

SUPPLEMENTAL GROUP TERM LIFE

This summary plan description, or SPD, outlines the major provisions of DMBA’s Supplemental Group Term Life (SGTL) plan as of January 1, 2026.

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Key Points of the Plan

- You may apply for coverage amounts up to \$1.5 million in benefits, depending on your salary.
- You can enroll your spouse and eligible dependent children in SGTL.
- You pay the entire premium; your employer does not contribute.
- To qualify, you must be an eligible employee enrolled in Group Term Life.

- Eligible dependents do not need to be enrolled in Group Term Life to qualify.

Eligibility and Enrollment

If you're an eligible employee enrolled in DMBA's Group Term Life plan, you may apply for Supplemental Group Term Life. You must meet DMBA's health standards to be eligible.

You can apply for SGTL for your spouse and eligible dependents whether or not you're enrolled in SGTL. They don't have to be enrolled in Group Term Life to be eligible for this supplemental benefit. If you apply for your eligible dependents within 30 days of eligibility, they don't need to meet DMBA's health standards for the minimum benefit, or guaranteed amounts. These amounts are \$1,000 or \$5,000 for your children and \$10,000 for your spouse. (See *Spousal benefit* and *Benefits for dependent children*.) Your dependents must meet health standards for amounts higher than the minimum benefit or for any benefit if they enroll after 30 days from the initial eligibility date.

To apply online, log in to www.dmba.com. Navigate to *My Plans* and under *My Benefit Information* select *Change My Enrollment*.

To apply by paper form, complete the [Supplemental Group Term Life Application](#) available in the *Forms Library*.

Benefits

Coverage begins on the first day of the month after DMBA approves your application.

As an active employee, your benefit amount is based on a formula using your salary factor and the salary multiple you elect, up to \$1.5 million.

$$\text{Salary factor} \times \text{Salary multiple} = \text{Supplemental benefit amount}$$

For purposes of this coverage, annual salary is the amount of your compensation from your employer for the prior calendar year subject to Social Security withholding without applying the ceiling limitation on compensation taxable for Social Security purposes.

If you were not employed for the prior calendar year in its entirety, your annual salary instead will be your rate of pay from your employer as of last day you were actively at work expressed as an annual sum, plus your target annual incentive, if any.

Salary factor

Your salary factor is your last calendar year's annual salary rounded *up* to the next \$10,000 increment.

For example, if your salary last year was \$52,164, your salary factor is \$60,000.

In the case of a newly hired employee, the annual salary is the annual compensation rate at the time of the application for coverage.

Salary multiple

Choose a salary multiple of 1, 2, 3, 4, 5, or 6 times your salary factor.

For example, if your salary factor is \$60,000, you may choose \$60,000, \$120,000, \$180,000, \$240,000, \$300,000, or \$360,000 in benefits.

As your salary increases, your salary factor increases, thus increasing your benefit amount.

When you turn 60, your benefit begins decreasing on April 1 after your birthday according to the schedule shown here (with examples reflecting a chosen \$60,000 benefit):

Age on April 1	Benefit level	Example benefit amount
59 or younger	100%	\$60,000
60 to 64	75%	\$45,000
65 to 69	50%	\$30,000
70 to 74	35%	\$21,000
75 and older	25%	\$15,000

Spousal benefit

Your spouse may enroll for up to \$260,000 in benefits. If your spouse enrolls within 30 days of his or her initial eligibility date or within 60 days of your marriage, \$10,000 in benefits is available without meeting health standards. Your spouse must meet health standards for higher benefit levels (\$20,000 to \$260,000, in \$20,000 increments) or for any benefit if he or she enrolls after 30 days from the initial eligibility date.

Once your spouse reaches age 60, his or her benefit reduces according to the same age-related schedule as your benefit.

Duplicate benefits

If both you and your spouse work for a participating employer, you can have benefits as an employee and as the spouse of an employee. Your dependent children can also have duplicate benefits under the plans of two eligible parents.

Benefits for dependent children

You may choose one of three benefit options for your eligible dependent children:

	Birth to 6 months	6 months to 26 years
Option 1	\$1,000	\$5,000
Option 2	N/A	\$10,000
Option 3	N/A	\$15,000

If you enroll your dependent children within 30 days of their initial eligibility dates, or within 60 days from the date of birth or the date of acquiring a new dependent, Option 1 is available without having to meet health standards, provided the child is born alive.

After children reach 6 months of age, they are eligible for Options 1, 2, or 3, but they must meet health standards for Options 2 and 3. Also, dependents must meet health standards for all options if you enroll them more than 30 days after their initial eligibility date or more than 60 days after acquiring a new dependent.

Premiums

To determine the monthly premium for you and your spouse, see the premium table at the end of this SPD. Find the amount per thousand opposite your age, or your spouse's age, as of last April 1. Then multiply this amount by the number of thousands of dollars of benefits for which you or your spouse is applying.

Unless you make changes in your benefit, your premiums remain the same until April 1 of each year. Then your premium and benefit automatically adjust to the appropriate levels based on your income and age. (If your salary increases, the adjustment happens at the next April 1; if your salary decreases, the adjustment does not happen until the second year.)

Premiums for dependent children

The following premiums apply to children of active employees. The monthly premium covers all of your eligible and enrolled children, regardless of how many children you have. If you have a child who has a lower benefit level than the others, you pay the higher amount. Premiums are subject to change.

- \$0.74 for \$5,000 in benefits
- \$1.28 for \$10,000 in benefits
- \$1.74 for \$15,000 in benefits

Beneficiary Designation

A completed valid beneficiary form, prescribed by DMBA, must be received by DMBA before your death. The most recent valid beneficiary form on file will cancel all previous beneficiary designations.

If your beneficiary is a minor or otherwise not competent to give a valid release, a guardian or authorized person must provide appropriate documentation designating them to act on their behalf. If documentation is not received, we will hold the funds at simple interest until the minor is of age and requests the payment.

Because a named beneficiary may die or you may divorce and remarry, you should review your beneficiaries on a regular basis to make sure they are current.

You may change your beneficiaries at any time on our website or in writing with a valid beneficiary form prescribed by DMBA. We suggest you always provide an alternate beneficiary. To manage beneficiaries online, log in to www.dmba.com. Navigate to *My Plans* and under *My Benefit Information* select *Beneficiaries*.

Payment of Claims

All benefits shall be paid as described in this section upon receipt of the information in the *Filing Claims* section of this SPD.

Death of spouse or dependent

When your covered spouse or dependent dies, benefits are payable to you if you are still living. Otherwise, benefits will be paid to your designated alternate beneficiary. If you have not designated an alternate beneficiary, benefits will be paid to your estate.

Death of the employee

When you die, benefits are paid to the primary beneficiary you designated in writing on a valid beneficiary form prescribed by DMBA and submitted to us before your death. We can only release information to your designated primary beneficiary.

If you designated multiple primary beneficiaries and a primary beneficiary dies before you do but you didn't designate a new beneficiary, the benefit payment for the predeceased primary beneficiary is equally distributed among the remaining living primary beneficiaries. The same applies to predeceased alternate beneficiaries if no primary beneficiaries exist.

If you have not designated beneficiaries before your death, or the beneficiaries die before you do, benefits are paid to your estate.

If a beneficiary dies within 15 days after your death, benefits are paid as if that beneficiary had died prior to your death.

If a trust is designated as your beneficiary, please provide us a full copy of the trust. This is required before payment can be made.

Eligible Dependents

Your eligible dependents include your spouse and dependent children. Your spouse is the person to whom you are legally married.

For more information about eligible dependents, see *Dependents* in the *Definitions* SPD.

Exclusions

Benefits are not available for death caused wholly or partly, directly or indirectly, by any of the following:

1. War

- 1.1. War or act of war, or service in the military forces of any country at war, declared or undeclared

War includes hostilities made by force or arms by one country against another, or between countries or factions within a country, with or without a formal declaration of war.

This exclusion does not apply while you are pursuing an assignment given and authorized by your employer that requires you to travel or reside outside your country of residence, except for routine commuting to and from work. Your dependents are also exempt from this provision if they travel or reside with you while you are pursuing such an assignment.

2. Suicide

2.1. Suicide, unless the benefit was in force for at least two years

Any falsification, omission, or misstatement about information used to determine eligibility for benefits during the application and underwriting process are grounds to void eligibility.

Filing Claims

To receive benefits, you or your beneficiary must do the following:

1. Inform your employer or DMBA of the death.
2. Complete the forms in the packet we send.
3. Obtain a copy of the death certificate.
4. Return the completed forms and death certificate to DMBA.

Claims Review and Appeal Procedures

You have the right to appeal DMBA's decision and adverse benefit determination (in whole or in part). This plan provides two levels of appeal. Should you believe that a claim for benefits has been determined inappropriately and not consistently with plan guidelines, you may request a full and fair review. You must do this within 60 days from the date of the initial benefit determination by filing a written request for review along with any additional information to DMBA:

Attn: Appeals
DMBA
P.O. Box 45530
Salt Lake City, UT 84145

If you continue to receive an adverse benefit determination after the first level of appeal, you have the right to submit a second level to appeal with additional supporting documentation to the same address.

The Claims Review Committee will review the second-level appeal at its next regularly scheduled committee meeting. We will provide you a written determination no later than five days after the committee meeting. If the second-level determination continues to uphold our previous decision (in whole or in part), or if you do not receive a timely decision, you have the right to bring a civil action under ERISA Section 502(a) within two years from the date of the second-level appeal determination notice. The appeal procedures are also described in the *General Information SPD* in the *Claims Review and Appeal Procedures* section. To find this SPD, log in to www.dmba.com. Navigate to *My Plans* and under *Summary Plan Descriptions (Handbooks)* select *General Information*.

Notification of Discretionary Authority

DMBA is the plan administrator and, in its sole discretion, determines appropriate courses of action in light of the reason and purpose for which the plan is established and

maintained. In particular, DMBA has full and sole discretionary authority to interpret and construe the terms of all plan documents, including but not limited to the following: resolve and clarify inconsistencies, ambiguities, and/or omissions in all plan documents; make determinations for all questions of eligibility for and entitlement to benefits; determine the status and rights of employees and other persons under this plan; make all interpretive and factual determinations as to whether any individual is entitled to receive any benefits under the terms of this plan; and determine the manner, time, and amount of payment of any benefits under this plan. Benefits will be paid under this plan only if the plan administrator decides in its sole discretion that the individual is entitled to them. All such interpretations and decisions by DMBA shall be final, binding, and conclusive on the employers, the employees, and any other parties affected thereby.

Any interpretation, determination, or other action of the plan administrator shall be given deference in the event the determination is subject to judicial review. Any review by a court of a final decision or action of plan administrator shall be based only on such evidence presented to or considered by DMBA at the time it made the decision that is the subject of the court's review. Accepting any benefits or making any claim for benefits under this plan constitutes agreement with and consent to any decisions that DMBA makes, in its sole discretion and, further, constitutes agreement to the limited and deferential scope of review described herein.

Notification of Benefit Changes

DMBA is subject to the Employee Retirement Income Security Act (ERISA) and reserves the right to amend or terminate this plan at any time.

Legal Notice

We have made every effort to accurately describe the benefits and ensure that information given to you is consistent with other benefit-related communications. However, if there is any discrepancy or conflict between information in this document and other plan materials, the terms outlined in the plan document will govern.

Table: Supplemental Group Term Life Monthly Premium Rates Effective April 1, 2024 (subject to change)

Age last April 1	Premium amount per \$1,000 of benefit
35 or younger	\$0.026
36	\$0.028
37	\$0.030
38	\$0.032
39	\$0.034
40	\$0.036
41	\$0.038
42	\$0.040
43	\$0.044
44	\$0.048
45	\$0.054
46	\$0.060
47	\$0.066
48	\$0.072
49	\$0.078
50	\$0.086
51	\$0.094
52	\$0.102
53	\$0.110
54	\$0.122
55	\$0.134
56	\$0.150
57	\$0.168
58	\$0.186
59	\$0.206
60–64	\$0.288
65–69	\$0.508
70–74	\$0.857
75 and older	\$1.456