

RETIREE SUPPLEMENTAL GROUP TERM LIFE

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

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Key Points of the Plan

- You may apply for coverage amounts up to \$25,000 in benefits, depending on your age.
- You can enroll your spouse and eligible dependent children in RSGTL.
- You pay the entire premium; your former employer does not contribute.
- To qualify, you must be at least 55 years old and have 10 years of eligible credit.

Eligibility and Enrollment

When you retire, log in to www.dmba.com and apply for RSGTL as part of your online retirement application or complete the [Retiree Supplemental Group Term Life Application](#) from the [Forms Library](#). The application may also include a health questionnaire to measure whether you meet DMBA's health standards.

To qualify, you must be at least 55 years old and have 10 years of eligible credit in DMBA's benefit program.

You must apply for this plan within 30 days of your retirement. After you retire, you cannot enroll or increase your benefit.

Benefits

As a retiree, you can choose one of four benefit amounts, depending on your age: \$5,000, \$10,000, \$15,000, or \$25,000.

If you were enrolled in Supplemental Group Term Life for at least 12 months before you retired, you do not have to meet DMBA's health standards for \$5,000 of RSGTL – an application at the time of retirement is required. To enroll in coverage above \$5,000, you must meet DMBA's health standards. The \$25,000 benefit amount reduces to \$15,000 when you reach the age of 75.

If you were not enrolled in SGTL as an active employee, you must meet health standards for all benefit levels.

Spousal benefit

Your spouse can choose from four benefit amounts: \$5,000, \$10,000, \$15,000, or \$25,000. If your spouse was enrolled in Supplemental Group Term Life for at least 12 months before you retired, he or she does not have to meet DMBA's health standards for \$5,000 of RSGTL. Your spouse must meet health standards for \$10,000, \$15,000, or \$25,000 in benefits, or for all levels of benefits if your spouse was not enrolled in SGTL before you retired. If your spouse is 75 or older, the maximum benefit is \$15,000.

Your spouse must apply for this benefit before you retire. After you retire, your spouse cannot enroll or increase the benefit amount unless you married him or her after your retirement – in which case you must apply for coverage on your spouse within 60 days from the date of marriage.

Benefits for your surviving spouse

If your spouse's RSGTL benefit is in force at the time of your death, your spouse does not need to meet health standards to continue at the same benefit level as a surviving spouse.

If your spouse is not enrolled in RSGTL at the time of your death, he or she must apply within 60 days of your death and meet DMBA's health standards. A spouse not previously covered under RSGTL is only eligible to apply for \$5,000 in Survivor Supplemental Group Term Life benefits.

For more information about surviving spouse benefits, please contact DMBA.

Benefits for dependent children

If your dependents were enrolled before you retired, they may continue the same benefit levels without meeting DMBA's health standards. If they weren't previously enrolled, they must apply within 30 days of your retirement and must meet DMBA's health standards for all options.

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

	Birth to 6 months	6 months to 26 years
Option 1	\$1,000	\$3,000
Option 2	N/A	\$7,500
Option 3	N/A	\$15,000

If you acquire a new dependent after you retire, you can enroll him or her within 60 days of the date you acquired the dependent. The dependent must meet DMBA's health standards to be enrolled in Option 2 or Option 3. The dependent must also meet health standards for Option 1 if you do not enroll him or her within 60 days of the date you acquired the dependent.

Premiums

To determine the monthly premium for you and your spouse, see the premium table at the end of this SPD.

Because this is a supplemental benefit plan, you pay the entire cost of the premium. If your monthly retirement check is large enough to cover the premium, your premiums are automatically deducted from your check. Otherwise, you will be billed monthly.

Premiums for dependent children

The following premiums apply to children of retired 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.

- \$0.44 for \$3,000 in benefits
- \$0.96 for \$7,500 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 retired 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.

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 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: Monthly Premiums by Benefit Amount Effective January 1, 2023 (subject to change)

Age last January 1	\$5,000	\$10,000	\$15,000	\$25,000
Younger than 55	\$1.10	\$2.20	\$3.30	\$5.50
55-59	\$1.85	\$3.70	\$5.55	\$9.25
60-64	\$2.95	\$5.90	\$8.85	\$14.75
65-69	\$4.70	\$9.40	\$14.10	\$23.50
70-74	\$7.55	\$15.10	\$22.65	\$37.75
75-79	\$12.05	\$24.10	\$36.15	N/A
80-84	\$21.20	\$42.40	\$63.60	N/A
85 and older	\$41.70	\$83.40	\$125.10	N/A