicable Summary Plan Description ("SPD") or a component of such SPD, these documents together comprise your Summary Plan Description (SPD) for the Plan(s) identified below in which you or your eligible dependent(s) participate. All documents for the Plans below are available for examination by participants who follow the procedures outlined under the Statement of ERISA Rights.

Summary Plan Description_____

General Information

Name of Plans to which this certificate of insurance applies and Plan Numbers	Chevron Basic Life Insurance Plan - 525 Chevron Supplemental Life Insurance Plan - 503 Chevron Dependent Life Insurance Plan - 698 Chevron Business Travel Accident Insurance Plan - 854 Chevron On-the-Job Accident Insurance Plan - 504
Plan Sponsor	Name: Chevron Corporation Address: P.O. Box 6075 San Ramon, CA 94583-0767 1-888-825-5247 (610-669-8595 for outside the U.S.)
Employer ID	Employer Identification Number (EIN): 94-0890210
Type of Plan	Welfare Plans providing life and/or accident insurance and associated benefits (prepaid legal services and will preparation) to eligible employees and their eligible dependents.
Administration of Plan	Chevron Corporation has the discretionary authority to control and manage the operation and administration of the above Plans. Chevron Corporation shall have the full, exclusive and discretionary authority to prescribe such forms; make such rules, regulations, interpretations and computations; construe the terms of the Plans; determine all issues relating to coverage and eligibility for benefits; and take such other action to administer the applicable Plan as it may deem appropriate in its sole discretion. Chevron Corporation's rules, regulations, interpretations, computations and actions shall be final and binding on all persons. Such discretionary authority can also be exercised by a delegate. Chevron Corporation administers the benefits under each of the Plans through an insurance policy and riders purchased from Securian Life Insurance Company, herein known as the "Insurer", 400 Robert Street North, St. Paul, MN 55101, and has thereby delegated the discretionary authority to administer the Plan to Insurer. Insurer has been delegated the full and exclusive discretionary authority to interpret the policy and riders and decide all matters arising thereunder and is the "named fiduciary" for the purpose of determining benefit claims and appeals. Benefit claim and appeal decisions and factual determinations made by the Insurer shall be final and binding on all persons and shall be given full force and effect. The Plan Administrator has retained all other discretionary authority to administer and interpret the Plan(s) including, but not limited to, the determination of eligibility and entitlement to Plan benefits. Any such interpretation or determination by the Plan Administrator shall be final and binding on all persons and shall be given full force and effect. .

Plan Administrator	Chevron Corporation P.O. Box 6075 San Ramon, CA 94583-0767 1-888-825-5247 (610-669-8595 for outside the U.S.)
Claims Administrator	Securian Life Insurance Company 400 Robert Street North St. Paul, MN 55101-2098
Agent for Service of Legal Process	Any legal process related to the Plans should be served on: Service of Process Chevron Corporation Address: 6001 Bollinger Canyon Road, H1268 San Ramon, CA 94583 Legal process may also be served on the Plan Administrator at P.O. Box 6075 San Ramon, CA 94583-0767.
Plan Year	The plan year for each of the Plans begins on January 1 and ends on December 31 of each year.
Plan Funding and Source of Contributions	Benefits under the Plans are provided solely under an insurance policy and riders with the Insurer. Insurer has the sole financial responsibility for paying benefits under the policy, riders, and the Plan(s).The premiums for the policy and riders are paid by contributions from the employer and employees, as applicable, from the general assets of Chevron Corporation. Generally, premiums for the Basic Life Insurance Benefit are funded by employer contributions. Premiums for the Supplemental Life Insurance Benefit and/or the Dependent Life Insurance Benefit are generally paid by employees. Premium rates under the insurance policy(ies) of the Plan(s) are set by the Insurer.
Recovery of Overpayments	An “overpayment” is any payment made in excess of the amount properly payable under the applicable Plan. Upon any overpayment, the applicable Plan shall have a first right of reimbursement and restitution with an equitable lien by contract in such amount. Furthermore, the holder of such overpayment shall hold it as the Plan’s constructive trustee. If you and/or your covered dependent has cause to reasonably believe that an overpayment may have been made, you and/or your covered dependent must promptly notify the Claims Administrator of the relevant facts. If the Claims Administrator determines that an overpayment was made to you (or any other person), it will notify you in writing and you shall promptly pay (or cause another person to pay) the amount of such overpayment to the Claims Administrator. If the Claims Administrator makes a written demand for the repayment of an overpayment and you (or another person) have not repaid (or cause to be repaid) the overpayment within 30 days following the date on which the demand was mailed, then any amounts subsequently payable as benefits under the Plan with respect to you and/or your covered dependent may be reduced by the amount of the outstanding overpayment, or the Claims Administrator may recover such overpayment by any other appropriate method that the Claims Administrator (or the Plan Administrator) shall determine.

No Right to Employment

Nothing in your benefit plans gives you a right to remain in employment or affects Chevron's right to terminate your employment at any time and for any reason (which right is hereby reserved).

Amendment and Termination

The group policy provides those situations in which the Plan Sponsor or the Insurer has the right to amend or terminate the applicable policy. The Plan Sponsor reserves the right to change or terminate each of the Plans, in whole or in part, at any time and for any reason in the Plan Sponsor's sole discretion. A change can also be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, the SPDs and vendor administration at the effective date. In the event of termination, benefits would be discontinued as described in the certificate of insurance.

Participating Companies

A complete list of the participating companies (designated by Chevron Corporation) whose employees are covered by each of Chevron's benefit plans can be obtained by making a written request to the Plan Administrator.

Collective Bargaining Agreements

If a union represents you, you're eligible for the above Plans, provided both of the following apply

- Your collective bargaining agreement allows for your participation.
- You meet the Plans' eligibility requirements.

Generally, Chevron's collective bargaining agreements don't mention specific plans or benefits. They merely provide that Chevron will extend to its employees who are members of the collective bargaining unit, the employee benefit programs that it generally makes available.

In some cases, a collective bargaining agreement contains more restrictive rules regarding participation or benefits than the rules described here. In such cases, the provisions of the collective bargaining agreement will prevail. A copy of any relevant collective bargaining agreement can be obtained by participants upon written request to their union representatives.

Claim Procedures

Under Department of Labor (DOL) regulations, claimants are entitled to full and fair review of any claims made under the Plans named above. The procedures described in this section are intended to comply with DOL regulations by providing reasonable procedures governing the filing of benefit claims, notification of benefit decisions, and appeal of adverse benefit decisions.

A. Presenting Claims for Benefits

Claim forms may be obtained by contacting the Insurer.

Contact the plan administrator if you have any questions or to initiate a claim. You may also contact the Insurer directly to initiate a claim. Upon the receipt of notification of a claim the Insurer will provide claim forms. Read the instructions on those forms carefully, and be sure all the questions are answered and that you include any required attachments. Completed forms must be sent to Claims, PO Box 64114, St. Paul, MN 55164-0114. After your claim has been processed by the Insurer, you will be notified in writing if any benefits are denied in whole or in part, or if any additional information is required.

B. Claims Denial Procedure

If all or part of your claim for benefits is denied, the Insurer will notify you in writing within 90 days (45 days for any disability claims) of receiving your claim. If special circumstances require more time, the review period may be extended up to an additional 90 days (30 days for disability claims). You will be notified in writing of this extension within the original review period. The notice of extension will explain the circumstances requiring the extension and indicate the date by which the plan expects to render the benefit determination. For disability claims, the review period may be extended up to an additional 30 days provided the written notice described above is sent to the claimant before the expiration of the first 30-day extension period.

For disability claims, the notice of extension will also include a description of the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, the information needed to resolve those issues, and the claimant will be given at least 45 days to provide the information. Where the timeframe to process a disability claim is extended because the claim was incomplete, the time for the claim determination is put on hold from the date the extension notice is sent to the claimant until the date the person responds to the request for additional information. If the person does not provide needed information to the Insurer within 45 days of the date on the notice, the Insurer may deny the claim.

<u>Notification of Claim Denial</u>

Any denial of a claim for benefits will be provided by the Insurer and will include the content required by law.

C. Appealing the Denial of a Claim

You may appeal any denial of a claim for benefits by filing a written request for a full and fair review to the Insurer at Claims, PO Box 64114, St. Paul, MN, 55164-0114. In connection with such a request, documents relevant to the appeal may be reviewed, and comments and issues outlining the basis of the appeal may be submitted in writing. You may have representation throughout the review procedure, if you submit written proof of the representation to the Insurer. An appeal must be filed by 60 days (180 days for disability claims) after receipt of the written notice of denial of a claim. Before the Insurer can deny a claim on appeal, the Insurer shall provide the claimant with any new evidence considered, relied upon, or generated during the appeal, as well as any new rationale for the decision. Any new evidence or rationale will be provided to the claimant free of charge, as soon as possible before the date by which the appeal is to be decided, so that the claimant may respond to the evidence or rationale before that date. The full and fair review will be held and notification of a decision rendered by the Insurer will be provided no later than 60 days (45 days for disability claims) after receipt of the request for review.

If special circumstances beyond the control of the Insurer require more time, the review period may be extended up to an additional 60 days (45 days for disability claims). You will be notified in writing of this extension within the original appeal period. The notice of extension will explain the circumstances requiring the extension and indicate the date by which the Insurer expects to render the benefit determination.

The notice of extension will include a description of any missing information and shall specify a timeframe, no less than 180 days in which the necessary information must be provided. Where the timeframe to process an appeal is extended because additional information to render an appeal decision is needed, the time for the benefit determination is put on hold from the date the extension notice is sent to the claimant until the date the person responds to the request for additional information. If the person does not provide needed information to the Insurer within the 180 days of the date on the notice, the Insurer may close the appeal and no further consideration will take place.

During all steps of the claims appeal procedure, you can write or call the Insurer and ask to see all documents relevant to your claim. In addition, you may have an attorney or other representative write letters or otherwise act on your behalf, but you may need to provide written proof of designation of the representative.

Notification of Appeal Decision

Written notification of the Insurer's decision on an appeal shall be provided to the claimant and will include the information required by law.

D. Legal Action Following Appeals

After completing the claims and appeal procedures, you have the right to dispute the determination by bringing a civil action under the Employee Retirement Income Security Act (ERISA). Please refer to the Statement of ERISA Rights section for more details. No such action may be filed after two years from the date the Plan gives you a final determination on your appeal or if later, no such action may be brought after three years from the time written proof of the loss is required to be given. Also, no legal action may be brought if you do not exhaust these claims procedures, unless exhaustion is not required.

Statement of ERISA Rights

The Statement of ERISA rights is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA).

ERISA provides that all Plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all Plan documents, including the insurance contract, collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.

- Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials for the Plan and do not receive them within 30 days, you may file a suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay the cost and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, EBSA, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the EBSA.

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St Paul, Minnesota 55101-2098

GROUP TERM LIFE CERTIFICATE OF INSURANCE