



POWERING *you*

AEP Retiree Group Life Insurance Plan

Summary Plan Description for Retirees

Issued 2016

AEP Group Life Insurance Plan – Retiree Coverage

A death can have a major financial — as well as emotional — impact on your family. AEP’s retiree life insurance plan offers protection to help ensure that you and your family have the financial coverage you need if the unexpected happens.

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IMPORTANT NOTICE

This is a summary of the American Electric Power System Life and Accident Life Insurance Plan, as applicable to Retirees, in effect on January 1, 2016. This description of the Plan is not intended as a contract or a guarantee of current or future benefits. The Company reserves the right to amend, modify, suspend, or terminate the Plan, in whole or in part, at any time, at its discretion, with or without advance notice to participants, for any reason, subject to applicable law. The Company further reserves the right to change the amount of required participant contributions for coverage at any time, with or without advance notice to participants.

This Summary Plan Description is an overview of the Plan documents as they apply to the benefits described herein. In the event of a conflict between this Summary and the Plan documents, the applicable Plan documents (excluding this Summary Plan Description) shall govern. For fully insured benefits, any discrepancy will be governed by the insurance certificates or policies.

Retiree Life Insurance Overview

The following is an overview of the possible life insurance coverage available to you depending on when you retired.

Retiree Life Insurance at-a-Glance

Plan	Key Features
<p>Current Coverage for Retirees You have this coverage if you are a retiree who was hired prior to January 1, 2011 unless you elected to remain in the pre-2001 coverage during the 2001 annual enrollment or you remained eligible for the American Electric Power System Survivor Benefit Plan as an active or retired employee, after February 28, 2003.</p> <p>Note: If you were hired or re-hired on or after January 1, 2011, you are not eligible for company-paid retiree life insurance coverage.</p>	<ul style="list-style-type: none"> • If your employment ended before April 1, 2011: Coverage equal to 1/2 x your annual base pay (rounded to the next \$1,000 if not already a multiple of \$1,000). • If your employment ended on or after April 1, 2011: Coverage equal to \$30,000. • AEP pays the full cost of the above retiree coverage. • You <i>may</i> be eligible to continue the difference between your retiree coverage and your amount of active coverage in effect at retirement, either through portability or conversion. (For additional information regarding portability or conversion coverage, please refer to the AEP Group Life and Accident Insurance Description for Active Employees.) • Your active accidental death and dismemberment coverage does not carry into retirement. • If, during the 2001 annual enrollment, you elected to continue the pre-2001 coverage you had in 2000, refer to the pre-2001 coverage summary below for more information.
<p>Pre-2001 AEP Coverage for Retirees If you are a former employee who retired prior to January 1, 2001, but you were not eligible under the CSW group life insurance plan prior to the merger of AEP and CSW (a “former CSW plan participant”), you have coverage under this plan.</p> <p>If you are a former employee who was not a former CSW plan participant and you retired after January 1, 2001, and elected to continue under the pre-2001 coverage during the 2001 annual enrollment, you also have this coverage.</p>	<ul style="list-style-type: none"> • Coverage up to the amount you had as an active employee. • Coverage reduces as you get older. • You pay \$.60/\$1,000 of coverage per month. • If you do not elect to continue the full amount of your active employee life insurance coverage into retirement, you <i>may</i> be eligible for portability or conversion of the remaining amount. (For additional information regarding portability or conversion of coverage, please refer to the AEP Life and Accident Insurance Plan Summary Plan Description for Active Employees.) • Your active accidental death and dismemberment coverage does not carry into retirement.

Plan	Key Features
<p>Pre-2001 CSW Coverage for Retirees If you are a former CSW plan participant who retired prior to January 1, 2001, you have this coverage.</p> <p>If you are a former CSW plan participant who retired on or after January 1, 2001, and elected to continue under the pre-2001 coverage during the 2001 annual open enrollment, you also have this coverage.</p>	<ul style="list-style-type: none"> • AEP-provided coverage continues based on your date of hire and your age at retirement. Coverage amounts range from ½ x base pay to 1-1/2 x base pay (rounded to the next \$1,000 if not already a multiple of \$1,000). • You <i>may</i> be eligible to continue the difference between your retiree coverage and your coverage amount in effect at retirement, either through portability or conversion. (For additional information regarding portability or conversion of coverage, please refer to the AEP Life and Accident Insurance Plan Summary Plan Description for Active Employees.) • Your active accidental death and dismemberment coverage does not carry into retirement.
<p>Coverage for Retirees' Dependents</p>	<ul style="list-style-type: none"> • You <i>may</i> be eligible to continue your dependent's life insurance coverage after your active coverage ends through either portability or conversion to an individual policy. • You must port coverage for yourself in order to be able to port coverage for your dependents. • For additional information regarding portability or conversion of coverage, please refer to the AEP Life and Accidental Insurance Plan Summary Plan Description for Active Employees.

Note: If you retired before 2001, you and your dependents were not eligible for portability of coverage.

Eligibility

Current Coverage

You are eligible to continue current retiree life insurance coverage if you were last hired or rehired prior to January 1, 2011, and upon retirement from AEP, you:

- Were at least age 55 and had 10 or more years of service with AEP;
- Were a full-time active employee of a Participating Company scheduled to work an average of at least 40 hours per week. (If you worked reduced hours as a participant in the Legacy of Knowledge [LOK] program immediately prior to retirement, you are eligible to continue life insurance coverage as a retiree.);
- Were not eligible to participate in the Survivor Benefit Plan at the time of your retirement; and
- Did not elect to remain in the pre-2001 coverage during the 2001 annual enrollment.

Pre-2001 Coverage

(Pre-Merger AEP and Former CSW)

You are eligible to continue pre-2001 retiree life insurance coverage if you already had retiree coverage prior to 2001 or if you:

- Were at least age 50 and had 10 or more years of service as of December 31, 2000;
- Elected to continue coverage under your prior plan during the 2001 AEP annual enrollment period;
- Were a full-time active employee of a Participating Company scheduled to work an average of at least 40 hours per week at the time of your retirement. (If you worked reduced hours as a participant in the Legacy of Knowledge [LOK] program immediately prior to retirement, you are eligible to continue life insurance coverage as a retiree.); and
- Were at least age 55 with 10 or more years of service at retirement.

Participating AEP System Companies

Eligibility to participate in the plan depends, in part, on employment with a Participating AEP System Company. The list of Participating AEP System Companies includes the following as of January 1, 2016, but their inclusion may change for various reasons, including an amendment to the plan, or disposition of AEP's interest in the company:

- American Electric Power Service Corporation
- AEP Energy Services, Inc.
- AEP Energy Partners, Inc.
- AEP Generating Company
- AEP Generation Resources Inc.
- AEP Onsite Partners, LLC
- AEP Pro Serv, Inc.
- AEP Texas Central Company
- AEP Texas North Company
- Appalachian Power Company
- CSW Energy, Inc.
- Dolet Hills Lignite Company, LLC
- Indiana Michigan Power Company
- Kentucky Power Company
- Kingsport Power Company
- Ohio Power Company
- Public Service Company of Oklahoma
- River Transportation Division I&MP
- Southwestern Electric Power Company
- Wheeling Power Company

This list is not complete. If you want more information on whether and when a particular AEP System Company participated in the plan, please call the AEP Benefits Center toll-free at 1-888-237-2363.

Enrolling In Benefits

Newly Retired Employees

If you qualify for retiree coverage, life insurance may continue after your retirement.

When Coverage Begins

Current Coverage

Your retiree life insurance coverage begins automatically on your retirement date. You do not have to elect this coverage.

Pre-2001 AEP & CSW Coverage

Coverage is effective on your first day of retirement if you choose to continue coverage within your first 31 days of retirement by completing and submitting appropriate forms acceptable by the Company and timely paying the cost of your coverage.

If you do not enroll within your first 31 days of eligibility, you will have no coverage.

Cost of Coverage

The cost of your life insurance coverage under the Plan is based on several factors, including which plan you participate in, your age and the amount of coverage.

Current Coverage (If You Were Hired Before January 1, 2011)

AEP provides retiree life insurance coverage at no cost to you equal to:

- If your employment ended prior to April 1, 2011: One-half times your base pay in effect on the date prior to the date of your retirement (rounded up to the next higher \$1,000 if not already a multiple of \$1,000).
- If your employment ended on or after April 1, 2011: \$30,000.

Pre-2001 AEP Coverage

Under the pre-merger AEP plan, AEP and you share the cost of your coverage.

Pre-2001 CSW Coverage

AEP pays the full cost of coverage; there's no cost to you.

Naming a Beneficiary

In the event of your death, benefits are paid to your named beneficiaries that have been appropriately designated and on file at the AEP Benefits Center. If more than one beneficiary is named, the benefit will be paid in equal shares to each, unless your beneficiary designation on file at the AEP Benefits Center prior to your death indicates differently. You may change your beneficiary designation at any time by visiting the AEP Benefits Center website at www.ibenefitcenter.com/aep or you may call the AEP Benefits Center at 1-888-237-2363 (select Option 1) to request a paper copy of the Beneficiary Designation form. Your completed and signed form should be returned to the following address, so long as you have not previously named an irrevocable beneficiary:

AEP Benefits Center
P.O. Box 622
Des Moines, IA 53036-0622

If you wish, you may assign ownership of your life insurance coverage to another person when you name a beneficiary.

For your protection, beneficiary information cannot be given out or changed over the telephone. You should periodically review your beneficiary designation, especially if you get married or divorced, to make sure your election is up to date.

If you do not have an appropriate beneficiary designation on file with the AEP Benefits Center or your beneficiary is not living at the time of your death, benefits will be paid to one or more of the first of the following:

- Your legal spouse/domestic partner,* if living; otherwise
- Your children (natural or adopted) in equal shares if living; otherwise
- Your parents in equal shares, if living; otherwise
- Your (natural or adopted) siblings in equal shares, if living; otherwise
- The personal representative of your estate.

How the Plan Works

Pre-2001 Coverage

If you were retired as of December 31, 2000, or if you were at least age 50 with 10 or more years of service as of December 31, 2000 — and elected during the 2001 annual enrollment to remain in your pre-2001 coverage — upon retirement, you can continue coverage as follows:

If you were a pre-2001 ...	Your coverage during your retirement is ...
<p>AEP employee at least age 55 with 10 or more years of service</p>	<ul style="list-style-type: none"> • The amount you had as an active employee reduced, based on your age and years of coverage at the time of retirement (see next page for more information.) <ul style="list-style-type: none"> – The monthly cost is \$0.60/\$1,000 of coverage • If you retire on or after January 1, 2014, you may elect the retiree basic life insurance as shown above or a flat \$30,000.
<p>CSW employee at least age 55 with 10 or more years of service</p>	<ul style="list-style-type: none"> • Your amount of coverage is based on your age and base pay on the day prior to retirement as follows: <ul style="list-style-type: none"> – Age 55 – 59: 1-1/2 x base pay at retirement – Age 60 – 64: 1 x base pay at retirement – Age 65 and over: 1/2 x base pay at retirement • If you retire on or after January 1, 2014, you may elect the retiree basic life insurance as shown above or a flat \$30,000. • Paid for by AEP.

Reduction in Benefits for Pre-2001 AEP Employees During Retirement

At retirement, unless you choose the flat \$30,000 retiree life insurance option, you may continue the entire coverage amount you had in effect as an active employee. You may also choose to continue your coverage at a lower level. For example, if you had two or three times base pay coverage as an active employee, you may elect to reduce your coverage to one or two times base pay during retirement.

* Your domestic partner is eligible as a default beneficiary provided he or she is on file with AEP as your domestic partner on the date of your death.

The amount of life insurance coverage in effect at retirement may remain in force until you reach age 66 or such later date that you retired. At age 66 or your later retirement date, your coverage will be reduced each year, based on your age and the number of completed years you had been covered under the plan at the time of your retirement as follows:

Years of Active Coverage	Age 66	Age 67	Age 68	Age 69	Age 70 and over
At least 10 but less than 11	65%	55%	45%	35%	25%
11	70%	60%	50%	40%	30%
12	75%	65%	55%	45%	35%
13	80%	70%	60%	50%	40%
14	85%	75%	65%	55%	45%
15 or more	90%	80%	70%	60%	50%

For example, an employee who retires at age 68 with 14 years of service and \$100,000 in coverage at retirement will be eligible to continue 65%, or \$65,000, of life insurance at retirement. At age 69, the coverage is reduced to 55% (\$55,000) and at age 70, the coverage is reduced to 45% (\$45,000).

Coverage is reduced on the first of the month after you reach the age in the table above. Reductions will be made based on the attained age and your years of coverage at retirement.

In the event of permanent disability, your coverage will reduce after retirement according to the schedule above. If you have been insured for less than ten years at retirement, the reduction schedule for 10 years' coverage will apply.

If you were not a former CSW plan participant and you were employed by an AEP company before January 1977, and were at least age 60 on January 1, 1992, you may be eligible for a different reduction schedule. Please call the AEP Benefits Center toll-free at 1-888-237-2363 for more information.

Enhanced Plan Features

Accelerated Death Benefit

The Accelerated Death Benefit applies to both current and prior life insurance plans.

If you become terminally ill, you have the opportunity to receive up to 100% of your life insurance benefits during your lifetime. This one-time payment option can be used to defray medical expenses or replace lost income during the last months of an illness. The minimum you may elect is \$10,000; the maximum benefit is \$1,000,000 and is payable to you unless you have validly assigned the benefit otherwise. You may elect a partial benefit amount provided the remaining amount of coverage is at least \$25,000. You may reapply for the remaining amount of insurance at any time. However, you may be asked to provide satisfactory evidence that you still meet the requirements to receive the accelerated benefit.

Terminally ill means that, due to sickness or accident, you are not expected to survive more than 12 months from the date of the request. Any remaining portion of your life insurance benefit is payable to your beneficiary upon death.

You should contact the AEP Benefits Center to apply for an accelerated death benefit. You will be sent the following:

- The Minnesota Life Insurance Company form to be completed to request an accelerated death benefit; and
- A physician's statement to be completed and signed by your physician to certify that you are terminally ill.

Minnesota Life requires evidence that it deems acceptable that your life expectancy, because of sickness or accident, is twelve months or less before approving a payment under the accelerated death benefit. You send the completed forms and supporting medical records directly to Minnesota Life for review. You may be requested to submit to an examination by a physician selected by Minnesota Life at the insurance company's expense.

If your life insurance benefit is less than \$10,000 or has been assigned, an accelerated death benefit is not available.

Conversion/Portability

You may be eligible to port or convert the difference between your life insurance benefit as an active employee and your life insurance benefit as a retired employee. For more information on portability and conversion benefits, you may call Minnesota Life Insurance Company at 1-866-365-2374 or you may also refer to the AEP Life and Accident Insurance Plan Summary Plan Description for Active Employees.

Filing a Claim

If you die while covered under the Plan, the AEP Benefits Center should be contacted as soon as possible toll-free at 1-888-237-2363 (select Option 1). Your beneficiaries or your estate's representative will be mailed the appropriate form(s) to file a claim. The completed form and required proof of death is to be returned to Minnesota Life. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

If your beneficiary has a question about a claim payment, an explanation may be requested from Minnesota Life by calling 1-888-658-0193 or a written request may be mailed to:

Minnesota Life Insurance Company
Group Insurance
400 Robert St North
St. Paul, MN 55101-2098

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

A legal action on a claim may only be brought against Minnesota Life during a certain period. This period begins 60 days after the date of proof of death is filed and ends three years after the date such proof is required.

Initial Determination

After Minnesota Life receives your claim for Benefits, Minnesota Life will review your claim and notify you of its decision to approve or deny your claim.

Claims Denial Procedure

If all or part of your claim for benefits is denied, Minnesota Life 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 include a description of the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim and the information needed to resolve those issues; and it shall specify a time frame, no less than 45 days, in which the necessary information must be provided. Where the time frame to process a claim is extended because the claim was incomplete, the extension time is calculated from the date the extension notice is sent to the claimant to the date the person responds to the request for additional information. If the person does not provide needed information to the Plan within 45 days of the date on the notice the Plan may close the claim and no further consideration will take place.

Any denial of a claim for benefits will be provided by Minnesota Life and consist of a written explanation which will include (i) the specific reasons for the denial, (ii) reference to the pertinent Plan provisions upon which the denial is based, (iii) a description of any additional information you might be required to provide and explanation of why it is needed, and (iv) an explanation of the Plan's claim review procedure.

Disability Claims Only – The following will also be included:

- A statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the adverse decision; and
- An explanation of the scientific or clinical judgment applying the terms of the Plan to the claimant's medical circumstances, if applicable.

Appealing the Initial Determination:

Appealing the Denial of a Claim

You, your beneficiary (when an appropriate claimant), or a duly authorized representative may appeal any denial of a claim for benefits by filing a written request for a full and fair review to Minnesota Life. In connection with such a request, documents pertinent to the administration of the Plan 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. A request for a review must be filed by 60 days (180 days for any disability claims) after receipt of the written notice of denial of a claim. The full and fair review will be held and a decision rendered by Minnesota Life, no later than 60 days (45 days for disability claims) after receipt of the request for review.

If special circumstances 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 include a description of the missing information and shall specify a time frame, no less than 60 days (180 days for disability claims), in which the necessary information must be provided. Where the time frame to process an appeal is extended because the claim was incomplete, 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 Plan within the 60 days (180 days for disability claims) of the date on the notice, the Plan will close the appeal and no further consideration will take place.

A decision on appeal is adverse if it is a denial, reduction or termination of a benefit, or a failure to provide or make payment, in whole or part, for a benefit. It also includes any such denial, reduction, termination or failure to provide or make payment that is based on a determination that the claimant is no longer eligible to participate in a plan.

Written notification of the Plan's decision on a disability or non-disability appeal shall be provided to the claimant and will include the following:

- Explanation of the specific reasons for the denial;
- A specific reference to pertinent Plan provisions on which the denial was based;
- A statement regarding your right, upon request and free of charge, to reasonable access to review or copy pertinent documents; and
- A statement of the right to sue in federal court.

Disability Claims Only – The following will also be included:

- A statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the adverse decision; and
- An explanation of the scientific or clinical judgment applying the terms of the Plan to the claimant's medical circumstances, if applicable.

Please submit claim review request to:

Minnesota Life Insurance Company
P.O. Box 64114
St. Paul MN 55164-0114

When Coverage Ends

Under most circumstances, your AEP retiree life insurance coverage ends on the earliest of:

- The date you are rehired into a position eligible for the Plan as an active employee;
- The date that your eligible group is no longer covered;
- The last day of the period for which required premiums are not paid;
- The date that you die;
- The date the plan ends; or
- The date the Group Insurance Policy ends.

Statement of ERISA Rights

The following statement 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 participants shall be entitled to:

Receive Information about Your Plans and Benefits

Examine, without charge, at the plan administrator's office and other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts, and a copy of the latest annual report (Form 5500 series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan administrator, copies of documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The Plan administrator may charge a reasonable fee for the copies.

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

Prudent Actions by Plan Fiduciaries

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 or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan administrator to provide the materials and pay up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan administrator. If you have a claim for benefits which is ignored or denied, in whole or in part, you may file suit in Federal or state court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a 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 these costs 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.

Assistance with Your Questions

If you have any questions about your plans, 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, U.S. Department of Labor listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Suite S-2524, Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling 1-866-444-3272, the publications hotline of the Employee Benefits Security Administration.

Administrative Information

Name and Address of Plan Sponsor & Plan Administrator

American Electric Power Service Corporation
1 Riverside Plaza
Columbus, OH 43215-2372
(614) 716-1000

The Plan administrator has certain authority to control, administer and manage the Plan, including full discretionary authority to make determinations regarding Plan participation, enrollment and eligibility, and to resolve claims and disputes regarding the rights and entitlements of individuals to participate in the Plan. The decisions of the Plan administrator are final and binding.

Source of Plan Contributions

Premiums for coverage under the Plan are paid by the company and participant contributions.

Plan Name

American Electric Power System Life and Accident Insurance Plan

Plan Numbers

Plans are identified by the United States Department of Labor by reference to two numbers: the Plan Sponsor's Employer Identification Number (EIN) and the Plan Number. The EIN for AEP is 13-4922641. The three-digit Plan Identification Number is 504.

Insurance Company Claims Administrator

Minnesota Life Insurance Company

Agent for Service of Legal Process

For disputes arising under the Plan, service of legal process may be made upon the Plan administrator at the above address. For disputes arising under those portions of the Plan insured by Minnesota Life, service of legal process may be made upon Minnesota Life at one of its local offices, or upon the supervisory official of the Insurance Department in the state in which you reside.

Plan Year

The fiscal records are kept on a Plan year basis beginning each January 1 and ending on the following December 31.

Plan Termination or Changes

The group policy sets forth those situations in which the Employer and/or Minnesota Life have the rights to end the policy.

The Employer reserves the right to change or terminate the Plan at any time. Therefore, there is no guarantee that you will be eligible for the insurance described herein for the duration of your retirement. Any such action will be taken only after careful consideration.

Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan.

In the event your insurance ends in accord with the “DATE YOUR INSURANCE ENDS” and “DATE INSURANCE FOR YOUR DEPENDENTS ENDS” subsections of your certificate, you may still be eligible to receive benefits. The circumstances under which benefits are available are described in your life insurance certificate.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under the Plan, the Plan administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Minnesota Life specifically has full discretionary authority to interpret the terms of the Plan in connection with the administration of claims and the review of claims denied in whole or in part, subject to applicable law. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

Ancillary Services from Minnesota Life

Minnesota Life, the AEP group life insurance carrier as of the issue date of this summary plan description, offers the following ancillary services to plan participants without additional cost.

Legal, Financial and Grief

This service provides access to one or all of the following:

- Unlimited telephone guidance and consultation with professionals in each of the named areas;
- Comprehensive web and mobile resources; and
- Thirty-minute face-to-face consultation with an attorney for each unique legal issue.

More information can be found at LifeWorks.com

- User Name: lfg
- Password: resources

Or, you can call 1-877-849-6034.

Travel Assistance

Available 24/7/365 for personal or business travel when 100+ miles from home. This service provides:

- Medical professional locator services;
- Assistance replacing lost or stolen luggage, medication, or other critical items;
- Medical or security evacuation;
- Medically necessary repatriation; and
- Repatriation of mortal remains.

You can print a copy of the membership card and find additional information at LifeBenefits.com/travel. For assistance, in the U.S. and Canada, call 1-855-516-5433. In all other locations call +1-415-484-4677 (Collect).

Legacy Planning

This service provides access to a variety of web-based information and resources to work through end-of-life issues, such as:

- End-of-life planning;
- Final arrangements;
- Important directives; and
- Express Assignment™ for expedited funeral home assignments.

To access this information, visit LegacyPlanningResources.com.

Beneficiary Financial Counseling

Beneficiaries who receive at least \$25,000 in policy benefits will be invited to use independent beneficiary financial counseling services.

Services provided by Ceridian HCM, Inc., RedpointWTP LLC, PricewaterhouseCoopers LLP are their sole responsibility. The services are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website included above.

