



CLAIMS PROCEDURES — LIFE INSURANCE PROGRAM FOR RETIREES

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CLAIMS PROCEDURES

Life Insurance Program for Retirees

BNSF Group Benefits Plan

Effective Jan. 1, 2019

CLAIMS PROCEDURES FOR LIFE INSURANCE PROGRAM FOR RETIREES

Compliance with Regulations and Delegation of Authority

Under Department of Labor (DOL) regulations, [claimants](#) are entitled to full and fair review of any [claims](#) made under the Life Insurance Program for Retirees. The procedures described in this section govern the filing of benefit claims, notification of benefit decisions and appeal of decisions.

The [Plan Administrator](#) has delegated the [discretionary authority](#) to the [Claims Administrators](#) listed in the *Administrative Information – Life Insurance Program for Retirees* chapter of this Summary Plan Description (SPD) to interpret the program and to make both initial claim determinations and final claim review decisions on [ERISA](#) appeals. The Plan Administrator retains the discretionary authority to determine whether you are eligible to enroll for coverage and/or to continue coverage under program terms.

Defined terms: For the meaning of terms in [blue](#), click to see the Defined Terms section.



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Filing a Claim

To make a [claim](#), you will need to request the appropriate claim form by calling the BNSF Benefits Center at 833-277-8051.

Send your completed claim form to the [Claims Administrator](#) at the address shown on the form.

A claim must be submitted to the Claims Administrator in writing using the appropriate claim form. All claims should be reported promptly within the deadlines described in the following sections for each type of claim.

For additional contact information, see *Claims Administrators for the BNSF Group Benefits Plan* in the *Administrative Information – Life Insurance Program for Retirees* chapter of this SPD.

Process for Retiree Life Insurance Claims**Retiree Life Insurance Claim Process**

Written notice of a [claim](#) for life insurance benefits must be submitted to the [Claims Administrator](#) within 90 days, or as soon as reasonably possible. The Claims Administrator will review the claim within a reasonable period of time, but not later than 90 days after receipt.

However, if more time is needed to make a determination, the Claims Administrator will notify your beneficiary in writing before the end of the initial 90-day period. The notice will state the special circumstances requiring the extension and the date by which a determination is expected. This will be no more than 90 days after the notice is sent. If your beneficiary is not able to meet the deadline for filing a claim, through no fault of his or her own, the claim still will be accepted if filed as soon as possible.

If the Claims Administrator requires additional information to make a determination, the 90-day period is suspended while the Claims Administrator waits for the additional information. If the information is needed because sufficient information has not been submitted to the Claims Administrator to process the claim, your beneficiary will receive a notice, in writing, specifying the nature of the information needed and an explanation as to why it is needed.

Payment of Claims**Retiree Life Insurance Claim Payment**

Once a [claim](#) for a retiree life insurance benefit has been approved, your beneficiary will receive payment (or begin receiving installment payments if arranged with the life insurance [Claims Administrator](#)). If there are questions about the amount of benefit payable, your beneficiary should ask the Claims Administrator to explain the method used to calculate the benefit. If there is disagreement over the amount of the benefit, your beneficiary should follow the [Claim Appeal Procedure](#) below.

If Your Claim Is Denied

If a [claim](#) is denied in whole or in part under the Life Insurance Program for Retirees, the [Claims Administrator](#) will send your beneficiary a written notice that states:

- ▶ The specific reason(s) for denial of the [claim](#);
- ▶ A specific reference to the provision(s) of the insurance contract or program that is the basis for the denial;
- ▶ A description of any additional material or information needed by the Claims Administrator to reverse the denial, or in the case of an incomplete claim, to complete the claim, and an explanation of why it is needed;
- ▶ An explanation of the program's claim appeal procedures and applicable time limits;
- ▶ If the Claims Administrator used or relied on an internal rule, guideline, protocol or other information, the notice will specify the information. If you request, the Claims Administrator will provide, free of charge, a copy of such rule, guideline, protocol or other data, as well as reasonable access to documents, records and other information relevant to the claim; and
- ▶ A statement regarding your right to bring a civil action under Section 502(a) of [ERISA](#) following a denial on appeal.

Claim Appeal Procedure

The Life Insurance Program for Retirees is subject to the Employee Retirement Income Security Act of 1974, as amended ([ERISA](#)). ERISA has special rules that must be followed when your beneficiary chooses to appeal a benefit [claim](#) decision (denied claim).

Retiree Life Insurance Claim Appeals

If a claim under the Life Insurance Program for Retirees has been denied in whole or in part, your beneficiary may request a review of your claim. Your beneficiary should file a written request for appeal as soon as a denial of benefits is received, but *no later than 60 days* from the date the notice is received. The right to appeal the denial may be forfeited if this important deadline is not met.

Along with a written request for a review, additional information your beneficiary believes should be considered during the review may be submitted. Upon request, your beneficiary will be provided reasonable access to and copies of documents, records and other information relevant to your claim, free of charge.

Address the request for an appeal to:

Metropolitan Life Insurance Company
Group Insurance Claims Review
One Madison Avenue
New York, New York 10010

The [Claims Administrator](#) has the [discretionary authority](#) to review all claims and to make final determinations based on the terms of the insurance policy that has been issued to the program.

The Claims Administrator will review the claim and respond with a final determination within 60 days. If more time is needed to review the claim, your beneficiary will be notified. In no event will the total period for review of the claim exceed 120 days.

Notification of Decision on Appeal

The Claims Administrator will notify your beneficiary, in writing, of its final decision. If the claim is denied on appeal, the notice will include the following:

- ▶ The specific reasons for the appeal decision;
- ▶ A reference to the specific Life Insurance Program for Retirees provision(s) on which the decision was based;
- ▶ A statement regarding the [claimant's](#) right, upon request and without charge, to a copy of documents, records and other information relevant to the claim; and
- ▶ A statement regarding your right to bring a civil action under Section 502(a) of ERISA following a denial on appeal.

The [Claims Administrator's](#) decision on appeal is final and binding. Benefits under the Life Insurance Program for Retirees will be paid only if the Claims Administrator decides, in its sole discretion, that the beneficiary is entitled to them. If beneficiaries continue to disagree with the decision, they may exercise *Your Rights Under ERISA – Life Insurance Program for Retirees* as described in the chapter of that name. However, they first must exhaust all administrative remedies described in this SPD before filing suit for any benefits covered by [ERISA](#). They may not begin a lawsuit later than one year after being notified of the Claims Administrator's final decision.

WHO TO CALL ABOUT YOUR BENEFITS



For questions about your claims or claims procedures, call the Claims Administrator for the benefit program in question. Phone numbers are listed in the *Administrative Information – Life Insurance Program for Retirees* chapter of this SPD.

For questions about *eligibility* for benefits or *enrolling* in any of the programs of the BNSF Group Benefits Plan, call the BNSF Benefits Center at 833-277-8051. Benefits Center representatives are available Monday through Friday, 7 a.m. to 7 p.m. Central time.

DEFINED TERMS

About These Terms

The following definitions of certain words and phrases will help you understand the provisions to which the definitions apply.

Some definitions apply in a special way to specific benefits or provisions. So, if a term that is defined in another chapter of this SPD also appears as a defined term listed here, the definition in the other chapter will apply to that specific chapter rather than the definition below.

Claim – Any request for a benefit. A communication regarding benefits that is not made according to these procedures will not be treated as a claim. Routine requests for information regarding your benefits under the Life Insurance Program for Retirees and other similar inquiries will not be considered a benefit “claim” that requires processing under [ERISA](#). If you wish to make a claim for benefits under the Plan in accordance with your rights under ERISA, you must do so in writing to the appropriate Claims Administrator as described in this SPD.

Claimant – An individual entitled to a benefit under the Life Insurance Program for Retirees. You become a claimant when you make a request for benefits.

Claims Administrator – See the *Administrative Information – Life Insurance Program for Retirees* chapter of this SPD for identification of Claims Administrators.



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Discretionary authority – The power or right to decide or act according to one’s own judgment and enforce that decision or action.

ERISA – Employee Retirement Income Security Act of 1974, as amended.

Plan Administrator – Vice President and Chief Human Resources Officer, BNSF Railway Company, 2301 Lou Menk Drive, Fort Worth, TX 76131.